

Behavioral Modification for the Management of Obesity



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KEYWORDS

- Obesity • Behavioral modification • Cognitive behavioral interventions for weight loss
- Weight management

KEY POINTS

- An understanding of and appreciation for the multifactorial and ecological nature of the etiology of obesity are important.
- There are significant obesity-related health disparities, particularly in African American women.
- Providing a nonstigmatizing approach to overweight and obese patients is important.
- Motivational interviewing techniques are effective within the patient-centered medical home; behaviorally based programs for obesity management inform patients of reasonable goals and expectations.
- Collaborating with behavioral health care specialists and registered dietitians also facilitate success as part of an integrated patient-centered approach to weight management.

INTRODUCTION: NATURE OF THE PROBLEM

Placing the Behavioral Management of Obesity in the Larger Context

In 2003, the US Preventive Services Task Force recommended that primary care practitioners (PCPs) screen all adults for obesity and offer behavioral interventions and intensive counseling for those identified as being obese.¹ This recommendation came at a time when fewer than half of primary care physicians were routinely discussing weight management with their patients.² In addition, there were no established evidence-based guidelines for behavioral weight loss counseling in primary care

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settings.³ Obesity is a complex combination of genetic, biological, psychological, and sociocultural factors. Health behaviors such as eating patterns and volitional physical activity are under the complex influence of many psychological and social factors.⁴ Viewing obesity in the context of a complex interaction between genetics and environment guides the understanding of the condition and helps form multidimensional treatment plans. Addressing the social and psychological cues associated with overeating and low physical activity through behavioral modification helps patients see success in the context of individual weight management goals.^{5–7}

This article provides primary care–based behavioral strategies for working with obese patients and their families. A multifactorial model for obesity is presented. Strategies for creating effective patient encounters and specific recommendations to motivate and support patients are provided. Multicomponent programs include nutritional, physical activity, and cognitive behavioral approaches to target overweight/obesity. This article focuses on behavioral strategies for weight management.

Weight Stigma

The discussion of the behavioral management of obesity must include an understanding of weight stigma. Overweight is often stigmatized in American culture. This, unfortunately, includes health care providers.⁸ Individual provider biases must be recognized and overcome to develop treatment environments that welcome overweight and obese patients (**Boxes 1 and 2**). Providers often view obese patients as lazy, weak-willed, and noncompliant.⁹ Patients perceive these biases and delay or avoid seeking care because they anticipate being disrespected.^{10,11} As a result, obese patients are less likely to obtain recommended preventive health services. Obese patients are also more likely to cancel appointments or delay care,^{12–14} which creates an unhealthy paradox whereby patients requiring medical care actively avoid it. Health care providers should use language appropriately when referring to patients with overweight/obesity, actively avoiding stigmatizing words or phrases (**Box 3**).¹⁵

An Ecological Model for Understanding Obesity: Understanding Microsystem and Macrosystem Factors to Produce Change

Environmental factors that determine an individual's weight-related health behaviors occur at the *microsystem level* (family/social determinants) and *macrosystem level* (eg, cultural and social values).¹⁶ Some of these are modifiable and others are not. This microsystem/macrosystem concept aligns well with the modern patient-centered medical home (PCMH) model of health care. The PCMH emphasizes caring for the patient in the context of his or her “unique needs, culture, values, and preferences.”¹⁷

Macrosystem factors promoting obesity include the marketing of calorie-dense processed foods to certain segments of the population at increased risk for obesity. For example, African Americans view 50% more fast food television advertisements and dine more frequently at fast food restaurants than Caucasians.¹⁸ Obesity-related

Box 1

Patient perspectives: weight stigma

I think the worst was my family doctor who made a habit of shrugging off my health concerns...The last time I went to him with a problem, he said, “You just need to learn to push yourself away from the table.”

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