Dietary and Behavioral Approaches in the Management of Obesity

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KEYWORDS

• Obesity • Weight loss • Diet • Reducing • Weight reduction programs
• Body weight maintenance

KEY POINTS

- Clinicians should use an evidenced-based strategy like the 5As—assess, advise, agree, assist, arrange—to facilitate weight management counseling with their patients.
- Initial weight loss goal should be a 3% to 5% loss over a 3- to 6-month period through engaging in a high-intensity, comprehensive lifestyle change program that includes a moderately reduced calorie diet, increased physical activity, and behavioral strategies.
- Referral to locally available evidence-based weight loss programs should be considered, including the National Diabetes Prevention Program or commercial weight-loss programs like Weight Watchers or Jenny Craig.
- Continued follow-up and surveillance after weight loss are critical for weight loss maintenance.

INTRODUCTION

Approximately two-thirds of US adults are overweight or obese.[1] Elevated body weight has been associated with increased risk of cardiovascular disease, type 2 diabetes mellitus, kidney disease, and certain cancers[2]; however, losing weight can prevent or improve control of some obesity-related chronic conditions.[3–5] The US Preventive Services Task Force recommends high-intensity counseling interventions for individuals with obesity that include nutrition, physical activity, self-monitoring, goal setting, and group or individuals sessions.[6] In 2013, the American Heart Association, American College of Cardiology and The Obesity Society (AHA/ACC/TOS) released evidenced-based guidelines for the management of obesity among adults.[7] In this article, the clinicians' roles in weight management are discussed, particularly how to implement these guidelines and other recent advancements in dietary and behavioral approaches into clinical practice.

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THE CLINICIAN'S ROLE IN WEIGHT MANAGEMENT

Clinicians may assume a variety of roles in the management of obesity, varying based on their interest, education/training, and time. Prior studies of physicians have often cited a lack of training or experience regarding weight management as a major barrier to counseling their patients.[8,9] Clinicians who did not receive adequate training on obesity might consider continuing medical education in this area if they plan to take a leading role in weight management. For physicians who plan to dedicate significant clinical effort in this area, certification through the American Board of Obesity Medicine (http://www.abom.org/) or other entity might be considered. Lack of time is another common barrier to weight management.[8] Clinicians should also be aware that the recommended intensity of follow-up may require at least monthly visits with patients,[7] if not more frequently. If adequate follow-up for patients cannot be accommodated, then referral to such programs that meet this requirement should be considered. Although some physicians have reported avoiding weight loss discussions for fear of offending their patients,[10] evidence supports the clinician's role in referring patients into programs, providing accountability for patients, acting to cheerlead for patients during follow-up visits, and maintaining the long-term trusting relationship through the ups and downs of weight loss.[11]

Three key aspects—interest, training, and time—may influence the decision of whether a clinician might take a leading role in weight management or prefer the job of identifying and referring patients to appropriate weight management programs (**Box 1**). Regardless of whether the clinician decides to take an active or passive role, prior studies have documented the benefits of health care provider engagement in weight management. In a randomized controlled trial of a weight loss intervention in which clinicians referred their patients to the program, patients who rated their physicians as more helpful lost significantly more weight than those who did not rate their physicians highly.[12] When clinicians discuss weight loss without communicating judgment, patients are more likely to achieve a clinically significant weight loss.[13]

WEIGHT MANAGEMENT IN CLINICAL PRACTICE

Clinicians' key duties involve identifying appropriate patients for referral, determining the weight management strategy, and following up on patients' progress. Regardless of whether the clinician takes an active or passive role, using an evidence-based behavior change strategy, such as the 5As, assess, advise, agree, assist, arrange (**Box 2**),[14,15] can help guide assessment and counseling. Conversations that use the 5As have been associated with increased motivation to lose weight and greater patient weight loss success.[16,17]

Box 1
Key questions to ask regarding weight management in clinical practice

- Am I interested in counseling patients on diet, physical activity, and behavior change to lose weight?
- Have I had enough training where I feel comfortable and confident taking a lifestyle history and working collaboratively with patients to devise an evidence-based action plan?
- Do I have enough time available in my panel to accommodate frequent follow-up visits with patients every 2 to 4 weeks?