**Talking About Obesity: Difficult but Important**

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**Background**

- Current US epidemiology: 35% off adults are obese, 34% of adults overweight, 17% of children and adolescents are obese, 32% are overweight
- Complications of elevated BMI: osteoarthritis, type 2 diabetes, hypertension, heart failure, CAD, MODT
- Elevated BMI flagged often, rarely targeted directly
- Indirect targets from complications rather than addressing underlying cause
- PCPs have increased frequency of weight loss

**Barriers to conversations on obesity include lack of**

- Only 1/3 of obese patients report having a conversation with their physician about it
- Barriers to conversations on obesity include lack of time, lack of training, and the need to focus more on comorbid conditions

**Project Objectives**

- Increase discussions about managing obesity in the primary care setting
- Help patients initiate conversations about obesity in an effective manner
- Determine obstacles to initiating conversations about obesity
- Assess which methods towards weight loss patients prefer

**Methods**

- Patients with BMI of 30+ will be offered the following options via a flyer:
  - Meeting with a registered dietitian
  - Healthy Connections class
  - Website support at kphealthyme.com
  - Silver Sneakers fitness program
  - Discussing with physician
- All patients who come to clinic with BMI 30+ will be offered flyer
- Impact of intervention will be assessed by evaluating which options patients chose and the degree to which patients had these conversations before and after the intervention

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**Patient Demographics (Control Group)**

**Gender:**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI 30-34.99</td>
<td>12 (11)</td>
<td>18 (19)</td>
</tr>
<tr>
<td>BMI 35-39.99</td>
<td>64 (16)</td>
<td>10 (8)</td>
</tr>
<tr>
<td>BMI 40+</td>
<td>7 (7)</td>
<td>6 (6)</td>
</tr>
</tbody>
</table>

**Age Ranges:**

<table>
<thead>
<tr>
<th></th>
<th>20-30</th>
<th>31-40</th>
<th>41-50</th>
<th>51-60</th>
<th>61-70</th>
<th>71-80</th>
</tr>
</thead>
<tbody>
<tr>
<td>years</td>
<td>years</td>
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<td>years</td>
<td>years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 (2)</td>
<td>6 (5)</td>
<td>6 (4)</td>
<td>7 (7)</td>
<td>3 (8)</td>
<td>6 (3)</td>
</tr>
</tbody>
</table>

**Chief Complaint:**

- Diabetes: 3 (1)
- Blood work results: 1 (2)
- MSK/Skin concerns: 5 (4)
- Thyroid concerns: 1 (2)
- Physical/well check: 8 (9)
- URI symptoms: 5 (5)
- Neurology: 3 (3)
- Gynecologic: 4 (2)
- Mood disorder: 0 (2)

**Flyer Used:**

**Objective Data**

- Number of Patients interested in wellness options

<table>
<thead>
<tr>
<th>Category</th>
<th>PRE</th>
<th>POST</th>
<th>Difference</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients evaluated</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>&gt;0.2</td>
</tr>
<tr>
<td>Talked with Physician</td>
<td>7</td>
<td>3</td>
<td>-4</td>
<td>&gt;0.2</td>
</tr>
<tr>
<td>Wanted to meet with Dietitian</td>
<td>0</td>
<td>1</td>
<td>+1</td>
<td>&gt;0.2</td>
</tr>
<tr>
<td>Wanted to sign up for Silver Sneakers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>&gt;0.2</td>
</tr>
<tr>
<td>Interested in Healthy Connections Class</td>
<td>4</td>
<td>3</td>
<td>-1</td>
<td>&gt;0.2</td>
</tr>
</tbody>
</table>

**Results of Intervention**

**Subjective Data**

- Office staff finds it awkward to hand out and difficult to remember to hand out
- Staff does not hand flyer out unless asked by medical student
- Office staff sees flyer as a "guilt trip" to patients
- One patient was reportedly embarrassed that it was given to her

**Objective Data**

- Patients take initiative to talk about weight loss
- Flyer with BMI-targeted audience may be beneficial
- Patients take initiative to talk about weight loss
- Silver Sneakers fitness program
- Website support at kphealthyme.com
- Discussing with physician

**Discussion**

- No statistically significant difference exists between individuals interested in signing up for silver sneakers, interested in talking to a physician, meeting with a dietitian, signing up for the Healthy Connections course in pre- and post- interventional groups
- Adding forms to intake process is laborious, time-consuming, and ineffective in making significant in healthy choice outcomes
- Patients take initiative to talk about weight independent of a flyer
- Flyer with BMI-targeted audience may be perceived negatively
- The most preferred method of addressing weight loss is having a conversation with a physician

**Next Steps**

- Compelling outcome was sensitivity to talking about weight around the office
- Obesity appears to be a stigmatized health condition that is harder to discuss than the resulting complications (e.g., OA, Diabetes, depression, heart failure, hypertension)
- A response to this might involve talking with providers about their resistance to initiating the discussion of weight loss
- Another intervention should involve educating the importance of obesity-related interventions and creating a culture where it can be discussed
- To account for time and labor of distributing weight-loss options, flyer can be posted on office walls

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**References**