



## Roadmaps for Clinical Practice

Case Studies in Disease Prevention and Health Promotion

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### **Assessment and Management of Adult Obesity:**

A Primer for Physicians

Assessing Readiness  
and Making  
Treatment Decisions

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Assessing Readiness and Making Treatment Decisions

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Medical care is determined on the basis of all the facts and circumstances involved in an individual case and is subject to change as scientific knowledge and technology advance and patterns of practice evolve. This publication reflects the view of the experts and reports in the scientific literature as of 2003.

**Acknowledgments**

**Primary Author**

Robert F. Kushner, MD, Professor, Department of Medicine, Northwestern University Feinberg School of Medicine; Medical Director, Wellness Institute, Northwestern Memorial Hospital, Chicago, Illinois

**Contributing Writers**

Dawn Jackson, RD, LD, Registered Dietitian, Wellness Institute, Northwestern Memorial Hospital, Chicago, Illinois (Booklet 4: *Dietary Management*)

Jim Lyznicki, MS, MPH, Senior Scientist, Unit on Science Policy, American Medical Association, Chicago, Illinois (Booklet 1: *Introduction and Clinical Considerations*)

Brad Saks, PsyD, Clinical Psychologist, Wellness Institute, Northwestern Memorial Hospital, Chicago, Illinois (Booklet 3: *Assessing Readiness and Making Treatment Decisions*; Booklet 8: *Communication and Counseling Strategies*)

William J. Wilkinson, MD, Cooper Institute, Dallas, Texas (Booklet 5: *Physical Activity Management*)

**Medical Editor**

Claire Wang, MD, Scientist, Unit on Medicine and Public Health, American Medical Association, Chicago, Illinois

**American Medical Association Project Staff**

Arthur Elster, MD, Director, Medicine and Public Health  
Missy Fleming, PhD, Project Director  
Valerie Foster, Marketing Communications  
Stephen Perez, Design  
Sharmila Rao Thakkar, MPH, MPA, Project Manager  
Meme Wang, MPH, Project Consultant

**Reviewers**

Caroline M. Apovian, MD  
Boston University School of Medicine;  
Center for Nutrition and Weight Management, Boston Medical Center

Daniel H. Bessesen, MD  
University of Colorado Health Sciences Center;  
Denver Health Medical Center

George A. Bray, MD, MACP  
Division of Obesity and Metabolic Diseases, Pennington Center

William H. Dietz, MD, PhD  
Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention

Karen A. Donato, SM, RD  
Obesity Education Initiative, National Heart, Lung, and Blood Institute

J. Michael Gonzalez-Campoy, MD, PhD  
Minnesota Center for Obesity, Metabolism and Endocrinology

Donald D. Hensrud, MD, MPH  
Preventive Medicine and Nutrition, Mayo Medical School;  
Executive Health Program, Mayo Clinic

James O. Hill, PhD  
Center for Human Nutrition, University of Colorado Health Sciences Center

Van S. Hubbard, MD, PhD  
Division of Nutrition Research Coordination, National Institutes of Health, Department of Health and Human Services

Wendy L. Johnson-Taylor, PhD, MPH, RD  
Division of Nutrition Research Coordination, National Institutes of Health, Department of Health and Human Services

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**Reviewers** continued

Evelyn L. Lewis, MD, MA, FAAFP  
Department of Family Medicine,  
Uniformed Services University

F. Xavier Pi-Sunyer, MD, MPH  
New York Obesity Research Center,  
St. Luke's Roosevelt Hospital Center;  
Columbia University

Thomas A. Wadden, PhD  
Department of Psychiatry, University of  
Pennsylvania School of Medicine

Holly Wyatt, MD  
Department of Medicine, Division of  
Endocrinology, University of Colorado Health  
Sciences Center

*American Association of Clinical  
Endocrinologists*

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G. Michael Steelman, MD, FASBP

*Council on Scientific Affairs, American  
Medical Association*

John F. Schneider, MD, PhD

# Preface

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In the United States, increasing trends in morbidity and mortality related to chronic diseases and injuries have led the American Medical Association (AMA) and others to address strategies for promoting health and preventing disease and disability. Over the past decade, the AMA has launched national campaigns against violence, alcohol abuse, and tobacco use. Recently, the AMA launched national programs to address low health literacy, patient safety, and disparities in health services and outcomes.

To further address the health challenges facing our nation, the AMA is developing a series of case-based publications for physicians as part of a new program titled *Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion*. The Roadmaps project fulfills an AMA and US Department of Health and Human Services (DHHS) partnership established through a Memorandum of Understanding (MOU) signed by both organizations in the year 2000. The series concentrates on the *Healthy People 2010* objectives, which were developed by the US Public Health Service to help professionals address the leading causes of morbidity and mortality in this country. The series also supports the goals of the DHHS *HealthierUS* initiative which was established in 2003 to help Americans lead longer, better, and healthier lives. This primer, produced with support from The Robert Wood Johnson Foundation, is part of the Roadmaps series.

The Roadmaps series aims to help physicians prevent or reduce injury and chronic disease through early detection and disease management in addition to promoting healthier lifestyles through their medical practices and communities. Emphasis is directed at promoting personal behaviors that have both immediate and long-term health benefits and at modifying behaviors that cause the greatest burden of suffering. According to the US Preventive Services Task Force, counseling patients about personal health practices (smoking, diet, physical activity, drinking, injury prevention, and sexual behavior) remains one of the most underused but important parts of the health visit.

This primer focuses on the rising prevalence of a serious, chronic health condition—obesity. Two weight-linked behaviors—physical inactivity and unhealthy eating—are given important consideration. It is estimated that 300,000 preventable deaths occur each year in the United States due to diet and physical inactivity, both of which contribute to obesity—only tobacco use causes more preventable deaths in this country. Growing scientific consensus on the health risks of physical inactivity and improper diet mandates that physicians become informed and prepared to assist patients in leading more active and healthy lives. Physicians have an important opportunity to encourage improvements in health behaviors and outcomes, including influencing motivation and success with weight loss treatment. **It is never too late to start and have a favorable impact on health. Patients of all ages can and will benefit.**

We encourage you to review this primer and to participate in the accompanying continuing medical education (CME) program. Please also take some time to complete and return the evaluation form that accompanies this primer. Your feedback is valuable for updating this publication and for planning future physician education programs. We invite you to use these resources and take action—in your practice and community—to promote healthier lifestyles among your patients, colleagues, and neighbors.

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# Objectives

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This primer is designed to educate primary care physicians about providing medical care to overweight and obese adults. It is presented in a modular format to facilitate its use as an educational and teaching tool. Patient scenarios are included for self-evaluation and to reinforce information presented. A continuing medical education (CME) component worth 4.5 credit hours is also offered. After completing this program, physician participants should be able to:

- identify overweight and obesity in their patients
- describe the medical and public health implications of adult overweight and obesity and identify opportunities for patient, family, and community intervention
- incorporate assessment and management of adult overweight and obesity into their clinical practices
- identify specific patient comorbidities and health risks that are caused and/or exacerbated by overweight and obesity that may interfere or even contraindicate treatment
- understand the appropriate application of diet, physical activity, behavior changes, pharmacotherapy, and surgery in obesity treatment
- locate information about culturally and linguistically appropriate strategies and resources to prevent and treat adult overweight and obesity
- enhance personal and office practices to optimize sensitivity to the needs and concerns of overweight and obese patients

This primer is not intended to function as a clinical guideline, standard of care, or definitive resource for the assessment and management of obesity. However, more detailed information is available in the references and resources listed in each booklet of this primer.

### Case presentation

Manuel, a 50-year-old Hispanic patient, has been in your practice for 2 years. He is in reasonably good health except for hyperlipidemia and arthritis of his knees. His weight history is notable for a consistent body weight of about 170 pounds from young adulthood until 10 years ago, when he was promoted to a sedentary job. Over the past decade, Manuel has progressively gained 40 pounds. His wife, Maria, has commented on his weight and asked him to lose 20 pounds. Manuel has never tried to lose weight.

On examination, Manuel's weight and height are 210 pounds, 68 inches. This corresponds to a body mass index (BMI) of 32 kg/m<sup>2</sup>, or Class I (mild) obesity. With a waist circumference of 42 inches, Manuel's disease risk is classified as very high.

Manuel's fasting lipid profile reveals total cholesterol and LDL cholesterol of 210 mg/dL and 135 mg/dL, respectively. His HDL cholesterol is 38 mg/dL and his triglycerides are 260 mg/dL. His fasting glucose and blood pressure are normal. You note that Manuel has the metabolic syndrome based on his abdominal obesity, triglycerides, and HDL cholesterol. You are very concerned about his risk for cardiovascular disease and decide to speak to Manuel about losing weight.

# A

fter diagnosing overweight or obesity in your patients and assessing your patients for the presence or extent of comorbid disease, the next step is to develop a treatment plan with your patients. Traditionally, physicians have counseled patients to change habits by sharing facts about health and illness (informational power) and/or using their professional credentials (expert power).<sup>1</sup> However, research shows that these means of persuasion are not effective for promoting the lasting behavior changes needed for successful weight management.

Before counseling your patients on nutrition and physical activity, first ensure that your patients understand the importance of weight loss and are motivated to lose weight. After assessing your patients' readiness to address weight management, help them move along the continuum toward successful change. When your patients are ready, together you can develop and implement treatment decisions.

This booklet describes several models for assessing your patients' readiness to make behavior changes, offers recommendations for addressing barriers to change, and provides guidelines for making treatment decisions.

### Why is it important for me to determine my patients' readiness for change?

Determining your patients' readiness for behavior change is essential for success. Initiating change when patients are not ready often leads to frustration and may hamper future efforts. In fact, the common cycle of failure and renewed effort that is so endemic to weight loss has been described as the "false hope syndrome,"<sup>2</sup> in which patients mistakenly attribute their lack of success to either a failure of effort (low willpower) or a poorly-conceived diet. These faulty assumptions lead patients to fruitlessly search for "a better diet" or to vainly "work harder" the next time. The result is a vicious cycle of self-blame and weight cycling.

Current thinking is to use a patient-centered collaborative approach for comprehensive and complex behavior change.<sup>3</sup> In this approach, the physician first assesses patients' readiness for behavior change, then helps them address barriers to change. Treatment goals are developed only when patients are ready and have thought about the benefits and difficulties of weight management. At this point, the collaborative relationship is continued to support patients through specific changes for weight management (eg, changes in diet and physical activity). This type of approach is more likely to succeed at combating the complex psychological, physiological, and cultural forces that contribute to overweight or obesity.

Manuel says that he has ignored his wife's advice to lose weight because he does not think his weight is a problem. Manuel says that "all the men in my family are heavy — we're just built like that." Furthermore, he believes that his wife's advice was not serious "because she only told me to lose weight, but she didn't give me any suggestions or try to help me. If she really thought my weight was a problem, she'd go on a diet with me."

## How do I assess my patients' readiness to make behavior changes?

The National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity's (NAASO) *Practical Guidelines*<sup>4</sup> recommend that physicians assess patient motivation and support, stressful life events, psychiatric status, time availability and constraints, and appropriateness of goals and expectations to help establish the likelihood of lifestyle change. In other words, it's not enough to simply ask a patient, "Are you ready to lose weight?"

Inquiring about readiness requires an in-depth assessment of your patients and the environment in which they live and work. As you speak with your patients, remember that readiness can be viewed as the balance of two opposing forces: motivation, or desire to change, and resistance to change.<sup>5</sup> Keep in mind that most patients are ambivalent about changing long-standing lifestyle behaviors; they fear that it will be difficult, uncomfortable, or depriving.

The following paragraphs describe some methods for assessing your patients' readiness to change.

**Anchor patient interest and confidence** One helpful method to begin an assessment is to anchor your patients' interest and confidence for change on a numerical scale. Simply ask your patients, "On a scale from 0 to 10, with 0 being not as important and 10 being very important, how *important* is it for you to lose weight at this time?" Follow this by asking, "Also, on a scale from 0 to 10, with 0 being not confident and 10 being very confident, how *confident* are you that you can lose weight at this time?"<sup>6</sup> This exercise is useful for initiating further dialogue.

**Ask targeted questions** Another efficient method to assess patient readiness is to use direct and targeted questioning. Many patients, particularly those who have been overweight for many years, tend to avoid thinking about the consequences of their obesity. Targeted questions not only provide you with information about your patients, they also can engage patients in self-reflection that may enhance readiness for change.

Figure 3.1 lists questions that may help you engage your patients in a dialogue about weight management. It is best to ask these questions when you feel that your patients are ready to answer them. For example, patients who have no interest at all in losing weight are not likely to be receptive to these questions.

**Figure 3.1 Targeted Questions about Readiness for Weight Management**

- **"What is hard about managing your weight?"** This open-ended empathic question readily acknowledges that weight control is difficult and conveys an interest for further understanding.
- **"How does being overweight affect you?"** This question probes the burden of obesity. Common answers refer to appearance, self-esteem and image, physical ailments, and quality-of-life issues.
- **"What can't you do now that you would like to do if you weighed less?"** This question provides useful information regarding expectations and benchmarks for assessing progress.
- **"What would you like to get out of this visit regarding your weight?"** This question directly addresses patients' expectations related to how you can assist them in weight management.

See Figure 3.2 for a Patient Readiness Checklist, which includes a list of more detailed questions that correspond with the NHLBI and NAASO *Practical Guidelines* for evaluating readiness. They can be used to more thoroughly assess patients' readiness.

**Ask your patients to complete the Weight Loss Questionnaire** The Weight Loss Questionnaire (see Figure 3.3) includes questions that your patients can complete at home or, if time permits, you or your staff can review these questions during the patient interview. Similar to asking targeted questions, it is best to ask your patients to complete the questionnaire when you feel that they are ready for it.

### Figure 3.2 Patient Readiness Checklist

#### Motivation/support

- How important is it that you lose weight at this time?
- Have you tried to lose weight before? What factors have led to your success and what has made weight loss difficult? (For example, cost, peer pressure, family, etc.)
- Is your decision to lose weight your own, or for someone else?
- Is your family supportive?
- Who, if anyone, is supportive of your decision to begin a weight loss program?
- What do you consider the benefits of weight loss?
- What would you have to sacrifice? What are the down sides?

#### Stressful life events

- Are there events in your life right now that might make losing weight especially difficult? (For example, work responsibilities, family commitments)
- If now is not a convenient time for weight loss, what would it take for you to be ready to lose weight? When do you think you might be ready to begin losing weight?

#### Psychiatric issues

- What is your mood like most of the time? Do you feel you have the needed energy to lose weight? (may need to assess for depression)
- Do you feel that you eat what most people would consider a large amount of food in a short period of time? Do you feel out of control during this time? (may need to assess for binge eating disorders)
- Do you ever forcibly vomit, use laxatives, or engage in excessive physical activity as a means of controlling weight? (may need to assess for bulimia nervosa)

#### Time availability/constraints

- How much time are you able to devote to physical activity on a weekly basis?
- Do you believe that you can make time to record your caloric intake?
- Can you take time out of your schedule to relax and engage in personal activities?

#### Weight-loss goals/expectations

- How much weight do you expect to lose?
- How fast do you expect to lose weight?
- What other benefits do you expect to experience as a result of weight loss?

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital.

You ask Manuel to rank the importance of losing weight and his confidence in his ability to lose weight. Manuel ranks the importance of losing weight as a 5 and his ability to do so as a 4. You then ask Manuel what it would take to move the 4 and 5 to an 8 or 9. Manuel replies that if his weight started to affect his health, he would find it more important to lose weight. He would be more confident if someone were available to give him recommendations and help him keep track of his diet and physical activity.

Based on this discussion, you decide that a good starting point for increasing Manuel's readiness to change is to explain the effects of excess weight on his health. You decide that as Manuel's readiness to change increases, you will continue to assess his readiness by asking targeted questions and having him complete the Weight Loss Questionnaire (Figure 3.3).

## How can I help my patients increase their readiness for change?

Assessing your patients' readiness for change and helping your patients increase their readiness to change are interactive processes. As you help your patients move along the continuum, periodically assess where on the continuum your patients score. This in turn will guide the direction of your counseling.

### Figure 3.3

American Medical Association  
Physicians committed to the health of the nation

Age 13  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this questionnaire, which will help you and your physician develop the best management plan for you.

- Is there a reason you are seeking treatment at this time?
 

1. No support 1 2 3 4 5 Mark support
- What are your goals about weight control and management?
 

2. No support 1 2 3 4 5 Mark support
- Your level of interest in losing weight is:
 

Not interested 1 2 3 4 5 Very interested
- How much support can your family provide?
 

5. No support 1 2 3 4 5 Mark support
- How much support can your friends provide?
 

6. No support 1 2 3 4 5 Mark support
- What is the hardest part about managing your weight?
 

7. No support 1 2 3 4 5 Mark support
- What do you believe will be of most help to assist you in being weight?
 

8. No support 1 2 3 4 5 Mark support
- How confident are you that you can lose weight at this time?
 

9. Not ready 1 2 3 4 5 Very ready

**Weight history**

10. As best as you can recall, what was your body weight at each of the following time points (if they apply)?  
Grade school \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_ Ages 20-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_

11. What has been your lowest body weight as an adult? \_\_\_\_\_ What has been your heaviest body weight as an adult? \_\_\_\_\_

12. At what age did you start trying to lose weight? \_\_\_\_\_

13. Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation.

Program	Date	Weight (lbs or grams)	Length of participation
• Diet			
• Weight Watchers			
• Dietician/weight specialist			
• Diet pills (Sibutramine, Fenfluramine)			
• Diet pills (Meridia, Xenical)			
• Diet pills (Orlistat, Alli)			
• Nutritional/weight drug			
• Physical activity			
• Therapy (cognitive, behavioral)			
• Surgery			
• Supportive services			

14. Have you maintained any weight loss for up to 1 year on any of these programs? Yes  No

15. What do you learn from these programs regarding your weight? \_\_\_\_\_

16. What did not work about these programs? \_\_\_\_\_

17. Have you been involved in physical activity programs to help with weight loss? Yes  No

Which ones or in what way? \_\_\_\_\_

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Figure 3.3 is shown at full size on pages 16-17.

Several useful behavior-change models can be used to increase readiness for weight management in general and for specific weight management strategies (see Booklets 4 and 5 for *Dietary Management and Physical Activity Management*, respectively). These include the Health Belief Model,<sup>7</sup> Social Learning Theory,<sup>8</sup> and the Transtheoretical — or Stages of Change — Model.<sup>9</sup> Elements of each model may be appropriate for counseling your patients, depending on your personal counseling style and your patients' characteristics.



The following three models are described with accompanying examples of their application.

**Health Belief Model** The Health Belief Model posits that health behavior is a function of people's perceptions regarding their vulnerability to illness and of their perceived effectiveness of treatment. Behavior change is determined by whether people:

- perceive themselves to be susceptible to a particular health problem
- believe the problem is serious
- believe that treatment/prevention is effective and not overly costly in regard to money, effort, or pain
- are exposed to a cue to take health action

In Manuel's situation, the following dialogue based on the Health Belief Model might take place:

**Physician:** Manuel, what do you know about the health risks of being overweight?

**Manuel:** I'm not sure. I know it's not good to be fat, but I feel pretty healthy now.

**Physician:** You know, you might feel healthy now, but your weight concerns me. The extra weight on your joints affects your joint pain and increases your cholesterol levels, which puts you at higher risk for heart disease. You may feel healthy now, but your weight can make you feel very sick in the future.

**Manuel:** I didn't know that. I never thought it was important to lose weight before. If I want to lose weight now, what should I do? My wife tells me it's hard.

**Physician:** It can be a challenge to lose weight, but I can work with you to develop a weight loss plan. What do you think?

**Manuel:** If you can help me, I'd like to give it a try.

**Physician:** Here's how we can get started. I have a questionnaire here, the Weight Loss Questionnaire that I'd like you to fill out and bring to your next visit. This will help us begin to develop your weight loss plan.

**Social Learning Theory** The Social Learning Theory holds that patients must believe that they have the needed skills to change behavior (called self-efficacy) before they will take action. An important component of skill development comes through modeling; physicians can provide needed guidance in this area. Modeling is most effective when it addresses prior attempts to change behavior, the strategies that were and were not successful, and ideas to help patients succeed this time.

In Manuel's situation, the following dialogue based on the Social Learning Theory might take place when discussing dietary management (see Booklet 4):

**Physician:** "Manuel, you stated that you don't think you can make the time to complete a food log. Have you ever tried to keep a food log before?"

**Manuel:** "No. I wouldn't even know how to do it."

**Physician:** "Here's an example. (Physician explains, demonstrates, and actually begins to complete one in front of Manuel.) It only takes a little bit of time and it can help me find out more about your diet and help you monitor what you're eating."

**Manuel:** "I think I understand how to use a food log now, but I'm not sure I could keep this up for more than a day or two."

**Physician:** "I'm glad you let me know. Let's think of some other strategies to help you monitor your diet."

### **Transtheoretical (Stages of Change) Model**

The Transtheoretical (or Stages of Change) Model proposes that at any specific time, patients are in one of five discreet stages of change: precontemplation, contemplation, preparation, action, and maintenance. Patients move from one stage to the next in the process of change and, in fact, patients may repeat stages several times before they achieve lasting change. Within the Transtheoretical Model, the physician's tasks include both assessing patients' stage of change and using behavioral counseling strategies to help them advance from one stage to the next.

Figure 3.4 provides descriptions of each stage, appropriate behavioral counseling strategies, and sample dialogues.

Figure 3.4 Applying the Stages of Change Model to Assess Readiness

Stage	Characteristic	Patient verbal cue	Appropriate intervention	Sample dialogue
Precontemplation	Unaware of problem, no interest in change	"I'm not really interested in weight loss. It's not a problem."	Provide information about health risks and benefits of weight loss	"Would you like to read some information about the health aspects of obesity?"
Contemplation	Aware of problem, beginning to think of changing	"I know I need to lose weight, but with all that's going on in my life right now, I'm not sure I can."	Help resolve ambivalence; discuss barriers	"Let's look at the benefits of weight loss, as well as what you may need to change."
Preparation	Realizes benefits of making changes and thinking about how to change	"I have to lose weight, and I'm planning to do that."	Teach behavior modification; provide education	"Let's take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day."
Action	Actively taking steps toward change	"I'm doing my best. This is harder than I thought."	Provide support and guidance, with a focus on the long term	"It's terrific that you're working so hard. What problems have you had so far? How have you solved them?"
Maintenance	Initial treatment goals reached	"I've learned a lot through this process."	Relapse control	"What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?"

Adapted from Prochaska JO, DiClemente CC. Toward a comprehensive model of change. In: Miller WR, ed. *Treating Addictive Behaviors*. New York, NY: Plenum; 1986:3–27.

## How can I tell when my patients are ready to make behavior changes?

Patients who possess certain attributes are typically ready to change their behaviors to promote weight loss.<sup>10</sup> These attributes include:

- a strong desire and intent to change for clear, personal reasons
- a minimum of obstacles to change
- the requisite skills and self-confidence to make a change
- positive feelings about change and the belief that it will result in meaningful benefit
- the perception that planned changes are congruent with self-image and social group norms
- encouragement and support to change from valued persons

Although not all six attributes are required before your patients can embark on treatment, they are a useful benchmark. At any point, ask the following questions to determine whether your patients possesses these attributes:

- **Intention to change** “Manuel, you told me last month that you weren’t very interested in losing weight. Since then, we’ve talked about it some more. Right now, on a scale from 1 to 10, how interested are you in losing weight?”
- **Obstacles to change** “If you’re ready to make some changes now, I’ll be glad to help. People are more likely to take action, though, if the timing is right. Are there any stressful events in your life right now that might get in the way?”
- **Skills and self-confidence** “You told me last month, Manuel, that you didn’t feel very confident that you could lose weight. You’ve had time to think about your diet and physical activity in the meantime. Right now, do you feel confident that you can change your diet and increase your physical activity to lose weight?”
- **Positive feelings regarding change** “We’ve discussed how much your wife Maria would like you to lose weight. Do you feel you can succeed in losing weight, and how much do you believe it’s worth the effort?”

- **Self-image and group norms** “I know you’ve never tried to lose weight in the past. Can you picture yourself losing weight? How do you think your friends and family will react to your efforts?”
- **Encouragement and support** “Maria has told you that she’d like you to lose weight. Do you think she’ll help you in your efforts? Who else might be able to support you?”

### What weight management goals should I help my patients establish?

Information obtained from the history, physical examination, diagnostic tests (see Booklet 2: *Evaluating Your Patients for Overweight or Obesity*), and readiness evaluation is used to determine risk and develop a treatment plan.

A three-stage approach to weight management should be considered, depending on your patients’ risk status, abilities and desires, and the availability of resources.

**Stage 1: Prevention of further weight gain** This should be considered for patients with low risk status who are currently prepared to make only minor behavior changes. Although prevention of weight gain still requires lifestyle modifications, it may appear less threatening and more achievable than setting weight loss goals.

#### Stage 2: A reduction in body weight of 5% to 10%

This should be considered for patients with low to moderate risk status who are committed to making specific behavior changes for weight loss. For most of these patients, a 5% to 10% weight loss is consistent with a loss of 1 to 2 lb/week over 6 months. Not only is this realistic and achievable, but a 10% weight loss can also significantly decrease the severity of obesity-associated risk factors.

Dietary and physical activity management (discussed in Booklets 4 and 5, respectively) are the first line of treatment for these patients. Patients may engage in either dietary or physical activity management first, depending on their abilities, desires, and resources, although the goal is to ultimately incorporate both into their lifestyle. After achieving the initial goal of 5% to 10% weight loss, further weight loss can be considered.

**Stage 3: Maintenance of weight loss** After attaining their goal weight, patients should continue lifestyle modifications for the long-term maintenance of their goal weight. Strategies for counseling patients on weight loss maintenance can be found in Booklet 8: *Communication and Counseling Strategies*.

When Manuel feels ready to embark on a weight management plan, the two of you decide on an initial weight loss goal of 5% to 10% over 6 months, or 1 to 2 lb/week. Manuel decides that he will try managing his diet first because Maria has agreed to join him in making dietary changes. Manuel thinks that he will feel more comfortable — both physically and psychologically — engaging in physical activity after he loses some weight.

Manuel understands that maintaining weight loss and preventing regain are the long-term goals. He knows that this will be difficult, but he believes that — with your ongoing support — he will be up to the challenge.

### What kind of treatment is appropriate for my patients?

Although dietary and physical activity management are the first line of treatment for many patients, pharmacotherapy and surgery (discussed in Booklets 6 and 7, respectively) are indicated for certain patients. The NHLBI has developed guidelines for selecting treatment strategies for overweight and obese patients based on BMI and comorbidities (see Figure 3.5).<sup>4</sup>

**Figure 3.5 Guide to Selecting Treatment**

Treatment	BMI Category				
	25–26.9	27–29.9	30–34.9	35–39.9	≥40
Diet, physical activity, and behavior change	With comorbidities	With comorbidities	+	+	+
Pharmacotherapy		With comorbidities	+	+	+
Surgery				With comorbidities	+

Source: *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute (NHLBI) and North American Association for the Study of Obesity (NAASO). Bethesda, Md: National Institutes of Health; 2000. Publication No. 00-4084.

The combination of dietary management, physical activity management, and behavior therapy are indicated for any patient with a BMI  $\geq 30$  and for those with a BMI between 25 and 29.9 with comorbidities. Pharmacotherapy should be considered for patients with a BMI between 27 and 29.9 with comorbidities and for any patient with a BMI  $\geq 30$ . Surgery is indicated for patients with a BMI between 35 and 39.9 with comorbidities and for any patient with a BMI  $\geq 40$ .

However, prevention of overweight and obesity is essential for all patients. In practice, patients, especially those with a strong family history of risk factors, should be counseled on diet, physical activity, and behavior modification so that they can prevent becoming overweight or obese.

The following four booklets in the series may be helpful as you and your patients initiate any of the treatment strategies described in Figure 3.5:

- Booklet 4: *Dietary Management*
- Booklet 5: *Physical Activity Management*
- Booklet 6: *Pharmacological Management*
- Booklet 7: *Surgical Management*

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## Suggested additional reading

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Figure 3.3

## Weight Loss Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete this questionnaire, which will help you and your physician develop the best management plan for you.

- Is there a reason you are seeking treatment at this time?  
\_\_\_\_\_
- What are your goals about weight control and management?  
\_\_\_\_\_
- Your level of interest in losing weight is:

Not interested    1    2    3    4    5    Very interested

- Are you ready for lifestyle changes to be a part of your weight control program?

Not ready    1    2    3    4    5    Very ready

### Weight history

- As best as you can recall, what was your body weight at each of the following time points (if they apply)?  
Grade school \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_ Ages 20-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_

- What has been your lowest body weight as an adult? \_\_\_\_\_ What has been your heaviest body weight as an adult? \_\_\_\_\_
- At what age did you start trying to lose weight? \_\_\_\_\_

- Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation.

Program	Date	Weight (lost or gained)	Length of participation
• TOPS	_____	_____	_____
• Weight Watchers	_____	_____	_____
• Overeaters Anonymous	_____	_____	_____
• Liquid diets (eg, Optifast)	_____	_____	_____
• Diet pills: Meridia, Xenical	_____	_____	_____
• Diet pills: phen-fen, Redux,	_____	_____	_____
• NutriSystem / Jenny Craig	_____	_____	_____
• OTC diet pills	_____	_____	_____
• Obesity Surgery	_____	_____	_____
• Registered Dietitian	_____	_____	_____
• Other	_____	_____	_____

- Have you maintained any weight loss for up to 1 year on any of these programs?    Yes     No
- What did you learn from these programs regarding your weight? \_\_\_\_\_
- What did not work about these programs? \_\_\_\_\_
- Have you been involved in physical activity programs to help with weight loss?    Yes     No   
Which ones or in what way? \_\_\_\_\_

# Strategy for treatment of overweight and obesity

## Evaluate your patients for current and potential health risks related to weight (Booklet 2)

- Measure body mass index (BMI)
- Measure waist circumference
- Assess for presence/extent of suspected comorbid diseases

## Talk to your patients about weight loss (Booklet 3)

- Explain the importance of weight loss
- Assess your patients' readiness to make behavior changes
- Work with your patients to establish realistic treatment goals

## Help your patients manage weight through dietary management (Booklet 4)

- Collaborate on strategies for reducing calories and balancing the diet
- Recommend weight loss programs and resources as needed
- Follow up with your patients to monitor progress and provide support

## Help your patients manage weight through physical activity (Booklet 5)

- Collaborate on strategies for increasing physical activity in the daily lifestyle
- Recommend physical activity programs and resources as needed
- Follow up with your patients to monitor progress and provide support

## If indicated, help your patients manage weight through pharmacotherapy (Booklet 6)

- Determine whether your patients are candidates for pharmacotherapy at this time
- If pharmacotherapy is an option, help your patients make and carry out treatment decisions
- Monitor your patients for weight loss and medication side effects

## If indicated, help your patients manage weight through surgery (Booklet 7)

- Determine whether your patients are candidates for bariatric surgery at this time
- If surgery is an option, help your patients and their bariatric team make and carry out treatment decisions
- Manage your patients post-operatively

## Optimize your communication and counseling style (Booklet 8)

- Establish an effective patient–physician partnership
- Help your patients obtain skills for self-management
- Be sensitive to anti-fat bias and approach the topic of weight sensitively

## Optimize your office environment (Booklet 9)

- Be more sensitive to your patients' needs by adapting office practices and the waiting room configuration
- Set up your office with the equipment needed to assess and manage your patients
- Facilitate patient care through a team approach

Adapted from Serdula MK, Khan LK, Dietz WH. Weight loss counseling revisited. *JAMA*. 289;1747-1750:2003.