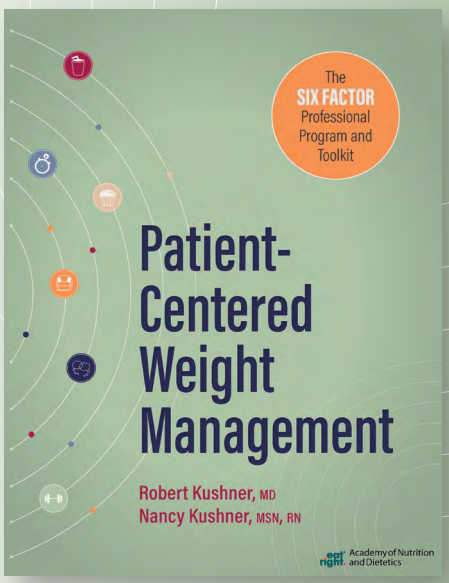
Academy of Nutrition and Dietetics



Author Q & A

Why did you write *Patient-Centered Weight Management: The Six Factor Professional Program and Toolkit*?

It can be overwhelming to initiate obesity care in the primary care setting given all of the other clinical and administrative activities that need to be addressed. Busy clinicians need an evaluation and counseling framework for patients with overweight and obesity that is streamlined, targeted, and evidence-based. Improving patient health and weight management outcomes is the goal. That is the focus of this program and toolkit.

What do you hope readers will gain from your book?

By using an individualized phenotypic approach that focuses on psychosocial and behavioral patient factors, clinicians can target their counseling in a meaningful way that is both efficient and effective.

What is missing in the practice of overweight and obesity care? And why is it so challenging?

Most clinicians are not trained in obesity care and receive little ongoing education during their practice. At the same time, they are seeing more and more patients living with obesity presenting with weight-related complications such as type 2 diabetes, hypertension, osteoarthritis, sleep apnea, and cardiovascular disease. Although directly treating the underlying obesity makes sense, most clinicians do not know how to do this effectively.

You talk about using a phenotypic approach to tailor treatment to each patient. What is this approach and how does this help clinicians provide personalized care?

Phenotyping is a process whereby people are clustered into subgroups that have similar characteristics. It allows us to use a more targeted therapeutic approach that meets the specific needs of the subgroup. For example, if you have a patient whose primary challenge is consuming too many convenient foods that are high in calories and fat, you want to focus your treatment strategies that target that specific pattern of eating. Your approach would be different for other patients whose insufficient physical activity, stress eating or poor time management negatively impacts their lifestyle behaviors.

But how do you identify these phenotypes? We developed a scientifically-validated 27-item self-administered questionnaire that can quickly distinguish which phenotypes are most pertinent for each patient. And by using preselected counseling tips and handout sheets, patients receive support that is tailormade to their specific concerns. As discussed in the book, using counseling techniques like shared decision-making and motivational interviewing are key aspects of providing personalized care.

What is a weight-management focused visit and why do you recommend that clinicians schedule this?

Discussing one's weight journey can be a sensitive topic. Because of time limitations and competing priorities, the patient's perspective may get lost during a routine patient care visit. For this reason, it is helpful to arrange a separate weight-management focused or prioritized visit where the primary purpose of the encounter is to address a patient's overweight and obesity. As outlined in the book, a thorough weight history helps patients feel validated and acknowledged regarding their weight journey. Together with results from the Six Factor Questionnaire, clinicians become more empathetic and informed to provide more meaningful and practical personalized care.

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Why are clinicians confused about the role of lifestyle modification counseling in weight management and how do you help them?

Two thoughts come to mind. The first is that not all clinicians are equally trained in lifestyle counseling and therefore uncertain what to focus on. The second issue is the notion that lifestyle counseling is too time-consuming and rarely works. Here's where the book provides a valuable resource of lifestyle modification strategies that have been shown to be realistic, practical and effective. Some clinicians may be comfortable counseling on dietary patterns but less so on a patient's activity patterns, sleep or stress coping abilities. The factor specific handouts cover all aspects of lifestyle modification counseling, which can help clinicians target each patient's specific needs. We can't expect each clinician to be an expert in every aspect of lifestyle modification counseling. And they don't have to be.

How do the new medications affect weight management counseling and how does your book address this?

The availability of highly effective obesity medications has raised the question of whether lifestyle counseling still has a role in obesity management. The answer is yes. Although these medications reduce appetite and are associated with an average 15% to 20% weight loss, they do not naturally teach people what to eat or how to eat healthfully. They also do not guide people on how to be more physically active, the importance of doing resistance training to maintain muscle mass, get restorative sleep, or constructively deal with stress. *Patient-Centered Weight Management* provides key information on helping patients achieve these important lifestyle behaviors that are needed to both optimize weight loss, health and quality of life, as well as achieve long-term health and weight maintenance.

We also address the lifestyle modification counseling recommendations for patients taking these new medications. Though this is an evolving field, we review the dietary and activity strategies shown to improve health and weight management outcomes while decreasing medication side effects.

What is this book's toolkit and why did you include it?

The toolkit includes 5 assessment tools and 30 factor-based educational treatment handouts that are downloadable in English or Spanish for both clinicians and patients. Patient assessment tools include the Six Factor Questionnaire to identify each patient's weight management challenges along with scoring tools that provide objective measurements throughout care. The factor-based educational treatment handouts are camera-ready, turnkey resources that help patients modify diet, physical activity, health behaviors and mindset to achieve better health and improve weight management outcomes. We include the toolkit to help clinicians provide efficient and effective care in the midst of a busy practice.

Tell us about the nearly 200 cited references included in the book.

Although the 6 phenotypes (factors) were developed and studied over decades of providing patient care, the distinctive factor characteristics are supported by the medical literature. It is also important to note that the treatment recommendations that are tailored to the factors use evidence-based strategies that are extensively reviewed and cited in the references for each of the 6 factor chapters.

You talk about a team -based approach to overweight and obesity care but how does this apply to clinicians with varied backgrounds who may work in remote areas or solo practices?

I always say that obesity care is a 'team sport.' *Patient-Centered Weight Management* provides a comprehensive personalized program for the treatment of people living with obesity. However, utilization of team members that may include primary care providers, obesity medicine specialists, bariatric surgeons, nurse practitioners, physician assistants, registered dietitian nutritionists, health psychologists, and exercise specialists play a key role. It is important to identify and develop a supportive network of health professionals for referral when indicated. The book outlines how to do so.