

Agree and Assist: pulling the consultation together

Session 11

Acknowledgements
Obesity Canada

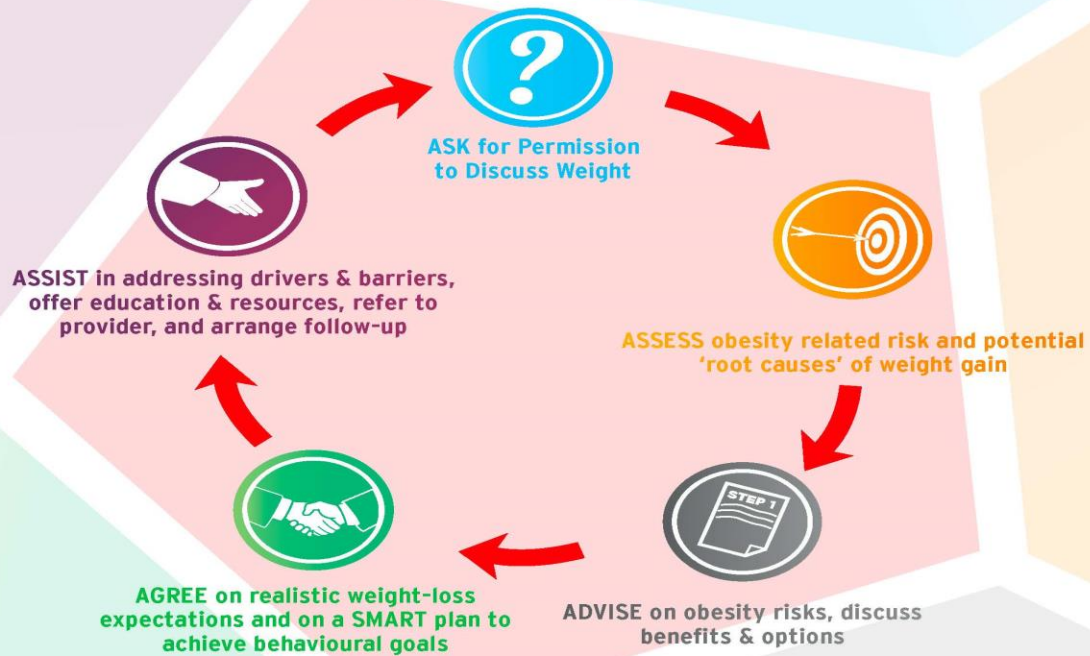




5As of Obesity Management

- **Ask** for permission to discuss weight.
- **Assess** obesity-related risk and potential “root causes” of weight gain.
- **Advise** on obesity risks, discuss benefits and options.
- **Agree** on realistic weight management expectations and on a SMART plan to achieve behavioural goals.
- **Assist** in addressing drivers and barriers, offer education and resources, refer to provider, and arrange follow-up.

Obesity Canada,
5As of Obesity
Management



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Overview – aims

- Reviewing goals (SMART)
- Choosing appropriate measures of success
- Making change timely and continuous
- Reviewing progress

Agree

- Agree on behaviour change outcomes
- Agree on sustainable behavioural goals and health outcomes
- Agree on a management plan

Source: Obesity Canada, 5As of Obesity Management

Agree on a treatment plan (adults)

- Treatment plans should be realistic and sustainable.
- Obesity treatment should begin by addressing the drivers of weight gain (e.g. stress, lack of time, depression, sleep apnoea, chronic pain).
- The success of treatment should be measured in improvements in health and well-being (e.g. improved blood pressure, increased fitness, increased energy, increased mobility).

Agree on sustainable behavioural goals and health outcomes (adults, paediatrics, pregnancy)

- Focus on sustainable behavioural changes, rather than on specific weight targets.
- Behavioural goals should be SMART:
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**elevant
 - **T**imely
- Flexible self-monitoring with a lifestyle journal can help initiate and sustain behavioural change.

Agree on behaviour change outcomes (children)

- Unrealistic weight loss expectations can lead to disappointment and non-adherence.
- For some children, prevention or slowing of weight gain may be the best goal.

Agree on sustainable behavioural goals (pregnancy)

- Focus on sustainable behavioural changes, rather than on specific weight targets.
- Unrealistic goals can lead to disappointment and may encourage unhealthy habits and non-adherence.
- Even for a woman who has exceeded weight gain recommendations, meeting the recommended rates of weekly gain may be the best goal.
- Behavioural goals may be different for each woman.

Agree on a management plan (children)

- Management plans should be realistic and sustainable.
 - Be mindful of the need to set goals with both adolescent and parent, as their goals may differ.
- Management plans should begin by addressing the drivers of weight gain (e.g. anxiety, sleep apnoea, fatty liver, family stressors).
- The success of treatment should be measured in improvements in health and well-being (e.g. self-esteem, body image, sleep, fitness, blood sugars).

What are the real benefits of lifestyle change?

- The benefits of lifestyle change go further than BMI change – avoid using BMI as the sole or main outcome.
- Be clear about the likely outcomes a patient may expect from any lifestyle change.
 - Exercise improves fitness, balance, self-esteem, diabetic control, etc. – *but it does not lead to weight loss unless combined with calorie restriction.*
 - Eating more fruit or vegetables will improve dietary quality – *but does not lead to weight loss unless combined with calorie restriction.*
 - Valuable discussions often relate to perspective on health risks – e.g. is it better to lose weight or stop smoking?

Barriers

- Patients may face barriers that affect self-efficacy, confidence, emotions, thinking, and mental and physical health.
- Consider what has an impact on a patient's ability to move forward.
- Barriers can come up in different phases of the weight management process.
- These barriers need to be addressed differently with each patient.

Reflect on different types of goal – the patient's and your own

Patient goals

- Active goals achieved from conscious behaviour change
- Short-term changes with visible outcomes that help to stimulate further motivation
- Treatment goals to move from a position of being unhealthy towards being healthy

“This makes me feel better.”

Health professional goals

- Passive goals arising from altering “default” behaviours, e.g. environmental change making a healthy choice the easiest choice
- Long-term changes that improve long-term health risks
- Prevention goals that maintain existing health status and avoid predictable decline

“This reduces risk of disease in a population.”

Contingency plans

- What could happen?
- What will we do in response?
- What can we do in advance to prepare?
- How can we be proactive and prepared?

Example: physical activity contingency plans

Goal: I will walk 10 minutes on my lunch break 3 days a week.

- I will keep my walking shoes under my desk.
- If the weather is poor, then I will walk in the long hallway on the fifth floor for 10 minutes.
- I will ask my coworkers to join me.

Discussion

Goal-setting

- Take a few minutes of quiet time to come up with your own goal concerning a change you feel you can implement in your practice with regard to establishing and asking critical questions.
- Can you anticipate difficulties with achieving this goal?

Assist

In addressing drivers and barriers:

- offer education and resources
- refer to providers
- arrange follow-up.

Assist patients in identifying and addressing drivers and barriers

- Drivers and barriers may include environmental, socioeconomic, emotional and medical factors.
- Obesogenic medications (e.g. atypical antipsychotics, antidiabetics, anticonvulsants, etc.) may make obesity management difficult.
- Physical barriers that limit access (transportation, turnstiles, limited seating, etc.) in institutional settings, workplaces and recreational facilities may deter people from active participation in everyday life.

Assist: provide education and resources

- Family education is central to management.
- Help adults, women and children, and their families, to identify credible weight management information and resources.

Assist: refer to appropriate provider

- Evidence supports the need for an interdisciplinary team approach.
- Choice of an appropriate provider (e.g. physician, nurse, dietitian, psychologist, social worker, exercise physiologist, physical/occupational therapist, surgeon, etc.) should reflect identified drivers and complications of obesity, as well as barriers to weight management.

Assist: arrange follow-up

- Given the chronic nature of obesity, long-term follow-up is essential.
- Success is directly related to frequency of provider contact.
- Weight cycling and weight gain should not be framed as “failure” – rather, they are natural and expected consequences of dealing with this chronic condition.

Assist: arrange follow-up (pregnancy)

- Follow-up is essential given the prevalence of excessive weight gain in pregnancy and the subsequent high probability of postpartum weight retention, which can lead to immediate and downstream complications.
- The child-bearing years are a natural period of weight cycling (for those who have experienced more than one pregnancy) and returning to a healthy weight should be encouraged.

Follow-up and support

Behaviour change is an ongoing, fluid process.

- Be proactive
- Goal flexibility

Coping processes can be used for successful change.

- Helping relationships, environmental control, interpersonal systems control

Resources (1)

- Obesity Canada (<https://obesitycanada.ca>)
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Resources (2)

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