

## TALKING TO PATIENTS ABOUT WEIGHT ISSUES

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### Adults:

Primary care providers are in an ideal position to offer weight guidance to adult patients who are overweight or obese and to reinforce healthy weight. The key is starting that conversation.

NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) offers the following suggestions about what patients want from their healthcare professional regarding weight (12c):

- **Talk.** Many patients want to talk about weight with health care professionals who offer respect and empathy for their struggles with weight control. However, before starting a conversation about weight control with your patients, give them a few minutes to discuss other issues that may be affecting their physical or emotional well-being.
- **Non-offensive terms.** Patients prefer the terms *weight* or *excess weight*, and dislike the terms *obesity*, *fatness*, and *excess fat*. Be careful to communicate a nonjudgmental attitude that distinguishes between the weight problem and the patient with the problem.
- **Advice they can use.** Many patients want help setting realistic goals. They may want to know what to eat and what and how much physical activity is appropriate. For example, some patients will want to know how to become more physically active without causing injury or aggravating problems such as joint pain. Others will want advice on choosing appropriate weight-loss products and services. More information is available in sections [Key Messages](#) and [Referral Options](#).

NIDDK continues with these tips for talking about weight:

1. **Address your patient's chief complaint first, independent of weight.** You can assume your patient already knows he or she is overweight. Patients do not want health care professionals to place blame or attribute all of their health problems to weight.
2. **Open the discussion.** Open the conversation by finding out if your patient is willing to talk about weight, or expressing your concerns about how his or her weight affects health. Then, you might ask your patient to describe his or her weight. Here are some sample discussion openers:

*"Mr. Lopez, could we talk about your weight? What are your thoughts about your weight right now?"*

*"Mrs. Brown, I'm concerned about your weight because I think it is causing health problems for you. What do you think about your weight?"*

Be sensitive to cultural differences that your patients may bring to the discussion regarding weight, food preferences, and related issues. Patients may be more open when they feel respected.

3. **Decide if your patient is ready to control weight.** Ask more questions to find out how ready a patient is to control weight. The provider, together with the patient, should assess if the patient is ready. Some sample questions are below.

*"What are your goals concerning your weight?"*

*"What changes are you willing to make to your eating and physical activity habits right now?"*

*"What kind of help would you like from me regarding your weight?"*

*"How ready are you to make changes in your diet, to be more physically active, and to use behavior change strategies such as recording your weight and food intake?" (5a)*

A patient who is not yet ready – The provider should reassess readiness at the next office visit. Attempts to counsel the patient regarding how to make lifestyle changes are likely to be counterproductive. (5a)

A patient who is ready to control weight - The patient will benefit from the following tips which focus on setting a weight-loss goal, receiving advice about healthy eating and regular physical activity, and follow up.

- 4. Set a weight goal.** A 5-10% reduction in body weight over 6 months is a reasonable weight-loss goal for adults. (5a) 1-2 pounds per week is a safe rate of weight loss. A goal of maintaining current weight and preventing weight gain may be appropriate for some patients. Setting too high a weight loss goal sets the patient up for failure. Focus on healthy eating and physical activity habits.



- 5. Prescribe healthy eating and physical activity behaviors.** Give your patient concrete actions to take to meet his or her weight goal over the next 6 months. Write a prescription for healthier eating and increased physical activity on a prescription pad. Physical activity prescription pads can be ordered through the **South Dakota Department of Health**. Click on the physical activity category and scroll down to “RX for Exercise”. **Key Message - Part A** provides specific physical activity guidelines and recommendations for all ages.

Some patients may benefit from a weight-loss medication or obesity surgery. NIDDK’s fact sheets “**Prescription Medications for the Treatment of Obesity**” (12b) and “**Gastrointestinal Surgery for Severe Obesity**” (12a) offer information about these two treatments.

You can also direct your patients to credible online information about weight, healthy eating, and physical activity such as those at [www.healthysd.gov](http://www.healthysd.gov). See the section **Key Messages** for additional information. Another option is to refer to others who can provide more in-depth counseling and treatment. See the section **Referral Options**.

- 6. Set realistic daily/weekly goals.** Together with the client, base goals on your discussion about healthy eating and physical activity in order to achieve the weight goal set previously. Do not make the goals for them. Allow the client to ultimately set their goals with your guidance.
- 7. Follow up.** When you see your patient again note progress made on behavior changes, such as walking at least 5 days a week. If your patient has made healthy behavior changes, offer praise to boost self-esteem and keep him or her motivated. Likewise, discuss setbacks to help your patient overcome challenges and be more successful. Note any advances in blood pressure, blood sugar, and cholesterol to help improve motivation especially if weight loss has been slow.

Set a new weight goal with your patient. This may be for weight loss or prevention of weight gain. Discuss and modify eating and physical activity goals to meet the new weight goal.

Evidence suggests that over 80% of persons who lose weight will gradually regain it. Patients who continue on weight maintenance programs have a greater chance of keeping weight off. Maintenance consists of continued contact with the health care practitioner for continued education, support, and medical monitoring.

If you aren’t getting through to the patient, change is minimal, or his/her goals are not being met try using motivational interviewing to promote change. Motivational interviewing is a way to produce positive behavior change by allowing the patient to convince themselves that they should change, that they can change, and that they will change. (2c)

Some older models of doctor-patient communication have included confrontation (you must lose weight), education (obesity is harmful), and authority (you should listen to me because I'm your doctor). In contrast, motivational interviewing relies on collaboration (walk alongside or partner with the patient), evocation (the clinician elicits the patient's arguments for change), and autonomy (the patient decides what and if to change). (2c)

See the [Resources](#) section for more information on motivational interviewing.

### Children and Adolescents:

Parents or other caregivers of children and adolescents may not recognize that their child weighs more than they should but an open discussion (with or without the child present) may help start the process. All ages can benefit from healthy eating and physical activity habits. As with adults, open the conversation by finding out if the parent is willing to talk about their child's weight or express your concerns about how his or her weight affects current or future health. Here are some sample discussion openers:

*"Mrs. White, could we talk about your child's weight? What are your thoughts about his weight right now?"*

*"Mr. Jones, I'm concerned about your child's weight because I think it is starting to cause health problems for her. What do you think about your child's weight?"*

Parents may be extra sensitive if they also battle with weight issues. Initiating a conversation about the family's health may also provide an opportunity to help parents prevent the health problems that come with excess weight in their children.

Consider the following when discussing weight with parents of overweight children (18a, 17b):

- **Ask Permission.** Ask the parents and child, if age appropriate, for their permission to discuss the child's weight.
- **Identify Strengths.** Ask one or two questions to help identify strengths and let patients know these are important aspects of their lives.
  - Ask children: *"What are you good at? What responsibilities do you have at home? At school? Who are the important adults in your life?"*
  - Ask parents: *"Tell me about the things your child does well. What are some of the things you do together as a family? What makes you most proud of your son/daughter? Of your family?"*
  - Then begin the conversation with a positive: *"It's great that you are doing so well in school. That tells me you know how to work hard to achieve goals for yourself."*
- **Use Reflective Listening.** Here's an example: A parent responds negatively to a request to discuss weight, saying "I'm sick and tired of people getting on my case about Amber's weight."
  - DON'T say - *"Well, you know she's at high risk for diabetes and heart disease when she gets older."*
  - DO say - *"You're feeling frustrated with people blaming you for Amber's being big."*
- **Avoid Blaming.** Avoid using language that places blame on parents. Communicate that the parents have an important role in their child's health, but without associating blame.
- **Focus on Healthy Behaviors.** Focus on the child's health behavior, not just the number on the scale.
- **Make it a Family Affair.** Discuss making healthy changes as a family, rather than imposing a certain health plan only on the child. Stress the importance of parents being healthy role models.
- **Have Resources Available.** There is so much nutrition and dietary information available that parents can get easily confused and overwhelmed. Have pamphlets they can take home and guide parents to appropriate websites and resources.