



# Welcome to Weight

MANAGEMENT

in Community Health:

**Bridging Systems & Care Coordination** 

We will begin at 1 PM ET/10 AM PT



Please keep your microphones on mute for now to avoid background noise. You are muted if there is a red line across your microphone icon.







# Weight MANAGEMENT

in Community Health:

**Bridging Systems & Care Coordination** 

**ECHO Session #7:** 

Individual Behavior and Lifestyle Management



# Today's Agenda

- Welcome
- Overview of Technology and Reminders
- Individual Behavior and Lifestyle Management
- Case Presentation



## Technology: Your Zoom Window

#### Sound

- Muting/Unmuting
- Press \*6 to unmute phone audio

#### Webcam

Please share!

#### Chat

- Questions
- Sharing resources/ideas









# Technology: Your Zoom Window



#### **Closed Captioning and Live Transcript**

- Click on the caret or icon
- Select 'Show Subtitle' for closed captioning on screen
- Select 'View Full Transcript' for live transcript pop-out window



#### **Change Your Name**

- Click on the three dots
- Click 'Rename'
- Type in your name
- Please change your name to "First Last-Healthcare Center"



### Important Program Logistics

#### **Submitting a Case**

- What: Any patient or client case related to obesity or weight management that you find educational, challenging, or interesting!
- When: Schedule ahead of time with Humyra, hali@mwhs1.com
- How: Virtual Case Form sent to you via email
- Do <u>NOT</u> include patient-identifying information
- Case presentation needed for 3/13 and 4/10

### **Continuing Education Credits**

In support of improving patient care, this activity has been planned and implemented by The France Foundation and Moses/Weitzman Health System, Inc. and its Weitzman Institute. The activity is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

This series is intended for medical providers (MDs, DOs, NPs, PAs), registered dietitians, nurses, pharmacists, social workers, and psychologists.

Please complete the post-session survey and claim your CE certificate on the WeP after today's session. **PLEASE NOTE:** Pharmacists must claim credit within *two weeks* following the live session date or the Weitzman Institute will be unable to provide APCE credits.

You will be able to claim a comprehensive certificate on the WeP at the end of the series, April 10, 2025.





### Program Logistics Post-Session:

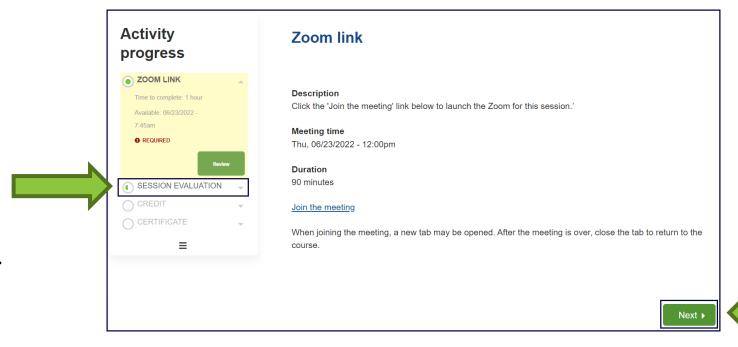
Completing the Session Evaluation and Claiming Your CME/CE Credit

After the live session has ended:

Select the **Next** button

OR

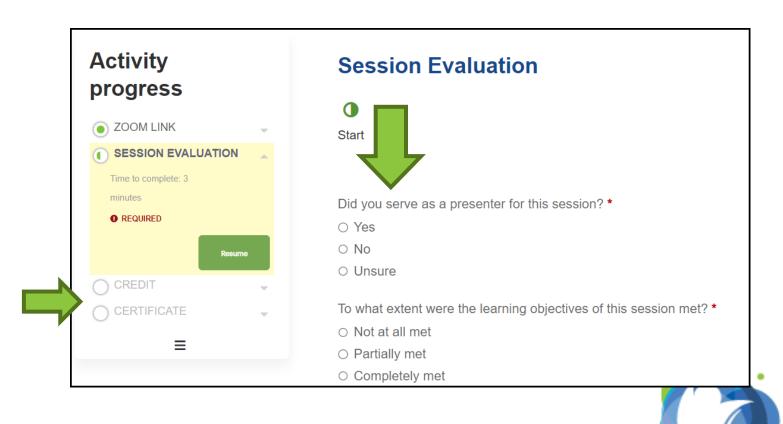
 Select Session Evaluation in the left-hand navigation bar



### Program Logistics Post-Session:

Completing the Session Evaluation and Claiming Your CME/CE Credit

- Complete the questions in the session evaluation
- Select the **Submit** button at the bottom of the evaluation
- View your credits awarded and download your certificate by selecting them in the left-hand navigation bar



# Program Logistics: Session Recordings and Materials

All session recordings and materials shared during the session will be available on the Weitzman Education Platform <u>within one week</u> of each session

Overview

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Continue

- Return to the Overview tab of the ECHO session, Weitzman ECHO Weight Management in Community Health (January 9th)
- Scroll down to the Session Recording and Session Resources headers

You will then be able to click on **Session Recording** and **Session Resources** listed below the headers to access the resources.

Instructions will be shared with you after this session.

#### Program Information

In collaboration with The France Foundation, the Weitzman Institute is offering Weitzman ECHO Weight Management in Community Health. This ECHO series is a no-cost, 10-session continuing education series for clinicians who face significant challenges in community health care concerning the formal diagnosis and management of obesity. This learning series connects primary care medical providers and care team members to a community of peers and subject-matter experts to improve providers' weight management with patients. At each session, subject-matter experts provide guidance from a multidisciplinary team approach to address patients; complex health needs related to obesity to better assess, treat, and care for patients. The Weitzman ECHO Weight Management in Community Health will meet for 1-hour virtually every 2nd Thursday monthly beginning July 11th.

This ECHO series is now enrolling primary care medical providers, behavioral health providers, and other care team members including dietitians and pharmacists. All providers working in primary care settings are encouraged to join and participate. CME, CNE, CPE, and CEU credits will be provided for physicians, nurse practitioners, physician assistants, nurses, and registered dietitians, among others, by Moses/Weitzman Health System Inc., an accredited provider through Joint Accreditation for Interprofessional Continuing Education.

This activity meets the 2nd Thursday of every month from 1-2pm ET.

To access the Zoom link for this live session, select the Continue tab

#### Agenda

The Agenda will be posted within 2 days of the ECHO session

#### Presentation Slides

The slide deck is available at the bottom of this page



#### **Session Recording**

The recording link will be available here within 1 week after the live session.

#### Session Resources

Any resources that were shared during the live session will be made available at the bottom of the page



#### Disclosure

- With respect to the following presentation, there has been no relevant (direct or indirect)
  financial relationship between the faculty listed above or other activity planners and any ineligible
  company in the past 24 months that would be considered a relevant financial relationship
- The views expressed in this presentation are those of the faculty and may not reflect official policy of Moses Weitzman Health System
- We are obligated to disclose any products that are off-label, unlabeled, experimental, and/or under investigation (not FDA-approved) and any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion



# Acknowledgements

This activity is supported by an educational grant from Lilly.



#### The Weitzman Institute is Committed to Justice, Equity, Diversity & Inclusion



At the Weitzman Institute, we value a culture of equity, inclusiveness, diversity, and mutually respectful dialogue. We want to ensure that all feel welcome.

If there is anything said in our program that makes you feel uncomfortable, please let us know.



## Series Learning Objectives

- Outline factors that impact obesity risk and outcomes
- Identify strategies that address barriers to initiating discussions of weight with patients with obesity in the community health setting
- Utilize evidence-based interventions to diagnose patients with obesity in the community health setting
- Identify effective multi- and interdisciplinary strategies to manage the care of patients with obesity in the community health setting

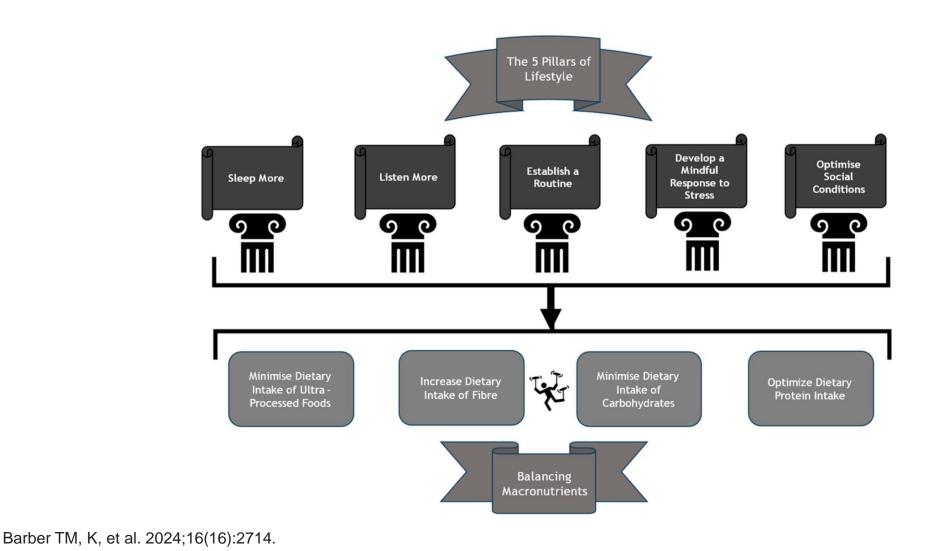


# Session Learning Objectives

- Employ effective multi- and interdisciplinary care strategies to manage the care of patients with obesity in the community health setting
- Incorporate lifestyle management strategies into the care of patients with obesity to influence positive outcomes



### Key Components of Lifestyle Modification

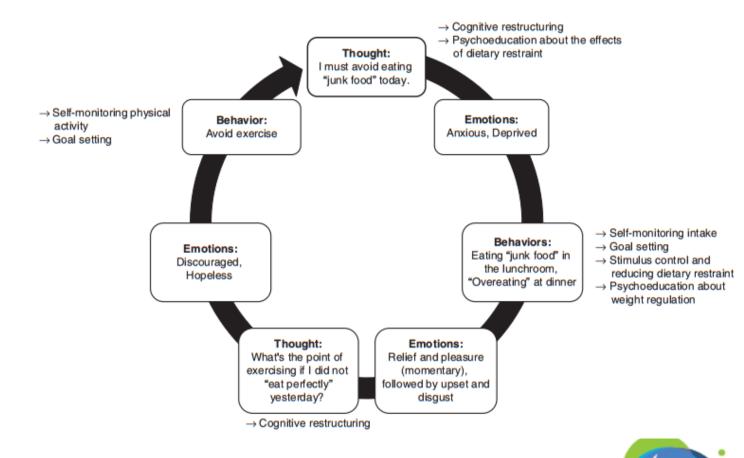


# Lifestyle Strategies for Obesity

Strategy	Issue	Impact on Weight Gain	Potential Solution
Sleep	Inadequate	Increased appetite	<ul> <li>Need for adults to get 7-8 h sleep per night</li> </ul>
Listening to Body Cues	Distractions Being unconscious of internal and external stimuli for hunger	<ul><li>Appetite dysregulation; Mindless eating</li></ul>	<ul><li>Teach patients to actively listen to internal signals</li><li>Use intuitive eating techniques</li></ul>
Daily Routine	Busy/unpredictable lives	<ul><li>Dysregulated sleep-wake cycle;</li><li>Predisposition to maladaptive eating behaviors</li></ul>	<ul> <li>Establish and maintain regular sleep-wake cycles</li> <li>Individualize lifestyle recommendations</li> </ul>
Reducing Stress	Stress is part of everyday life	<ul> <li>Mindless eating and over-consumption of hyperpalatable foods</li> <li>Altered neurobiology towards compulsive behaviors</li> </ul>	<ul> <li>Implement techniques to alleviate response to stress to improve healthy eating behaviors</li> </ul>
Optimize Social Conditions	Poor governmental control of and regulation of nutrition of Stigmatization and expense of healthy foods	•	<ul> <li>Implement much stricter controls and regulation of food companies</li> <li>Government input to improve affordability of healthy foods</li> </ul>

## **Behavior Strategies**

- Behavioral therapy provides tools to facilitate changes in eating and physical activity patterns and includes:
  - Cognitive restructuring
  - Goal-setting
  - Identifying stimuli that lead to behaviors
  - Stress management
  - Problem-solving



Wadden TA, Sarwer DB. In: Sarwer DB, Fabricatore AN, Wadden TA, eds. *Psychological Care in Severe Obesity*. Cambridge University Press. 2020; Castelnuovo G, et al. *Psychol Res Behav Manag*. 2017;10:165-173; Wadden TA, et al. *Am Psychol*. 2020;75(2):235-251.

# Tools and Tips for Implementing Behavioral Changes

Ask permission to discuss weight in a non-judgmental manner

Set clear, feasible, and measurable SMART goals with the patient

Help patients identify and modify negative thoughts and beliefs about weight and body image

Teach patients to identify and modify environmental cues associated with unhealthy eating habits

Use motivational interviewing techniques to explore readiness for change

Consider combining behavior therapy with pharmacotherapy for enhanced results



# Dietary Change Strategies

#### Patients should be encouraged to:

- Consult with a registered dietician nutritionist (RDN)
- Increase whole/plant-based foods
- Have regular eating patterns throughout the day
- Eat a variety of foods from all food groups to meet nutritional needs
- Drink plenty of water

It is important to tailor dietary strategies to individual preferences, health status, and lifestyle factors



#### Initial Assessments With an RDN

RDNs are beneficial components of the multidisciplinary care required for managing patients with overweight/obesity.

**Appointments may include initial assessment of:** 

Medication and labs

How lifestyle impacts health

Current diet

Relationship with food

Access to food

Quantity and type of physical exercise

Stressors and stress coping

Sleep habits and other self-care behaviors

Follow-ups are scheduled by the dietitian



RDNs aim to help patients see what is in their control and create a plan to improve their health

Morgan-Bathke M, et al. J Acad Nutr Diet. 2023;123(11):1621-1661.e25; Williams LT, et al. Healthcare (Basel). 2019;7(1):20.

## Eating Disorder Continuum

No Eating
Disorder

Distorted Eating
Disordered Eating



## Screening Tools

- National Center of Excellence for Eating Disorders (NCEED)
  - Screening, Brief Intervention, and Referral to Treatment for Eating Disorders (SBIRT-ED)
  - Homepage SBIRT for Eating Disorders (eatingdisorderscreener.org)
- <u>Eat-26 EAT-26</u>: <u>Eating Attitudes Test & Eating Disorder Testing</u>
- ED affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses



I feel no guilt or shame no matter how much I eat or what I	I am moderate and flexible in goals for eating well.  I enjoy eating for	I have tried dieting, excluding certain foods, or counting calories to lose weight.	I have tried diet pills, supplements, laxatives, vomiting, or extra exercising in order to lose or maintain my weight.	I am terrified of eating fat.  When I let myself eat,
eat.  I trust my body to tell me what and how	pleasure and balance that with concern for a healthy body.	I think about food a lot and regularly watch what I eat.  I feel ashamed when I eat	I have fasted or avoided eating for long periods of time in order to lose or maintain my weight.	I have a hard time controlling the amount of food I eat.
much to eat.	I try to follow nutrition guidelines and eat in a balanced way.	more than others or more than what I feel I should be eating.	I feel strong when I can restrict how much I eat.	I am afraid to eat in front of others.
Food is not	Healthy but		Disordered Eating	Eating
an issue	concerned	Food preoccupied/obsessed	Patterns	Disordered
Body	Body		Disordered Body	Body hate/
ownership	acceptance	Body preoccupied/obsesse	lmage	dissociation
	I trust my body to find the	I spend a significant amount of	I don't see anything positive about my body shape and size.	
I feel good about my	weight it needs to be at so I	time viewing my body in the		I hate my body and I
body and what it can do.	can move with confidence.	mirror.	I believe that my body keeps me	often isolate myself from
I believe that healthy	I nourish my body so it has	I spend a significant amount of	from dating or finding someone who will treat me the way I want.	others.
and beautiful bodies	the strength and energy to	time comparing my body to	will will treat the the way i want.	I hate the way I look in
come in all shapes and	achieve my physical goals.		I have considered changing or	the mirror.
sizes.			have changed my body shape and	
Adapted from: University of Arizona Campus Health Services Smiley/King/Avey, 1997).		I'd be more attractive if I was thinner, more muscular, etc.	size through surgical means, so I can accept myself.	

#### Universal Precautions When Discussing Nutrition

#### Do your best to avoid:



Positive or negative comments on weight or body



Outcomes related to weight alone



Endorsing restrictive eating as "good," "healthy"



Fear tactics



Calories and other rigid food plans



Overemphasis on exercise to food balance



Recommendations on cutting food groups (don't eat tortillas/bread)



Blanket nutrition recommendations (eat more vegetables)



Morgan-Bathke M, et al. J Acad Nutr Diet. 2023;123(3):520-545.e10; Smethers AD, Rolls BJ. Med Clin North Am. 2018;102(1):107-124.

#### **Considerations for Care**

Assess medical stability:

• Refer for labs, vitals, medical assessment

Consider residential intake assessment

Determine eating disorder duration and recovery attempts:

- Assess patients' goals and desire for treatment and recovery
- May need to refer for specialized care team or HLOC
- Be aware of severe and enduring eating disorders

Explore access to care:

- Outpatient care is often out of pocket
- If must use insurance, consider virtual HLOC or residential

Consider awareness level of patient and build rapport:

- Do they know they have an eating disorder?
- Have they named it themselves?
- Does their family/support have awareness of their eating disorder?

HLOC = health locus of control

Academy for Eating Disorders. Medical Care Standards Guide – Academy for Eating Disorders. 4th ed. Published 2021. Accessed November 18, 2024. <a href="https://www.aedweb.org/publications/medical-care-standards">https://www.aedweb.org/publications/medical-care-standards</a>; Morgan-Bathke M, et al. *J Acad Nutr Diet*. 2023;123(3):520-545.e10.

### Address Significant Factors in Nutrition

- •Blind, seen, at home, in office
- •Let them know before weight checks; ask permission when possible
- •Consider other areas of the clinic and standard procedures
- •Advocate for patients when needed
- •Discuss why you need weight information and what you'll do with it

Weight monitoring



- Consider safety concerns and establish limits to reduce risk
- •Tread lightly when recommending starting to exercise

Exercise



 Address early on if specifically restricting fluids or overloading fluids

Fluid



• Find a place to start and build from there

Food



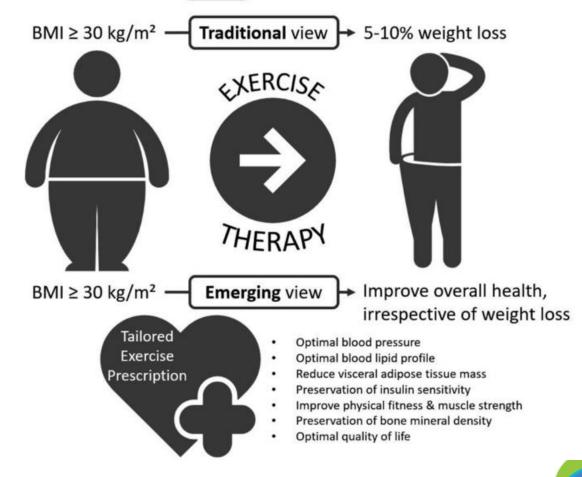
Academy for Eating Disorders. Medical Care Standards Guide – Academy for Eating Disorders. 4th ed. Published 2021. Accessed November 18, 2024. <a href="https://www.aedweb.org/publications/medical-care-standards">https://www.aedweb.org/publications/medical-care-standards</a>; Morgan-Bathke M, et al. *J Acad Nutr Diet*. 2023;123(3):520-545.e10

# Physical Activity

- Physical activity should be an integral component of all obesity management strategies
- For individuals with obesity, regular physical activity improves
  - Cardiovascular health
  - Insulin sensitivity
  - Body composition
  - Overall quality of life
- A combination of aerobic and resistance training may provide the most comprehensive benefits



- Small adipose tissue reductions
- Limited long-term adherence to high exercise volumes
- · Physiological adaptations independent of weight loss
- Potential compensatory energy intake



Verboven K, Hansen D. Sports Med. 2021;51(3):379-389; Oppert JM, et al. Obes Rev. 2021;22 Suppl 4(Suppl 4):e13273; Stone T, et al. [Updated 2021 May 15]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK278961/

## Implementing Physical Activity Strategies

Individualize the approach: Tailor exercise prescriptions to each patient's abilities, preferences, and goals

Start gradually:

Begin with
manageable
amounts and
intensities,
progressively
increasing over
time

Track exercise habits as part of regular health assessments

Provide behavioral support: Offer strategies to improve adherence, such as goal-setting and self-monitoring

For older adults or those with limited mobility, emphasize functional exercises and fall prevention

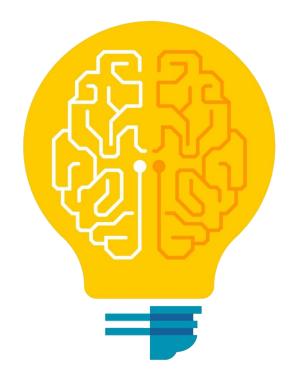
Cornier MA. *Am J Manag Care*. 2022;28(15 Suppl):S288-S296; Niemiro GM, et al. [Updated 2023 Nov 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK539893/">https://www.ncbi.nlm.nih.gov/books/NBK539893/</a>; Oppert JM, et al. Int J Obes (Lond). 2024.

# Key Takeaways

- Lifestyle modification strategies for patients with overweight/obesity include:
  - Creating healthy habits
  - Adjusting diet and exercise routines
  - Developing strategies to manage stress
- Be aware of warning signs that indicate disordered eating patterns and address accordingly
- Lifestyle modifications should be tailored to each individual patient and adjusted as needed

### Questions?

• Please feel free to unmute your microphone or type your questions in the chat!





#### Patient Information: Female, 48 Years Old (she/her)

Main Questions: What additional strategies would be recommended to help with weight management promotion given her comorbidities and limitations with medications?

#### **Medical Background:**

#### **Pertinent Medical History/Diagnoses:**

Followed in the clinic for Sickle Cell Anemia, Chronic Pain, Depression (not currently on treatment), and Obstructive Sleep Apnea (untreated). She has a history of head trauma from an assault in 2022 and is a former cigarette smoker. Social determinants of health, including food and financial insecurity, complicate her ability to manage her health effectively.

#### Physical Examination/Labs (Nov. 2024):

• BMI: 40.4

Hemoglobin: 10.5 (Low)

Hematocrit: 31.4% (Low)

Mean Cell Volume: 66.8 fL (Low)

• White Blood Cell Count: 11.77 K/uL (High)

#### **Medications:**

- Albuterol inhaler Q4H PRN
- Calcium Carbonate 600mg daily
- Vitamin D 125mcg daily
- Folic Acid 1mg daily
- Gabapentin 300mg qhs
- Hydrochlorothiazide 12.5mg daily
- Hydroxyurea 1500mg daily
- Ibuprofen 800mg Q8H PRN
- Loratadine 10mg daily
- Oxycodone 10mg Q12H
- Laxative BID PRN
- Venlafaxine 37.5mg daily

#### **Social/Cultural Factors:**

#### **Lifestyle History:**

- Limited physical activity due to chronic pain
- Disrupted sleep schedule while caring for grandchildren
- Challenges with consistent eating and portion control
- Food insecurity
- Financial insecurity
- Threatened loss of utilities

#### **Current Treatment Plan:**

- Exercise as Medicine and physical therapy for mobility and chronic pain
- Meal reminders to improve consistency and portion control
- Referral to a sleep study for Obstructive Sleep Apnea

#### Thank You

- ECHO Session 8 takes place on: Thursday, February 13<sup>th</sup> at 1:00 PM EST/10:00 AM PST
- Please complete your session evaluation to claim your CME credit

