

## Introduction: Why Obesity Care Matters

- **Obesity statistics:**
    - 41.9% of U.S. adults have obesity; 9.2% have severe obesity (BMI  $\geq$  40).
    - 19.7% of children/adolescents are affected.
  - **Impact:** Obesity is a chronic, progressive disease linked to physical, psychological, and socioeconomic challenges.
  - **Personal reflection:**
    - "Treating obesity is one of the most rewarding aspects of my career. It's not just about medications or surgery—it's about transforming lives through lifestyle medicine."
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## 2. Addressing Weight Stigma in Healthcare

- **The problem:** Weight stigma leads to disinhibited eating, avoidance of care, and poorer health outcomes.
  - **Key stats:**
    - 67% of patients with obesity report stigma from healthcare providers.
    - 53% of physicians view patients with obesity as "lazy" or "unmotivated."
  - **Solution:**
    - Use empathetic, nonjudgmental language.
    - Ask for permission to discuss weight: *"Would it be okay if we talked about your weight today?"*
    - Validate patient experiences and focus on health, not appearance.
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## 3. Conducting a Patient-Centered History

- **Key elements:**
    - Explore the patient's story, concerns, and goals using open-ended questions.
    - Assess readiness for change without judgment.
    - Identify obesity-related conditions (e.g., diabetes, hypertension, sleep apnea).
  - **Personal tip:**
    - "I don't use formal readiness questionnaires anymore, but they were helpful when I started. Now, I focus on building trust and understanding their priorities."
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## 4. Performing a Sensitive Physical Exam

- **Practical tips:**
  - Use appropriate equipment (e.g., large blood pressure cuffs, armless chairs).
  - Ensure privacy and dignity (e.g., discreet scale placement).

- Focus on health metrics, not just weight.
  - **Example:**
    - "I always ask patients if they're comfortable having their weight taken that day. It's a small gesture that builds trust."
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## 5. Setting Patient-Centered Goals

- **Frameworks to use:**
    - **CREAM:** Clear, Realistic, Empowering, Achievable, Measurable.
    - **WOOP:** Wish, Outcome, Obstacle, Plan.
  - **Example:**
    - "Instead of focusing on weight, I ask patients about the lifestyle they want. For example, playing with grandkids or having more energy."
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## 6. Navigating Resistance and Ambivalence

- **Key insight:** Resistance is often rooted in ambivalence, not defiance.
  - **Strategies:**
    - Use reflective listening and curiosity.
    - Roll with resistance; don't argue.
    - Explore patient motivations and solutions.
  - **Personal reflection:**
    - "I've learned that excuses are a form of ambivalence. Instead of correcting patients, I reflect back and explore their concerns."
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## 7. Leveraging Interdisciplinary Support

- **When to refer:** Dietitians, therapists, or bariatric surgeons for comprehensive care.
  - **Tools to share:**
    - **Diets:** MIND, DASH, or other evidence-based plans.
    - **CBT exercises:** Thought records to address emotional eating.
    - **Apps:** Free tools for tracking food, activity, or mood.
  - **Example:**
    - "I often refer patients to dietitians or therapists, but I also provide simple tools like food diaries or activity trackers to get them started."
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## 8. Practical Solutions for Everyday Challenges

- **Good, Better, Best approach:**

- **Nutrition:**
    - Best: Avocado toast with egg + black coffee.
    - Better: Greek yogurt with granola.
    - Good: Protein shake in coffee.
  - **Exercise:**
    - Best: 30 min cardio + 30 min weights, 4x/week.
    - Better: 45 min walk, 3x/week.
    - Good: 10 min walk after meals, 5/7 days.
  - **Personal tip:**
    - "I remind patients that progress, not perfection, is the goal. Even small steps can make a big difference."
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## 9. Addressing Systemic and Genetic Factors

- **Family history:**
    - Look for obesity, diabetes, hypertension, and cardiovascular disease in first-degree relatives.
    - Use this to guide screening and motivate patients (e.g., "Losing 5-10% of your weight can reduce your risk of diabetes").
  - **Systemic issues:**
    - Acknowledge the role of policy failures and the food environment in obesity.
    - Educate patients on the complexity of obesity as a chronic disease.
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## 10. Final Takeaways

- **One strategy:** Reduce weight stigma by using empathetic, nonjudgmental language.
- **One tool:** Use the CREAM or WOOP framework to set patient-centered goals.
- **Key insight:** Empathy and collaboration are essential for effective obesity care.
- **Call to action:**
  - "Let's work together to support our patients in meaningful ways. Thank you for your time and attention!"