



Talking about weight with your patients

The importance of having a conversation

Broaching the topic of body weight and obesity is very difficult for many physicians. Part of the difficulty lies in the time constraints a busy practice faces, lack of effective treatment options, inadequate reimbursement, and low confidence or insufficient training in weight management counseling. However, many physicians simply do not discuss body weight because they don't know how to raise this sensitive issue, they fear they will insult the patient, or they have attitudes or biases that are particular to obesity.

There are few other conditions in medical practice and in our society that are as stigmatized and shunned as obesity. Some view obesity as a personal moral failure while others believe it is solely due to sloth and gluttony. Still others feel that it is a personal responsibility to be solved by the patient alone. Regardless of the reason, discussions about body weight infrequently occur in the physician's office, a situation analogous to a "don't ask, don't tell" policy. In reality, obesity is a complex disease with genetic, biological, economic, environmental, psychosocial and behavioral determinants. Rather than blaming patients for their weight, recognizing obesity as a medical condition will pave the way for a frank, open and respectful dialogue.

Broaching the topic of obesity

There is no clearly established method for telling patients they are overweight or obese. However, initiating talk about body weight is an interactive process—information should be shared between patient and physician. The initial goals of the conversation are to inform the patient of his/her body weight related to health standards, clearly convey the health risks associated with excess weight, explore the patient's motivation and readiness to engage in weight control, elicit barriers to behavioral change, and establish practical lifestyle changes and short-term goals.

When first raising the topic of body weight, words matter. The approach physicians use to broach this potentially sensitive topic may influence how patients react emotionally and cognitively to the discussion and advice provided. Language used by the physician sets the stage for the interaction. It is up to the physician to decide which words will be most constructive and therapeutic. The reason for the concern is that the word "obesity" is a highly-charged, emotive term. It has a significant pejorative meaning with many patients, leaving them feeling judged and blamed when labeled as such. Therefore, it is common practice to use euphemisms for the word obesity when initially broaching the topic, or at least placing the term in a clinical context, such as "medically obese."

According to one study, when asked which word(s) patients prefer, they selected “weight,” “excess weight,” “BMI” or “weight problem.” For many patients, the word obesity has an offensive and derogatory association and may influence how they feel about themselves and their problem. On the other hand, it is important not to sugarcoat the diagnosis. For some patients, using the term “obese” may convey that the problem is serious and has consequences. The bottom line is the physician and patient must use shared terminology that is agreeable, inoffensive and understandable to both individuals. The conversation should be mutually respectful, express concern rather than judgment, be sensitive to the patient and lessen stigma.

Putting the conversation into words

The following phrases are suggested approaches to introduce the topic of body weight with the patient:

- I would like to talk to you about your weight. Is that ok? *Asking permission demonstrates respect for the patient and should foster a more therapeutic patient-physician relationship.*
- I am concerned about your weight and would like to talk with you about it. Is that ok?
- Monitoring your weight is as important as measuring your blood pressure and heart rate. I've noticed that your weight is up from last year. Has anything been going on that may have contributed to the weight gain? *Identifying body weight as a clinical marker similar to other familiar and routine measurements places weight in a medical context.*
- What do you know about the risks of being overweight? *Good opening remark to initiate a discussion about the patient's medical problems that are obesity-related.*
- Your excess weight is contributing to your [elevated blood pressure, diabetes, high fats in the blood, GERD, obstructive sleep apnea]. As little as a 5 percent weight loss has been shown to improve these conditions. Are you interested in taking better control of your weight? Is this a good time? *Begins the evaluation for readiness to change and motivation.*
- Based on your height, your weight today places you in a category we medically call obesity. It puts you at a higher risk of developing [diabetes, heart disease, hypertension, some forms of cancer].
- We medically define obesity by using a term called body mass index, or BMI. This is a calculation based on a person's height and weight. Plugging your height and weight into this equation, your BMI is [32]. Obesity is any BMI over 30. *Explains what BMI means and expresses patient's weight in a medical context.*

- We define a healthy weight according to body mass index, or BMI. BMI is based on your height and weight. A healthy BMI is under 25; overweight is between 25 and 30, and obesity is defined as a BMI over 30. Based on your height and weight, your BMI is [34]. This is called class 1 obesity.
- I've looked over your chart and am concerned about your increasing weight. According to my records, you have gained [5] pounds over the past [3] years. Although you are still in the healthy body weight range, you're on a path to become overweight in the near future. Do you have a sense of what is causing this? *It is important to review the trajectory of weight change over time, regardless of the patient's BMI category.*
- Looking at your chart, I have noticed that you have maintained a healthy weight over the past [5] years. That is great. Is this something that you need to work at? [If yes] What do you do to successfully maintain a healthy weight? *It is important to discuss body weight as part of the medical history, regardless of the patient's BMI category.*

Follow up with open-ended questions to assess motivation, readiness and barriers to lifestyle change, using principles of motivational interviewing to express empathy and autonomy.

- What aspect of your weight would you like to talk about?
- On a scale from 1 to 10, how interested are you in taking control of your weight?
- On a scale from 1 to 10, how confident are you in taking control of your weight?
- How do you see the benefits of weight loss?
- How do you see the drawbacks of weight loss?
- How might things be different if you successfully lose weight?
- What is hard about managing your weight? *This open-ended empathetic question readily acknowledges that weight control is difficult and conveys an interest for further understanding.*
- How does being overweight affect you? *This question probes the burden of obesity. Common answers refer to appearance, self-esteem and image, physical ailments and quality-of-life issues.*
- What can't you do now that you would like to do if you weighed less? *This question provides useful information regarding expectations and benchmarks for assessing progress.*

- Is your weight an issue in your marriage (or with your significant other, partner or family)? *This question addresses the social importance of a shared environment and emotional significance of a relationship.*

Common questions from patients

Physicians should be prepared to respond to the following possible questions from their patients:

- How do I start getting control of my weight?
- How do you recommend I deal with my weight?
- Why is it so hard to control my weight?
- Is there something wrong with my metabolism?
- Why is weight a challenge for me, but for my friends and family it isn't?
- Why is it important to address my weight issues now, rather than later in the future?

Referring for additional weight loss services

Referral to a specialist in obesity management or a program should be considered for patients who are ready to make changes in their behavior. They should at least be in the contemplation or preparation stage of change. A referral may be prompted by the patient or physician. If the patient is interested and ready to engage in weight control, asking specific questions will help guide the direction of additional care.

- What do you expect from this visit? Or, how can I best help you control your weight? *These questions directly address the patient's expectations of how you can assist them in weight management.*
- What kind of help do you think you need to control your weight? *Many patients have specific ideas about where they need additional assistance.*
- What would make the most sense to you about taking control of your weight?
- Based on what we just discussed, I would like to refer you to a [dietitian, colleague, weight management program] to help you with your weight. What do you think about that?

When should a patient be considered for medication therapy?

According to the Food and Drug Administration (FDA) and the National Heart, Lung, and Blood Institute (NHLBI) Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, medication therapy, or pharmacotherapy, is indicated for:

- Obese patients with a BMI ≥ 30
- Overweight patients with a BMI ≥ 27 and concomitant obesity-related risk factors or diseases such as hypertension, diabetes or dyslipidemia

However, the BMI threshold is only one part of the criteria for medication treatment. For patients who meet BMI criteria, pharmacotherapy should be considered for the patient who:

- Will be taking the medication in conjunction with an overall weight management program, including a reduced-calorie diet and increased physical activity
- Has realistic expectations of medication therapy
- Is unable to achieve weight loss despite using lifestyle approaches of diet, physical activity and behavioral changes to the best of their ability

Discussing drug therapy

Initiation of treatment includes telling patients how the medication works, what side effects they may experience and what weight loss benefits to expect. The sample script below highlights the importance of dietary behavior in achieving success.

- Phentermine is absorbed into the body and travels to the appetite center in the brain. It works by helping you feel less hungry. So, if you respond, you'll feel less hungry than you are used to. You'll need to slow down your eating and pay attention to when you feel full. Phentermine helps you lose weight only if you stop eating when you feel full. Side effects may include headache, dry mouth, insomnia and constipation.
- Prescription orlistat blocks one-third of the fat in your food. So if you eat 30 grams of fat with lunch, orlistat will block 10 grams, and your body will only absorb 20 grams. You may see the blocked fat floating in the toilet bowl when you go to the bathroom. In order to tolerate orlistat, you need to eat less fatty foods, meaning less oils, margarine, butter, dressings, gravy, chips, fries, pizza and so forth. In general, no more than 30 percent of the calories in your diet should come from fat. The side effects of the medication are directly related to the amount of fat you consume.

When should a patient be considered for weight-loss surgery?

According to NHLBI guidelines, surgical intervention is an option for carefully selected patients:

- With clinically severe obesity (a BMI \geq 40, or BMI \geq 35 with comorbid conditions such as type 2 diabetes, cardiovascular disease, obstructive sleep apnea)
- Who are at high risk for obesity-associated morbidity or mortality
- For whom less invasive methods of weight loss have failed—for these patients, the benefits of a more invasive intervention should outweigh the risks

In addition to the selection criteria named above, the following patient factors should be taken into account when considering surgery:

- Realistic expectations about what the surgical procedure entails
- Ability/desire to follow the surgically-imposed dietary changes
- Good social support system
- No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder or bulimia nervosa
- Demonstrated adherence to medical recommendations (e.g., medication taking, follow-up appointments, laboratory testing)

Discussing bariatric surgery

Weight loss surgery may be brought up by the patient or physician. The physician should be informed of the options available in the community. This is an example of an initial dialogue:

Weight loss surgery, also called bariatric surgery, can be very helpful for individuals with severe obesity who are struggling with their weight. Depending on the procedure, it reduces how much food you can eat at one time and, therefore, reduces the amount of calories you consume in a day. Other procedures actually change the hormonal signals that come from the gut, so you are less hungry. However, surgery carries risks, and we need to talk about whether it is right for you.

References

- Kushner RF. Assessment and management of adult obesity. In: *Roadmaps for Clinical Practice* series. American Medical Association website. www.ama-assn.org/ama/pub/physician-resources/public-health/general-resources-health-care-professionals/roadmaps-clinical-practice-series-assessment-management-adult-obesity.page. Accessed November 22, 2011.
- Wadden TA, Didie E. What's in a name? Patients' preferred terms for describing obesity. *Obes Res*. 2003;11(9):1140–1146.
- Rollnick S, Butler CC, Kinnersley P, Gregory J, Mash B. Motivational interviewing. *BMJ*. 2010;340:1242–1245.
- Dutton GR, Tan F, Perri MG, Stine CC, Dancer-Brown M, Goble M, Van Vesseem N. What words should we use when discussing excess weight? *J Am Board Fam Med*. 2010;23:606–613.
- Collier R. Who are you calling obese, doc? *Can Med Assoc J*. 2010;182(11):1161–1162.
- Baron RB. Telling patients they are overweight or obese. An insult or an effective intervention? *Arch Intern Med* 2011;171(4):321–322.
- Pollak K, Ostbye T, Alexander SC, Gradison M, Bastrian LA, Namenek Brouwer RJ, Lyna P. Empathy goes a long way in weight loss discussions. *J Fam Practice*. 2007;56(12):1031–1036.
- Taylor A, Ogden J. Avoiding the term 'obesity': An experimental study of the impact of doctor's language on patients' beliefs. *Patient Education and Counseling*. 2009;76:260–264.

Additional information

This online guide was prepared by Robert F. Kushner, MD, professor of medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, June, 2011. For more detailed guidance on talking about weight with your patients, view the "[The assessment and management of adult obesity](#)," part of the *AMA Roadmaps for Clinical Practice* series.