

2016-4

Physician-Delivered Weight Management Counseling (PD-WMC)

Jennifer Lee

University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: <https://escholarship.umassmed.edu/ssp>



Part of the [Behavior and Behavior Mechanisms Commons](#), [Community Health and Preventive Medicine Commons](#), and the [Preventive Medicine Commons](#)

Repository Citation

Lee, Jennifer; Churchill, Linda C.; Olendzki, Effie; and Ockene, Judith K., "Physician-Delivered Weight Management Counseling (PD-WMC)" (2016). University of Massachusetts Medical School. *Senior Scholars Program*. Paper 221.

<https://escholarship.umassmed.edu/ssp/221>

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Senior Scholars Program by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.



Objective and Rationale

Objective: Gather information about and describe specific PD-WMC strategies, stratified by gender and BMI, currently provided to adults with BMIs ≥ 25.0 , patients' reported benefit of these WMC approaches, and their WMC preferences for future care

Background and Rationale:

Excess Weight Leads to Poor Health Outcomes

- Over 2/3 of adults in America are overweight or obese
- Adults with excess weight have increased morbidity and mortality compared to those of normal weight

Physician-Delivered Weight Management Counseling on Health Outcomes

- When counseled by physicians, patients become motivated to lose weight, improve their diet, and increase their physical activity, reducing weight-associated health risks
- PD-WMC occurs infrequently

An Approach to Weight Management Counseling

- A better understanding of what physicians are currently providing for WMC and of what patients want can lead to improved WMC treatment algorithms, allowing for more effective and frequent PD-WMC

Design and Methods

Design:

Cross-sectional study comparing patients' WMC experiences and preferences, stratified by BMI and gender

Participants:

Inclusion criteria:

- 1) Men or non-pregnant women
- 2) 18-75 years of age
- 3) Had primary care physician visit within past six months
- 4) Has BMI ≥ 25.0
- 5) Can read, speak, and write in English

Exclusion criteria:

- 1) Adults unable to consent
- 2) Adults unable to read, speak, or write in English
- 3) Prisoners
- 4) Pregnant or breastfeeding women

Recruitment Methods:

- Intranet recruitment advertisements
- Volunteer registry through UMass Center for Clinical and Translational Science
- Paper flyers distributed around the community
- Local primary care practice

Acknowledgements

We want to thank Dr. Judith Ockene for funding this project and Pina Altomari and Missy Lucier for coordinating various aspects of this study



Materials and Analysis

Patient Survey

Sample questions

Physical Activity

A. My PCP has discussed the role of <u>physical activity</u> in weight loss.		○ Yes (Continue)			○ No (Skip to C)	
B. Discussions with my PCP about <u>physical activity</u> have been beneficial in helping me to lose weight or better manage my weight.	Strongly Disagree	Slightly Disagree	Neutral	Slightly Agree	Strongly Agree	
	○	○	○	○	○	
C. I would like my PCP to talk with me <u>more</u> about the role of <u>physical activity</u> in weight loss.		○	○	○	○	○

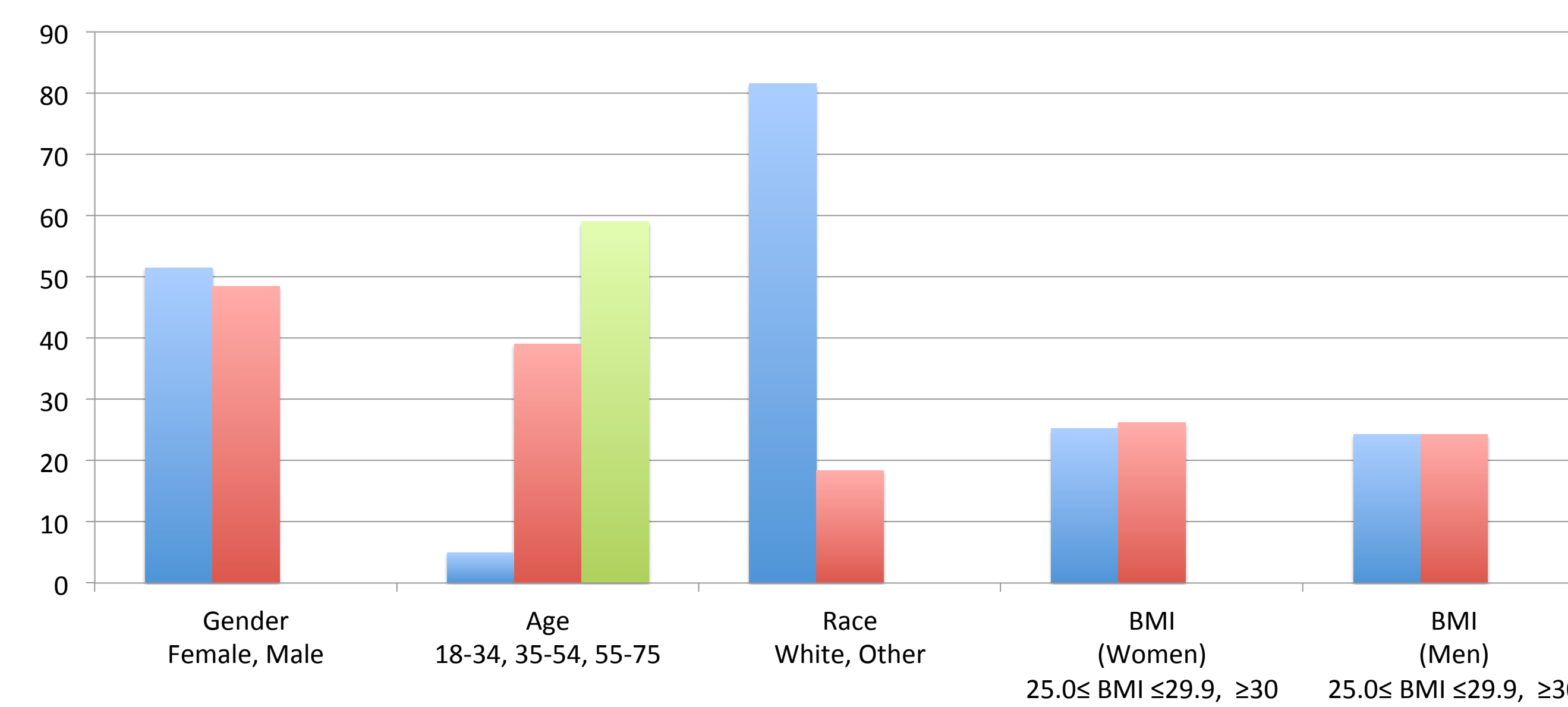
- Survey items focused on patients' weight loss attitudes, experiences with and preferences for WMC, and demographic information
- Answer choices were formatted as yes or no, Likert scale, free text, or rank method

Statistical Analysis

- Frequency counts were used in analysis of all questions
- Chi-square and Fisher's exact test ($p < 0.05$) were performed to assess significance between stratified groups
- Descriptive statistics and frequencies were used to describe demographics

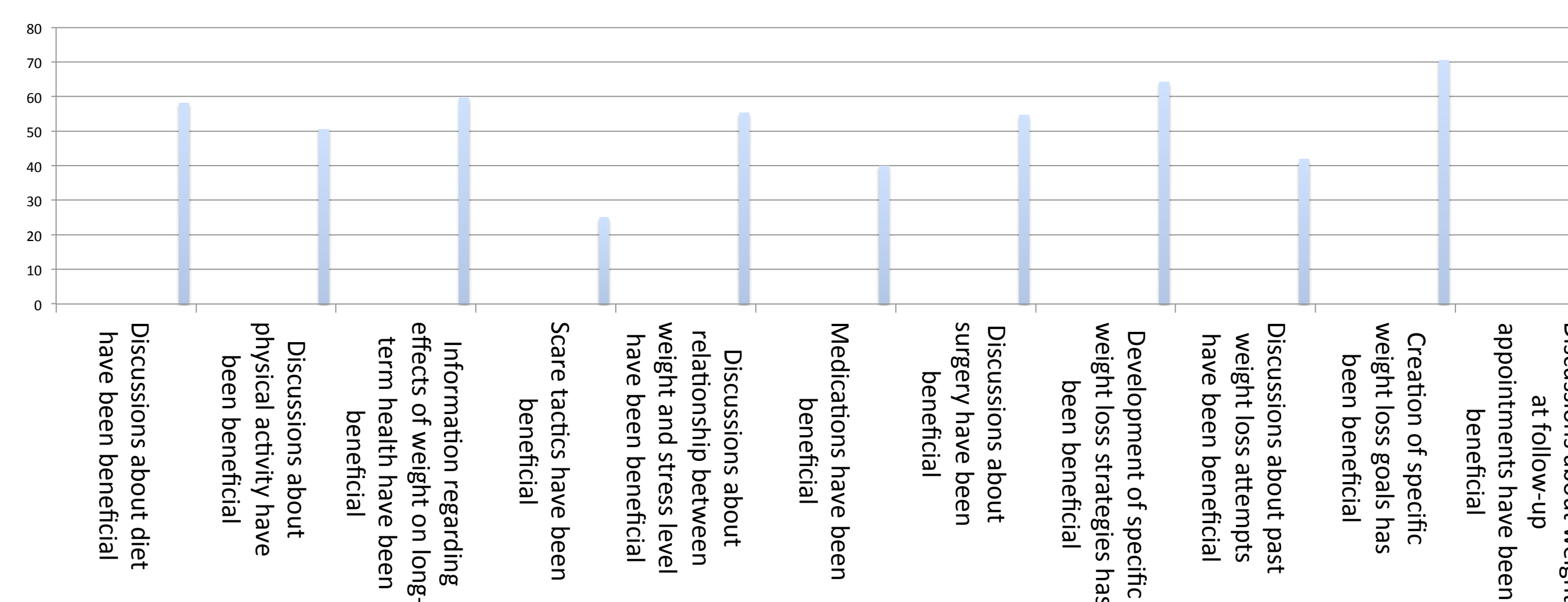
Results

Study Sample



Key findings (non-stratified)

Frequency of weight-management discussions with PCPs	Only 35% reported having these discussions during most or all of their visits, though 51% wanted to discuss their weight with their PCPs during most visits
WMC preferences for future weight management counseling	<ul style="list-style-type: none"> • Generation of specific strategies to assist in weight loss (74.8% agreed with the statement, "I would like my PCP to begin or continue offering me specific strategies to lose weight") • Development of specific weight loss goals (65.1% agreed with the statement, "I would like my PCP to work with me to develop more specific weight loss goals")



Graph displays the percentages of participants who reported that specific strategies were beneficial in helping them to lose weight or better manage their weight

Results continued

Key findings (stratified by gender)

- Men and women reported that discussions with physicians about **physical activity** and **diet** were among the most commonly used WMC techniques
- Women compared to men reported significantly less counseling in a number of areas including:
 - Discussions about **past weight loss attempts** ($p=0.014$)
 - Discussions about relationship between **weight and stress level** ($p=0.008$)

Men: Techniques with most reported benefit (n≥4)	<ol style="list-style-type: none"> 1) Discussions about weight at follow-up appointments 2) Creation of specific weight loss goals with PCP
WMC preferences for future weight management counseling	<ol style="list-style-type: none"> 1) Increased development of specific weight loss strategies 2) Increased discussions about effect of weight on long-term health
Women: Techniques with most reported benefit (n≥5)	<ol style="list-style-type: none"> 1) Creation of specific weight loss goals with PCP 2) Creation of specific weight loss strategies with PCP
WMC preferences for future weight management counseling	<ol style="list-style-type: none"> 1) Increased development of specific weight loss strategies 2) Increased development of specific weight loss goals

Key findings (stratified by BMI)

- Participants with BMIs ≥ 25 reported that discussions with physicians about **physical activity** and **diet** were among the most commonly used WMC techniques
- Participants with BMIs ≥ 30 reported higher rates of counseling than participants with BMIs < 30 and ≥ 25 , with significant differences in areas such as discussion about **surgery** for better weight management ($p=0.008$)

Obese participants: Techniques with most reported benefit (n≥4)	<ol style="list-style-type: none"> 1) Discussions about weight at follow-up appointments 2) Creation of specific weight loss strategies with PCP
WMC preferences for future weight management counseling	<ol style="list-style-type: none"> 1) Increased development of specific weight loss strategies 2) Increased development of specific weight loss goals
Overweight participants: Techniques with most reported benefit (n≥4)	<ol style="list-style-type: none"> 1) Discussions about weight at follow-up appointments 2) Creation of specific weight loss goals with PCP
WMC preferences for future weight management counseling	<ol style="list-style-type: none"> 1) Increased development of specific weight loss strategies 2) Increased discussions about the role of diet and nutrition in weight loss

Discussion

- The fact that participants with BMIs ≥ 30 reported an increased rate of counseling compared to the reported rate by participants with BMIs < 30 and ≥ 25 is not surprising, as screening and WMC guidelines are often focused on the obese population
- Looking at gender, it is unknown whether women objectively receive less WMC than men do or if they report less due to higher expectations about the quality and quantity of PD-WMC they desire

Conclusions/Future plans

- Regardless of BMI and gender, patients desire more WMC, including the development of specific weight loss goals and the generation of specific weight loss strategies
- Majority of participants reported that scheduling follow-up appointments and having subsequent weight discussions at those appointments were beneficial
- Data from this study were used in the development of a curriculum to educate medical students on how to provide more effective WMC as well as aid in the development of a patient-centered and well-defined clinical framework to improve PD-WMC
- Future studies should explore this topic further with a larger and more diverse participant population