


OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM



Module 7 – PEARLS: Applying Foundations of Care When Obesity is the Chief Complaint

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Goals of This Session

- Review clinical pearls from the Foundations of Care Clinical Webinar

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PEARLS from the Module 7 Clinical Webinar

- Obesity is a multifaceted disease, which often requires multiple providers participating in care, and potential utilization of an obesity specialist or practices for complex cases when clinically appropriate
- Keep it simple. Keep it realistic. Meet the patient where they are at. Negative perceptions may lead to clinical inertia
- A weight history can provide the pattern and/or duration of obesity and impact therapeutic decision-making
- A nutrition recall provides context of patients' values and preferences

Clinical Note:
Start and end every visit with something positive

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PEARLS from the Module 7 Clinical Webinar

- Screen for eating disorders using simple questionnaires and refer out if needed
- Assessing between overeating and binge eating: Binge Eating has 5 specific criteria
- Address biologic (sleep), social (family and friends), and psychological components of treatment. Refer to behavioral or mental health specialist if needed
- Be aware of the role of mental health, both in how symptoms impact health habits and how medications may be playing a role in maintaining obesity
- Reconnecting with goals can assist with fatigue of ongoing treatment
- Better over Best
- Find something positive

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Application to Practice: Finding Alternative Medications

- Clozapine → Aripiprazole
- Glimepiride (sulfonylurea) → Empagliflozin (Jardiance SGLT2)
- Gabapentin → Zonisamide
- Propranolol → Lisinopril
- Paroxetine → Sertraline

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Application to Practice: Choosing Appropriate Treatment Modalities

- BMI 29 w/o ORC → Lifestyle Mngt
- BMI 37 w/ORC OSA, T2DMs → Lifestyle + Pharmacotherapy + Bariatric Surgery
- BMI 32 w/ORC GERD, HTN → Lifestyle Mngt + Pharmacotherapy
- BMI 27 w/ORC HTN → Lifestyle Mngt + Pharmacotherapy
- BMI 42 w/ORC T2DMs, OA, GERD → Lifestyle + Pharmacotherapy + Bariatric Surgery

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Case Study

- 37-year-old AA woman with a history of obesity, hypertension, and pre-diabetes
- Coming to see PCP about concerns about her weight. Her mother recently passed away from complications of diabetes and she wants to avoid the same fate, as well as break the cycle for her children.
- Vitals: Height: 5'8, Weight: 220 lbs BMI: 33.4 kg/m², BP: 128/72 P: 82 BPM
- Medications:
 - lisinopril/ HCTZ 20mg/ 12.5mg

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Case Study: Next Steps

- Take a weight history and determine potential contributing factors to weight gain, barriers, as well as past successes with weight reduction
- Order fasting labs (CBC, CMP, TSH, HbA1c, insulin, lipid panel, vitamin D, pregnancy test)
- Perform an obesity-specific exam
- Explain obesity as a chronic, complex medical condition
- Give patient handout on anti-obesity medications and ask patient to determine insurance coverage
- Ask patient if there is one small change she can make between now and next month that she thinks will help her weight and her health (set 1 behavioral SMART goal)
- Ask patient to fill out nutrition, physical activity, sleep and stress forms to bring back at next appointment
- Schedule a follow-up in 1 month

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Thank you!



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