Obesity: Lifestyle Modifications

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Speakers Bureau: Mallinckrodt, Clinical Area- Hepatorenal Syndrome

Advisory Board: Salix, Clinical Area- Hepatic Encephalopathy

Author: Springer Publishing, Clinical Area- GI & Liver Disease
Obesity in the Clinic

• Weight topic is avoided
• <5% PCP visits are for weight management
• Over 70% of adults in the US with BMI > 25.3
• 90% with BMIs 30-35 without diagnosis of obesity

Kahan & Manson. 2019.
Obesity Diagnosis

• Body Mass Index (BMI)*
  – Screening, not diagnostic
  – Core measure for documentation
  – > 30 kg/m$^2$

• Waist Circumference*
  – 35 inches (89 cm) women/40 inches (101 cm) for men

• Presence of Risk Factors

*Endpoints may differ by ethnicity
Complications of Obesity

- Hypertension
- Depression
- Obstructive Sleep Apnea (OSA)
- Gastroesophageal Reflux Disease (GERD)
- Elevated Liver Profile
- Hyperlipidemia
- Insulin Resistance
- Osteoarthritis
- Coronary Heart Disease

CDC. 2020.
Perceptions and Barriers

- Avoid the term “obese”
- Avoided labelling
- Barrier to rapport and trust
- Obesity is a disease
American Association of Clinical Endocrinologists (AACE) Guidelines

<table>
<thead>
<tr>
<th>NORMAL WEIGHT</th>
<th>STAGE 0</th>
<th>STAGE 1</th>
<th>STAGE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No obesity</td>
<td>No complications</td>
<td>One or more mild-to-moderate complications or may be treated effectively with moderate weight loss</td>
<td>At least one severe complication or requires more aggressive weight loss for effective treatment</td>
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BMI 25–29.9
OVERWEIGHT
BMI ≥30
OBESITY

BMI ≥25

American Association of Clinical Endocrinologists (AACE) Guidelines – Treatment

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<tr>
<th>BMI 25–29.9</th>
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<td><strong>NORMAL WEIGHT</strong></td>
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<td><strong>OBESITY</strong></td>
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<tr>
<td>Meal Plan</td>
<td>Lifestyle Therapy</td>
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</tr>
<tr>
<td>Activity</td>
<td>If lifestyle alone not effective, consider medications</td>
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<td>Preventative Focus</td>
<td>No obesity</td>
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- **Lifestyle Therapy**
  - If lifestyle alone not effective, consider medications
  - **Medications** (BMI ≥ 27)
    - Mild-to- moderate medications or may be treated effectively with moderate weight loss
  - **Surgery** (BMI ≥ 35)

Lifestyle Therapy

- Behaviors
- Plan to Eat
- Movement

### Lifestyle Therapy

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<th>Plan to Eat</th>
<th>Movement</th>
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<td>• Aerobic exercise 3-5x/w (goal = 150 min/week)</td>
<td>• SMART goals</td>
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<td>• Individualized plan*</td>
<td>• Resistance training 2-3x/w</td>
<td>• Education (nutrition, activity, stress reduction)</td>
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<td>• Options: Mediterranean, DASH, high-protein, low-carb</td>
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<td>• Meal replacements</td>
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<td>• Self-monitoring</td>
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<td></td>
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<td>• Motivational Interviewing</td>
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*Based on religious/cultural preferences.  
Based on physical limitations.  
An ABCs Approach

- Ask
- Be Systematic
- Counseling
- Determine
- Escalate
- Follow Up

Kahan & Manson. 2019.
5 As Counseling Framework

ADAPT
Attitude
Define the Problem
Alternative solutions
Predict consequences
Try out solutions

CMS Reimbursement – Behavioral Therapy

- Limited to Medicare beneficiaries
- Only reimburses primary care practitioners
- Consists of 10-15-minute visits (maximum of 22 visits)

Month 1
weekly

Month 2-6
Bi-weekly

Month 7-12
Monthly*

*Patient must meet 3kg weight loss requirement within first 6 months.
Motivational Interviewing – 5 Pillars

Empathy  |  Alignment  |  No Arguing  |  Adjust  |  Self-Efficacy

Motivational Interviewing – Techniques

• Ask open ended questions
• Reflective listening
• Summarize
• Affirm
• Stimulate self-motivating dialogue

Non-Pharmacologic Treatments

- **Weight loss**
  - Reduction of 500-1000 kcal/day
  - Moderate-intensity exercise (150-200 min/wk)
  - 3-5% improves steatosis, >7% NASH improved, >10% improved fibrosis

- **Avoid alcohol consumption**

- **Aggressive modification of CVD risk factors**
  - Dyslipidemia
    - Statins can be used to treat dyslipidemia (except in cases of decompensated cirrhosis)
  - Control DM (Hgb AIC < 6.5)
  - OSA

Adapted from Chalasani et al. 2018.
Lifestyle Modifications

- **Lifestyle Changes (Not a DIET)**
  - Healthy food (more fruits and vegetables)
  - Healthy portions
  - Focus on carbohydrates
  - Protein with every meal
  - Coffee may be beneficial
- **Set reasonable goals**
- **Refer to registered dietician**
- **Support group**
- **Positive focus**
- **Move**

Adapted from Tetri, 2017.
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Malnutrition and Obesity

• Quality of nutrition
• Sarcopenia is common
  – Related to poor outcomes in post transplant setting
• NASH patient – most likely to be sarcopenic
• Nutrition consultation
• Muscle conditioning and strategic exercise (physical therapy)

Adapted from Watt. 2017; Yu et al. 2018; Wijarnpreecha et al. 2018.
Conclusions

• All providers should understand how to diagnose obesity
• Complications of obesity are serious and life threatening
• Avoid labelling and term “obese”
• Lifestyle therapy is the mainstay of treatment:
  – Plan to Eat
  – Move
  – Behavior Change
• Motivational Interviewing can lead to self-efficacy