

Diets and Weight Loss: Through Lifestyle Modification

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Dr. Locke is a graduate of the University of Michigan Medical School in Ann Arbor, where she completed a residency in family medicine and served as faculty until 2015. She joined the University of Utah, Salt Lake City, in 2015, where she teaches Culinary Medicine and leads a track on health promotion and integrative health for health sciences students. Her focus is on physician and employee wellness, integrative health, and lifestyle and disease prevention, bringing the best of conventional and alternative medicine together to prevent and treat illness. Dr. Locke sees patients at the Madsen Family Medicine Clinic in Salt Lake City. Her clinical interests include nutrition; preventive medicine; and health care for children and adolescents, families, and individuals of all ages. She strives to increase education on integrative health and wellness topics, with a goal of increasing access to services and promoting a shift toward prevention and health in conventional medicine.



Learning Objectives

1. Identify available physician, care team, and patient resources for the identification, evaluation, and treatment of overweight and obese patients.
2. Develop a customized weight loss plan, with the overweight or obese patient, that considers the advantages and disadvantages of all dietary, exercise, pharmacologic, surgical, and behavioral modification options.
3. Provide overweight and obese patients with practice-based counseling and community-based resources that promotes adherence to the weight loss plan.
4. Establish coding practices for appropriate billing for diet and preventive care counseling.



Audience Engagement System

The image displays three sequential screenshots of a mobile application interface for an audience engagement system.
Step 1: Dashboard shows a home screen with a navigation bar at the top and a grid of icons for various features like 'CME Events', 'My Profile', and 'My History'.
Step 2: CME Events shows a list of available events. The first event, 'CME001 Acute Coronary Syndromes: Broken Hearts and Spare Parts', is highlighted with a red arrow.
Step 3: Event Details shows the full details for the selected event, including its title, location, date, and a 'Register' button. A red arrow points to the 'Register' button.



AES Polling Question

In the last two years, have you personally made an effort to change your diet?

- Yes
- No

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The Problem

- Obese patients frequently do not receive an obesity diagnosis or weight-related counseling

versus

- Poor lifestyle is rampant, leading to a variety of poor outcomes, and rarely discussed

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USPSTF B Recommendations

- Screen all adults and children over 6
- Obese individuals: offer or refer to intensive multicomponent behavioral intervention
- Can't recommend meds due to mixed data

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AES Polling Question

Which of the following has been shown to decrease success of weight loss?

- A. Physician's BMI
- B. Focus on food quality instead of calories
- C. Focus on high fat/low carb diets
- D. Focus on diet over exercise

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Barriers to Providing Advice

- Time
- Priorities for the visit
- Expertise/Feelings of inadequacy
- Perception of efficacy
- Lack of referral options
- Stigma/negative physician attitudes

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Recommended Practice Changes

- Develop a customized lifestyle modification plan to help patients improve health and lose weight.
- Work as a part of a team to provide practice-based counseling and community-based resources to help patients achieve and maintain weight loss.
- Use ICD-10 codes to effectively document weight-based diagnoses and bill for time spent counseling patients about obesity.

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A healthy diet, regular exercise and smoking avoidance can eliminate 80% of heart disease and 70% of some cancers.

Willett; Eat, Drink and Be Healthy 2005

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WHAT DOES IT MEAN TO BE WELL?

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WHO Wellness Definition

Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings.

World Health Organization, accessed October 30, 2006

Foundations of Health

- Nutrition
- Sleep
- Physical activity
- Love
- Relaxation/calm mind
- Connection with others
- Contemplation



www.ars.usda.gov/ls/graphics/photos/A5047-1.jpg
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LIFESTYLE



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Developing a Customized Plan



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Lifestyle History

- Nutrition:
- Physical Activity:
- Sleep:
- Stress:
- Social Connection:
- Screen time:



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Quick Nutrition History

- Fruits and veggies
- Eating out
- Beverages
- Snacks
- 24 hr food recall
- Happy with food eaten?
- Cooking skills
- Time and money constraints



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Tailoring the Message

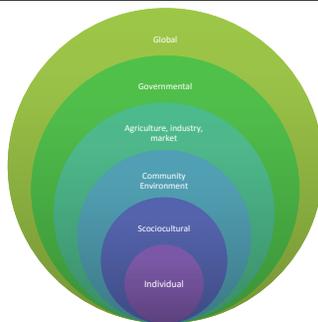
- Fruits and veggies
- Healthy fats
- Cut back on fast food
- Limit sweet beverages



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Barriers and Opportunities for Healthy Eating

Afshin et al. 2014



Barriers: nutrition

- Food knowledge
- Cooking skill
- Food prep interest
- Taste preference
- Family expectations
- Recognition of satiety
- Mindless eating
- Ability to read food labels
- Financial/food availability
- Time management
 - Hours worked
 - Child care
 - Other activities (i.e. TV)
- Emotional eating

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Unpacking barriers

“I don't have time”

25

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Barriers: societal

- Industry/lobby
 - Advertising
 - Subsidies
- Normalcy
 - Bad food everywhere
 - Obesity commonplace
- Food availability
 - Food deserts



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Quick Physical Activity History

- Exercise vs. physical activity
 - Aerobic, strength, flexibility
- Pedometer?
- Minutes/intensity/frequency
- Daily screen time
 - Work
 - Recreation



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“Those who think they have not time for bodily exercise will sooner or later have to find time for illness.”

- Edward Stanley
Earl of Derby 1873

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Physical Activity vs. Exercise

- Equal weight loss when combined with nutrition changes¹
- Equal impact on CVD risk factors^{1,2}
- May be easier and more sustainable
- Significant cost difference²
- Combined aerobic and resistance activities are best for weight loss³

1. Andersen et al JAMA 1999 2. Dunn et al JAMA 1999 3. Schwingstackl et al PLoS One 2013

Sedentary Behavior

- Prolonged sitting independently increases risk of obesity and diabetes, cardiovascular death and all cause mortality^{1,2,3}

1. Manson et al NEJM 2002 2. Grontved and Hu JAMA 2011 3. Sun et al Am J Epidemiol 2015

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Barriers: physical activity

- Chronic illness
- Location
- Know how
- Time management



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Quick Sleep History

- Number of hours of sleep?
- Easily fall asleep?
- Rested in the morning?



www.ars.usda.gov/figraphics/photos/47235-2.jpg
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AES Polling Question

Sleep quality is associated with which of the following?

- A. Ability to lose weight
- B. Control of blood pressure
- C. Rates of diabetes and stroke
- D. All of the above

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Sleep

- Adequate sleep associated with:
 - Improved blood pressure
 - Decreased rates of diabetes
 - Decreased stroke
 - Increased productivity
 - Decreased respiratory infections¹
 - Decrease in energy density of food²

1. Prather et al Sleep 2015. 2. Stelmach-Mardas et al. Eur J Clin Nutr 2017

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Sleep

- Realistic expectations
- Deal with comorbid conditions
- Cognitive Behavioral Techniques^{1,2}
 - Education (sleep hygiene)
 - Address anticipatory anxiety and coping skills
 - Relaxation
 - As effective as meds but last longer

1. Smith et al Am J Psych 2002 2. Morin et al JAMA 1999

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Adolescents: a special case

- Invincible
- Activity often declines
- BMI Percentile
 - Early in adolescence can go unrecognized
- Fear of eating disorders
 - Complicates discussion

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QUESTIONS

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Review the Options

- What to do?
 - Lifestyle change
 - Meds
 - Surgery
- With whom?
 - PCP
 - Office team
 - Specialist
 - Community programs



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AES Polling Question

What is the most important dietary change for weight loss?

- A. Monitor calories
- B. Low fat
- C. High fat
- D. Low carb
- E. No one dietary approach has proved superior

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Providing Advice

- Choose a diet plan
- Physical activity of at least 60 min a day
- Adequate sleep (most need 7-9 hrs)
- Limit screen time

- Must be tailored to the individual

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Where to Start?

- What motivates?
- What are goals?
 - Lose weight?
 - Lower blood pressure? Cholesterol? Sugar?
 - Fall less?
 - Be stronger?
 - Feel better?
 - Live longer?

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Motivation: what doesn't work

- Brief one-time educational intervention
- Unrealistic goals
- Guilt
- Recommend against exercise due to chronic disease
- Focus on dramatic weight loss

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Where to Begin?

- Change takes time
 - Think of a goal you accomplished
- Set small concrete goals
- Write them down and commit to someone else
- Get someone to check in on progress
 - Can be office, friend, family, etc.
- Track success

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Solutions

- Meet patients where they are
- Simple messages
- Focus on positives
 - (what to do more of)
- Lead by example
- SMART Goals



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Motivating Individuals with Clear Goals

- Health and wellness over weight loss
 - Feel better, have more energy
- Short term
- Positive
- Tailored: start with one step
- Play: What is fun?
- Self Monitoring: tracking
- Each day is a new day
- Close follow-up



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SMART Goals

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound



Bike 30 minutes three times a week at the park near my house with my neighbor after dinner

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Building the Team

- The office
- The health system
- The community
- The country



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Team Approaches

- Diabetes Prevention Program¹
 - Health Coach led group visits
- Look AHEAD²
 - Dietician, psychologists, exercise physiologists led group visits
 - Meal replacement
- ICAN³
 - Dietician lead case management

1. Knowler et al. NEJM 2002 2. The Look AHEAD Study Group Obesity 2014. 3. Wolf et al. J Am Diet Assn 2007

Future of Medicine

- Patient-Centered Medical Home
- Whole Person Care
- Team-Based Care
- Population management replaces fee-for-service care

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The Office Team

- Physician
- APRN/PA
- Nurse
- Medical Assistants
- Pharmacist
- Dietician
- Social Work
- Psychology
- Health Coach

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AES Polling Question

Are you offering shared or group medical visits in your office?

- A. Yes
- B. No

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New Programs

- Shared medical visits
- Nurse/dietician visits with T/G codes
- Comprehensive Lifestyle Programs

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Health System Partners

- Specialties: cards, endocrine, ortho, etc.
- Disciplines: PT, health coaching, dieticians, public health, pharmacy, psychology
- Human Resources

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Community Partners

- Community foundations
- Grocery stores
- Culinary schools
- Recreation centers (i.e. YMCA)
- Community gardens
- City urban planners

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Obesity Diagnosis

- Overweight
 - Kids/adolescents BMI greater than 85%
 - Adults BMI 25.0 - 29.9 kg/m²
- Obese
 - Kids/adolescents BMI greater than 95%
 - Adults BMI ≥ 30.
- ICD-10: can bill by BMI or by “obesity”

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Billing and Coding

- Billing based on diagnosis
- Billing based on time
- Medicare Intensive Behavioral Therapy
- Shared medical visits
- G/T codes
- Diabetes Prevention Program
- Lobbying your local insurance company

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Medicare Intensive Behavioral Therapy

- BMI ≥ 30 kg/m²
- Weekly visit for first month
- Every other week months 2-6
- Once monthly months 7-12 if lost ≥ 3 kg in first 6 months
- Can do group visits
- Primary Care code (care by MD/DO, APRN, PA)

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Resources for Care Team

- Clinical Guidelines on Identification, Evaluation and Treatment of Overweight and Obesity in Adults (NHLBI)
- Americans in Motion – Healthy Interventions (AIM-HI)
- Goldring Center for Culinary Medicine
- Centers for Disease Control and Prevention. Physical Activity and Health. Nutrition.
- FamilyDoctor.org
 - Patient education
- American Board of Obesity Medicine

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Resources for Patients

- Harvard School of Public Health
 - www.nutritionsource.org
- [Ending the Food Fight](#), David Ludwig
 - www.endingthefoodfight.com
- [Mindless Eating: Why We Eat More Than We Think](#), Brian Wansink
 - www.mindlesseating.org
- Many apps and websites
 - ABE's for Everyone
 - My fitness pal, sparkpeople, etc.
- The Hunger Within, Marilyn Migliore

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Take-Home Points

- Lifestyle is the foundation of health
- Focus on lifestyle must be the expectation rather than the exception
- We spend a disproportionate amount of time on treatment of disease over prevention
- Wellness interventions can reduce dependence on pharmacotherapy, limit morbidity and extend life
- Start with yourself

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What can YOU do?

- Feed yourself and those you love with healthy food
- Focus on food over nutrients
- Learn to cook
- Move for fun
- Lobby for change
 - Nationally
 - Locally
- Patients
 - Meet people where they are
 - Talk about lifestyle with patients
 - Set large and small goals

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Practice Recommendations

- Develop a customized lifestyle modification plan to help patients improve health and lose weight.
- Work as a part of a team to provide practice-based counseling and community-based resources to help patients achieve and maintain weight loss.
- Use ICD-10 codes to effectively document weight-based diagnoses and bill for time spent counseling patients about obesity.

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Questions



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