



AIM to Change: Encouraging “Fitness” for all — Prevention and Management of At-Risk, Overweight and Obese Patients

The following answers are provided by Michelle May, M.D.

Q: Should we be monitoring % body fat in our patients and with what method?

A: At this time, that is not a practical measurement for most offices. Most authorities recommend height, weight, BMI, and possibly waist circumference. The BMI will not accurately reflect “fatness” in a highly muscled individual.

Q: Is there a difference in benefit for patients addressing their hunger when it is mild, moderate vs. severe?

A: I have found addressing hunger cues to be extremely valuable. Initially, the primary goal is to encourage your patients to learn to tell the difference between physical signs of hunger (growling, low energy, difficulty concentrating, etc.) and their other triggers for eating (emotions, time of day, sight of food, etc.) Many times patients report that they are hungry all the time when they mean that they feel like eating all the time. Eating in response to environmental or emotional triggers is the primary reason people choose less healthy foods, eat to excess and gain weight.

Q: Are there some morbidly obese individuals who basically are “food addicts” and they may have certain food triggers that they will always be unable to eat?

A: Many people use food to calm, comfort, nurture, reward and entertain themselves or distract them from painful emotions. And in fact, certain foods stimulate the release of neurochemicals that lead to pleasure. This can take on an addictive quality that is only made worse by the resulting guilt and shame associated with overeating and weight gain in our society. In fact, attempted abstinence (such as a diet) usually gives the food even more power and increases food obsessions. However, the majority of people can break free from these vicious overeating cycles by learning to recognize and meet their underlying needs in more effective ways other than eating. This is where a multidisciplinary, comprehensive approach becomes critical.

Q: Where can I get the AIM to Change Toolkit?

A: You can order the AIM to Change Toolkits at <http://www.aafp.org/shop/1938>.

Q: Is there a Pocket PC based fitness diary available for patients to download?

A: I don't know of any specific resources but I am sure there are. There are an amazing number of tools available on the web – the challenge is separating the wheat from the chaf.

Q: Is the material in Spanish?

A: We now have posters and some handouts available in Spanish but the Toolkit has not yet been translated.

Q: How do you address people who smoke to keep weight off?

A: Smoking is generally considered more hazardous than the weight gain that can occur with smoking cessation. However, much of the weight gain can be prevented by awareness and small changes to the diet – decreased portion sizes and increased activity. You might be interested in another AAFP CME Webcast called "Beyond the Guidelines: Advances in Tobacco Cessation Treatment and Payment" available online at <http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme/webcasts.html>.

Also see the suggestion, below, that Mark English posted during the Webcast. I would add that if they can replace that 5 minute cigarette break with 5 minutes of walking, even better!

From Mark English, M.D.: Having patients walk 5 minutes before each cigarette works well to incorporate exercise as they are trying to quit. A 20 cigarette pack = 1 hour & 40 minutes of extra exercise that they get if they elect to continue to smoke 1 PPD.

Q: How do you help kids whose families do not practice healthy habits?

A: Sometimes parents who are not motivated to change their own behavior become engaged when their children are being affected. I always take approach these issues by trying to figure out where the door is most open then work with the family to take small steps toward a healthier lifestyle. For example, are they willing to replace some of the fried snack food with pretzels? You might be interested in another AAFP AIM resource, a CME Bulletin called "Be Active, Eat Smart, Feel Good: A Family-Centered Approach to Healthy Lifestyles" available at <http://www.aafp.org/online/en/home/cme/selfstudy/cmebulletin/aim.html>.

Q: Are there any resources for setting up group medical appointments for weight management? (e.g. coding, criteria to meet, etc.)

A: I did a search on group visits on www.aafp.org and got 1380 hits. The bottom line is that if insurance doesn't pay for visits that are coded as obesity, then it is unlikely that they will pay for a group visit using that code. However, group visits for related medical issues such as hypertension and diabetes that address lifestyle issues may be covered. It is prudent to check first.

Q: Can we do research on our community program under the current Americans In Motion (AIM) program structure?

A: Yes. Please contact the AIM staff at AAFP, Sarah McMullen, smcmulle@aafp.org to discuss your ideas.

Q: Measuring Body Mass Index (BMI)? With shoes? With clothes? What are the parameters? Height of heels?

A: Best to weigh and measure height without shoes. Regular clothing is fine; remove heavy jackets and empty pockets of heavy items.

Q: How do you eat "instinctively?"

A: "Instinctive Eating" is using the innate cues of hunger and satiety to manage food intake, just as babies and young children intuitively recognize when they are hungry and when they are full.

The challenge is that most people who struggle with overeating and restrictive eating have gotten away from using their internal guide so relearning Instinctive Eating is a necessary process.

Obviously it is a little more complicated than handing someone a 1,400 calorie diet or sending them to Weight Watchers, but as family physicians, we are skilled at dealing with complex bio-psycho-social issues and weight management is no different.

Here is what I do (this general outline is from "Am I Hungry? What To Do When Diets Don't Work" by Michelle May, M.D., Lisa Galper, Psy.D., and Janet Carr, M.S., R.D., Nourish Publishing 2005):

I teach my patients that whenever they have an urge to eat, they need to first ask themselves, “Am I hungry?” and look for PHYSICAL signs that their body needs food (growling, lightheadedness, difficulty concentrating, irritability, headache, shaky, etc.). Obviously, it is best if they notice these symptoms before they get too hungry since that can lead to poor choices as well.

If they are physically hungry, they can then proceed to selecting food. This is where they will want to consider balance, variety and moderation. Since all foods can fit into a healthy diet, I encourage them to practice balancing eating for health with eating for pleasure by asking themselves three questions: “What do I want? What do I need? What do I have?” Obviously, planning and preparation become important in this step.

It is important that they also pay attention to satisfaction cues so that they relearn to eat an appropriate portion size rather than cleaning their plate. To help with this, I tell them that their stomach is only about the size of their fist so it only takes about a handful of food to fill it. Then I ask them to describe what it feels like when they have eaten too much (stuffed, miserable, heartburn, shortness of breath, bloating, tight clothes, sleepy, etc.) and I explain that those symptoms occur when they stretch their stomach beyond its comfortable capacity. I point out that symptoms of fullness are very unpleasant and since they will be eating again when they get hungry, there is really no need to eat to the point of discomfort.

If there are no physical signs of hunger (like growling stomach, etc.), then the urge to eat is likely coming from “head hunger” like triggers in the environment (advertising, sight of food, time of day, social situations) or emotions (celebration, reward, boredom, stress, loneliness, anger, etc.)

We have a saying: If a craving doesn’t come from hunger, eating will never satisfy it. And for most people, their weight management issues come down to sorting out why they want to eat even when their body doesn’t need fuel.

Q: What are the parameters to define morbid obesity?

A: Morbid obesity is defined as a BMI over 40. Here are the definitions:

Body Mass Index (BMI) = Weight (kg)/Height (m)²:

18-25 = Normal

25-29.9 = Overweight

>30 = Obese

>40 = Morbidly obese

>50 = Super Obese

Q: Are you familiar with Dr. Leo Galland's work? I've just started his new book on "The Fat Resistance Diet" explaining how leptin resistance and inflammation account for weight gain and many disease states, and can be managed nutritionally.

A: Not that particular author or book but we will continue to see more and more about the biological factors that are tied to obesity and various interventions that attempt to address those factors.

However, let me point out that we have not had a “genetic shift” in the last three or four decades to account for the obesity epidemic. Clearly, factors that promote weight gain were fundamental to survival at one time and backfire in our current obesogenic environment. So the question we must ask is *why* do people eat too much even though there is an abundance of calorically-dense food?

Since my area of expertise is in the cognitive-behavioral treatment of overweight and obesity, let me address this from that perspective. I feel that the problem with these sorts of books and programs in general is getting patients to adhere to those diets. If they do not adequately address WHY people are overeating in the first place, they are only temporary at best, even IF there is a logical, scientific explanation about how they work. In other words, there are numerous reasons people eat too much, perhaps some biological, but I think most are environmental and emotional (see answer to the Instinctive Eating question above).

I feel that approaches that focus on what and how much people eat and how much they exercise are fundamentally no different from any other diet. And so far, dieting has had no significant impact on the obesity epidemic. We must begin to address the underlying drivers of overeating if we are going to have any impact on obesity.

Q: Where can I get the AIM to Change toolkit?

A: You can order the AIM to Change toolkit at <http://www.aafp.org/shop/1938> or call 1-800-944-0000 and ask for the AIM to Change toolkit (Item #1938).
