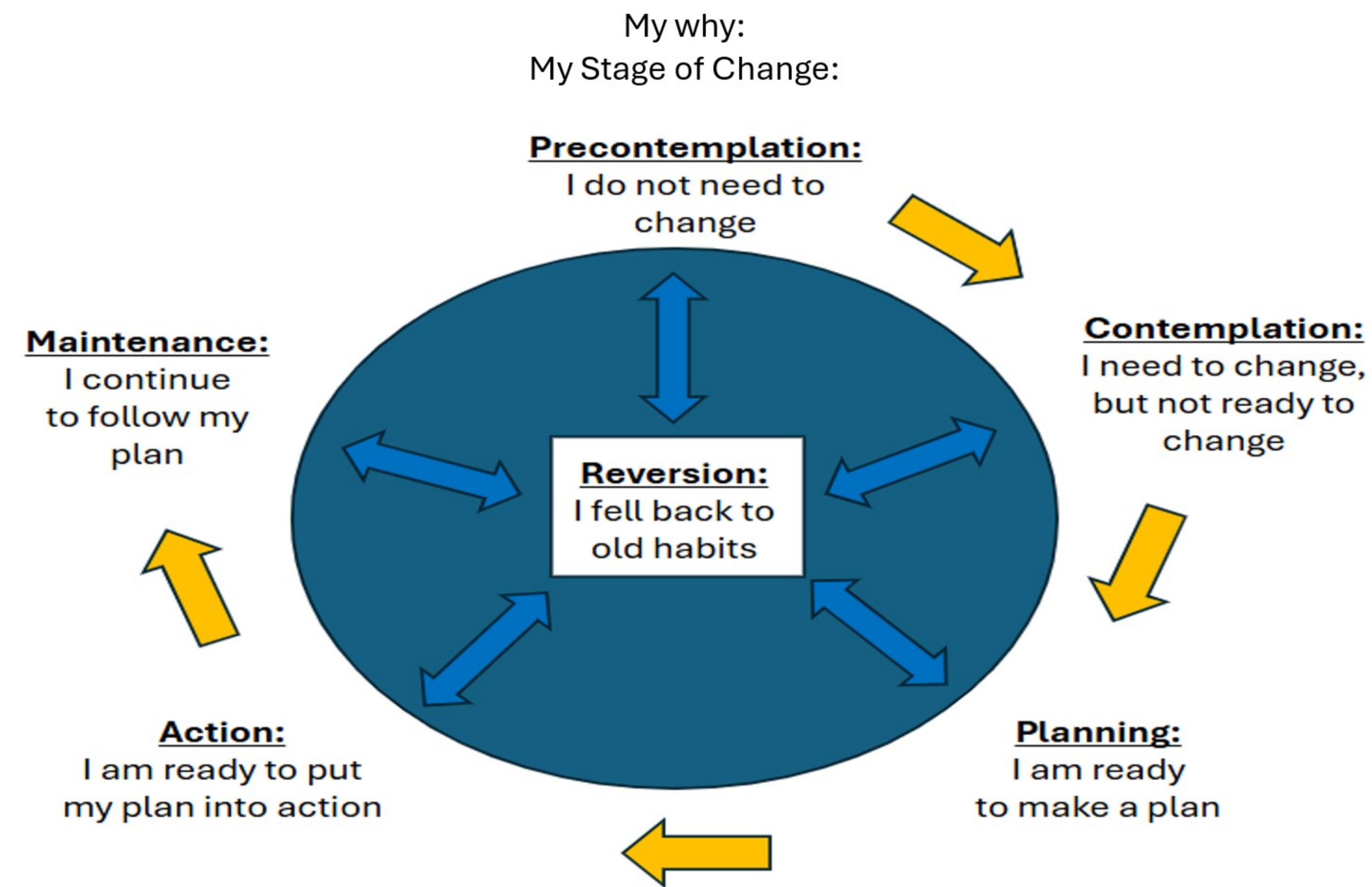


Introduction

- Obesity is a major public health concern: More than 2 in 5 U.S. adults have obesity.
- Obesity increases the risk of metabolic and cardiovascular complications.
- Modest weight loss (3–7% of body weight) improves:
 - Glycemia
 - Blood pressure
 - Lipid profiles
- Greater weight loss (>10%) enhances:
 - Glycemic control
 - May induce diabetes remission
 - Improves conditions such as NASH, MASLD, and sleep apnea.
- Despite the benefits of GLP-1 receptor agonists, many patients discontinue use within two years, leading to weight regain.
- Lifestyle modifications including changes in eating habits and increasing physical activity can be an effective way to lose weight and maintain weight loss.
- Limited physician time often restricts behavioral counseling to brief diet and exercise advice.
- Integrating a Cognitive Behavioral Therapy (CBT)-based handout in primary care may improve adherence to healthier behaviors, supporting long-term weight management.

Study Design

- **Target Population:**
 - Patients aged 18 to 65 years diagnosed with obesity (BMI >30) at Clinica Sierra Vista, a Federally Qualified Health Center (FQHC).
 - Patients were offered the opportunity to enroll in the study during their medical appointments.
- **SMART Goal Setting:**
 - A simplified, single-page form was provided to facilitate participation.
 - The form guided patients through the following steps:
 - Identifying what is important to them (finding their "why").
 - Assessing their stage of change in the behavior modification process.
 - Creating a SMART goal (Specific, Measurable, Achievable, Relevant, Time-bound) for weight management.
 - Developing two action plans: One for eating habits and one for physical activity (see CBT for Obesity Form.)
- The form was filled out with the patient during weight management appointments.
- **Data Collection from EMR:**
 - Completed forms were documented in the EMR using a smart phrase.
 - Approximately 50 patients completed surveys (English and Spanish) at:
 - Initial weight management appointment
 - Three-month follow-up appointment
 - Surveys included numerical scales assessing eating habits, physical activity, and psychological well-being.



Goals should be Specific, Measurable, Attainable, Realistic, and in a Time frame.

6 Month Goal:

Eating Habits: Habit/Routine change Action Items

1.

2.

Physical Activity: Habit/Routine change Action Items

1.

2.

Figure 1: Form used at Weight Management visits by physicians with patients. A Spanish version was also utilized with Spanish speaking patients.

Discussion

- The integration of CBT-based handouts in primary care supported weight management by improving eating habits, physical activity, and psychological well-being. SMART goals helped patients set clear, achievable targets, fostering better engagement and adherence.
- While GLP-1 receptor agonists offer weight loss benefits, their long-term success is often limited by discontinuation. Combining pharmacological treatments with lifestyle changes, particularly through diet and physical activity, promotes sustained weight loss.
- In resource-limited communities, access to dietary and physical activity support is often limited. Physicians can utilize tools like SMART goal forms to provide effective lifestyle modification support in these settings.
- Establishing a clear reason for change provides a strong foundation for patients, helping them navigate challenges in reaching their goals and sustaining progress.
- Using SMART goals and the stages of change framework enhances patient confidence and helps reduce sugary drink consumption. Actively engaging patients in creating action plans promotes accountability and adherence.
- Strengths: SMART goals empowered patients to set measurable, realistic goals. Bilingual surveys increased inclusivity. CBT integration in primary care offers scalable, practical solutions.
- Limitations: Self-reported data may introduce bias.

Results

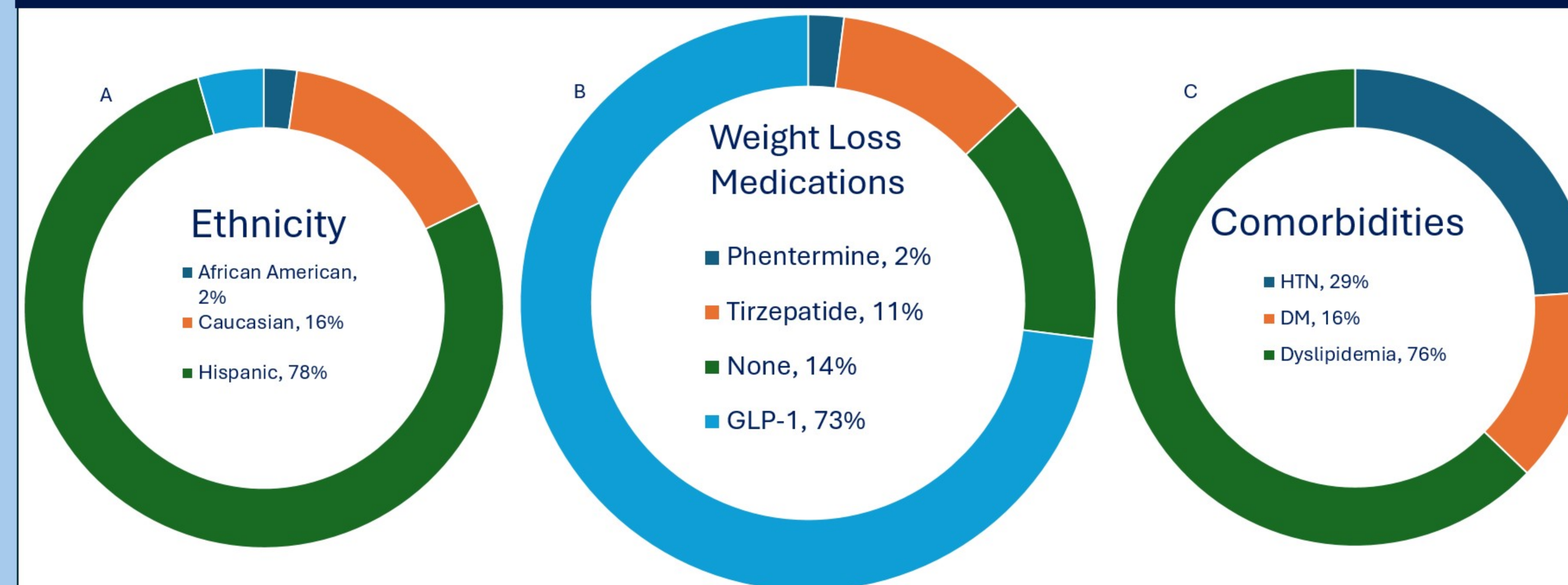


Figure 2: 2A: Patients in study categorized by ethnicity.; 2B: Weight loss medications used at any point during interventions; 2C: Percentage of patients with Hypertension, Diabetes, and dyslipidemia.

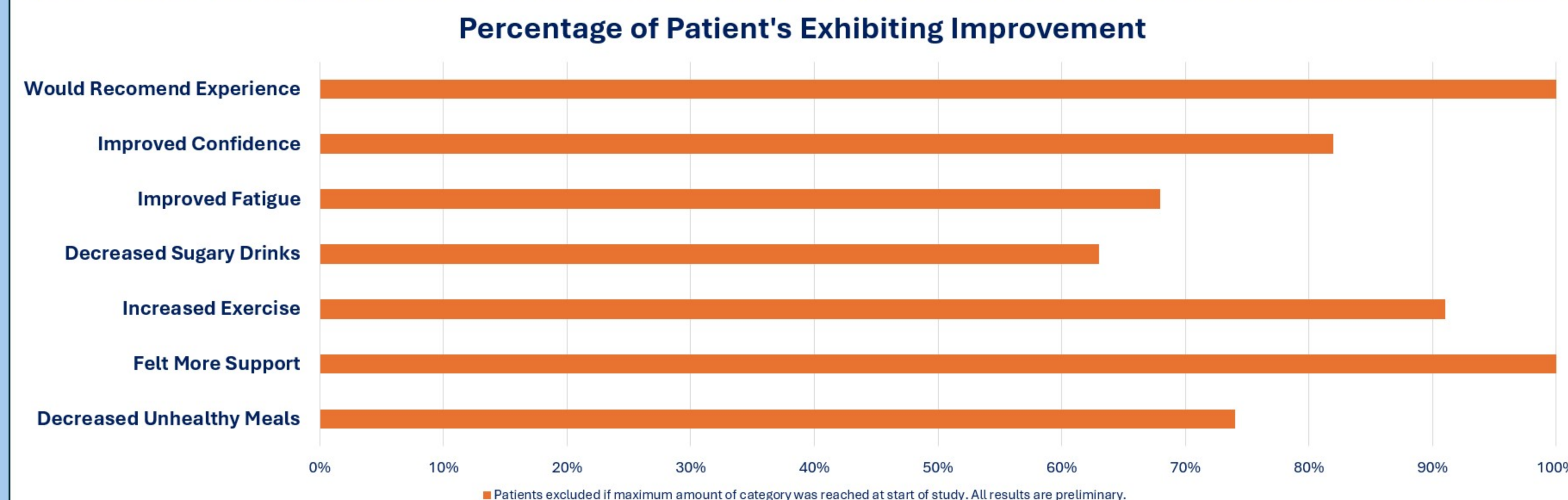


Figure 3: Percentage of patients in different categories showing improvement after 3 months of intervention.

Conclusion

- Integrating a cognitive-behavioral therapy (CBT) approach with a structured handout can serve as an effective and efficient strategy for fostering patient-provider rapport and facilitating sustainable health behavior changes.

Future Direction

- This proof-of-concept intervention warrants further investigation over extended periods to assess its long-term efficacy.