



Integrating Obesity Medicine into Your Practice

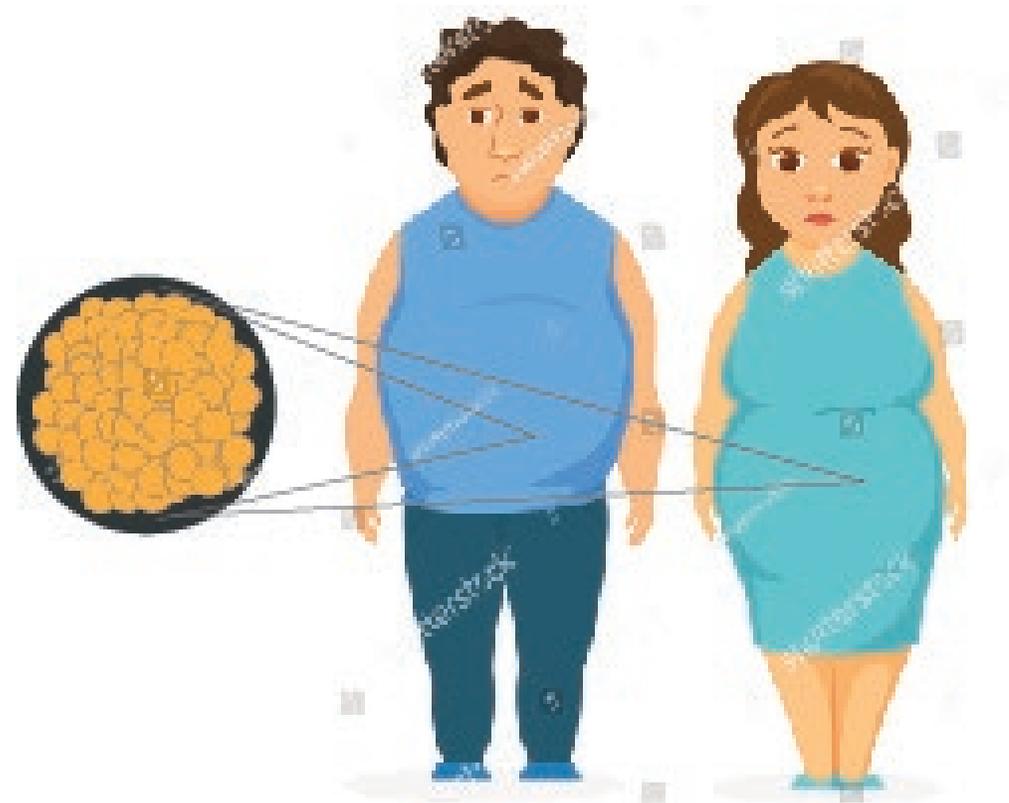
What is Bariatric Endocrinology?

- The subspecialty of endocrinology that deals with:
 - Obesity: **A**diposity-**B**ased **C**hronic **D**isease (**ABCD**)
 - Mechanical complications
 - Cardiometabolic Complications including hypertension, dyslipidaemia, hyperglycaemia, dyslipidemia and hyperglycemia
 - Psychological changes
 - The neuroendocrine and metabolic causes of the accumulation of excess fat mass
 - The development of adipose tissue dysfunction, and
 - The metabolic and neuroendocrine complications of obesity.



Obesity: **A**diposity-**B**ased **C**hronic **D**isease

- Mechanical complications
(excess adiposity in general)
- Cardiometabolic
Complications
(hypertension, dyslipidaemia,
hyperglycaemia, dyslipidemia and
hyperglycemia)
- Psychological changes



“ABCD” Diagnostic Term For Obesity as a Chronic Disease State

Adiposity - Based

- Abnormalities in Adipose Tissue
 - Mass
 - Distribution
 - Function

Chronic Disease

- Lifelong disease with co-morbid complications
- Pathophysiology and natural history c/w the 3 chronic disease phases



Basic Tenets of Bariatric Endocrinology

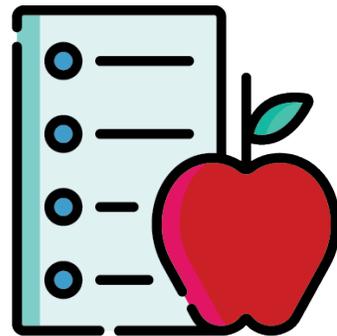
- Overweight and obesity (Adiposity-Based Chronic Disease or ABCD) are a continuum, and together represent a chronic, biological, preventable and treatable disease
- Every patient who has overweight or obesity should be screened for causes and complications of weight gain, including adipose tissue dysfunction
- Overweight and obesity should be treated with the same model of chronic disease management that we use for other chronic diseases
- The team approach to overweight and obesity should be offered to all patients to provide nutrition education and physical activity coaching



Developing a Practice in Bariatric Endocrinology

Three areas to focus on when developing a bariatric endocrinology practice:

- Human Resources
- Patient Resources
- Physical Resources





Office Readiness

Office Space and Equipment

- Wide doors and passageways
- Accurate platform scale (with capacity up to 800 pounds)
- Appropriately sized furniture (steel-framed/weight-rated)
 - Wide, sturdy, comfortable chairs
 - Arm rests or arm bars
- Exam tables with hydraulic lifts
- Space to accommodate the patient and family/friends in the same room



Equipment and Supplies

- XL and XXL blood pressure cuffs
- Tape measures and proper technique to measure waist circumference
- XL and XXL Examination gowns
- Scales that measure body composition
- Free standing accurate stadiometer
- Calibrated equipment
- Physical activity capacity or fitness: Treadmill and/or stationary stairs





Preparing Staff to Interact with Patients with Obesity

Promote the Behavior You Want



- Explain the mission, goals of treating obesity as a disease
 - Encourage staff to ask questions
 - Offer discussion groups
 - Give staff time to acclimate to mission and goals
- Encourage your staff to model the healthy lifestyle by:
 - Looking the part
 - Ask staff to dress professionally
 - Present a clean, uncluttered office
 - Living the lifestyle
 - Don't keep unhealthy snacks or soda in reception area
 - Display healthy snacks in reception and waiting room areas

Training and Coaching for Staff

- Welcoming front desk, trained, experienced nursing staff
- Knowledgeable
 - EVERYONE needs to be educated about nutrition and your recommendations
- Provide training and coaching on:
 - How to behave in a supportive, nonjudgmental and understanding manner
 - Use of appropriate terminology
 - Avoid “obese” or “overweight” as adjectives
 - Do not say “the obese patient”
 - Instead say “**the patient with obesity**”
- Psychological and social counseling
 - Remember the saboteurs and common pitfalls
- Recruiting
 - As new positions become available, HR should clearly explain office culture and expectations to candidates
 - Hire people who believe in the office mission and values



Model the Lifestyle

- Clinician and staff need to follow the same rules as the patients.
- If your patients know:
 - you eat unhealthily, they won't believe you know anything about nutrition
 - you don't participate in physical activity, they'll discount your instructions
 - you have terrible habits like smoking, you'll lose all credibility
- You don't have to be a fitness model or have a perfect lifestyle to lead by example, but you DO have to try





Treating Patients with the Disease of Obesity

Necessary Resources for Patients

- **Addressing social determinant of health**
- **Nutritional education**
 - Basic macronutrients and calories
 - Sources of healthy and economical food choices
 - Better methods of cooking
 - Restaurant options (even fast food)
 - Meal replacements or prescriptive food

- **Medications**
- **Physical activity education**
 - Tailored to their geography/ability
 - Access to trainers
 - Fitness apps, equipment, social media support
 - Cheap/free options
- **Psychological education**
 - Switching out good habits for bad
 - Understanding saboteurs



Behavior Modification Tools for Clinicians

- Remember, changing lifelong habits related to obesity takes time
- Neither patient nor clinician should expect overnight conversion to healthy living
- Focus on achievable steps patients can take to overcome barriers
- Motivational Interviewing vs the 5As
- Check out the Nutrition and Obesity Toolkit located in the AACE Nutrition and Obesity Resource Center



Obesity-Focused History

A detailed obesity history enables development of tailored treatment recommendations to address individual patient needs

Family History	Members of immediate family with obesity?
Life Events and Weight Gain	Recap of patient life events that coincided with weight gain, such as smoking cessation, medication initiation, pregnancy or menopause, job loss, change in marital status, etc
Nutrition and Activity	Extent of daily physical activity Sleep habits and difficulties Food preferences and frequency/quantity of meals Psychological assessment Mood/anxiety disorders, ADD, PTSD Eating disorders



Obesity-Focused History cont.

A detailed obesity history enables development of tailored treatment recommendations to address individual patient needs

Review of systems	Checklist of obesity-related complications
Weight Loss Readiness	Motivation and social support Psychiatric status Presence of stressful life circumstances Time constraints Goals and expectations



Tools for Collecting Patient History

- Use tools such as:
 - Goals of Discussing Weight History
 - Psychological History Questionnaire
 - Weight History Intake Sheet
 - History of Obesity Related Complications
- Tools can be found in the Nutrition and Obesity Toolkit located in the Nutrition and Obesity Resource Center
<https://www.aace.com/disease-state-resources/nutrition-and-obesity>



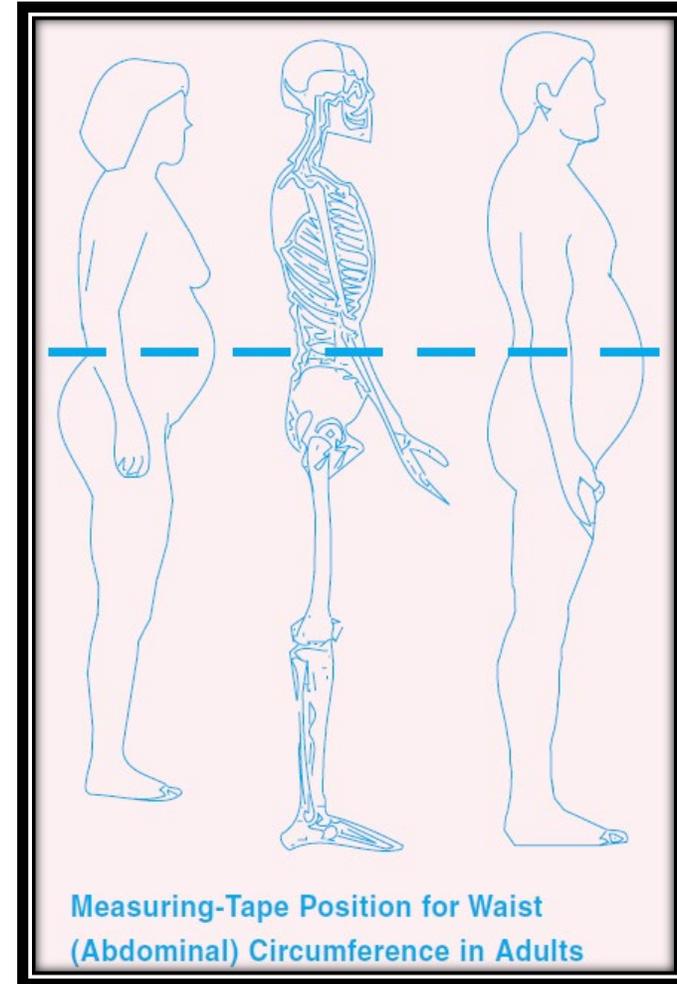
Physical Examination: The Patient with Obesity

- **Examination for complications of obesity**
 - Height, weight, and BMI
 - Distribution of adiposity – neck, WC, WHR
 - Abdomen – liver
 - Cardiovascular – SBP/DBP, heart, vessels, dyspnea
 - Muscular-skeletal – joints and gait
 - Extremities – edema, lymphedema, venous stasis
 - Skin – acanthosis nigricans, hirsutism, skin tags
- **Endocrine exam for causes of obesity**
 - Insulin resistance, thyroid, Cushing's syndrome



Clinical Tools: Measuring Waist Circumference

- Locate the superior iliac crests and the lower rib margins
- Place measuring tape around abdomen above iliac crests, keeping it parallel to the floor
- Ensure tape is snug but not compressing the skin

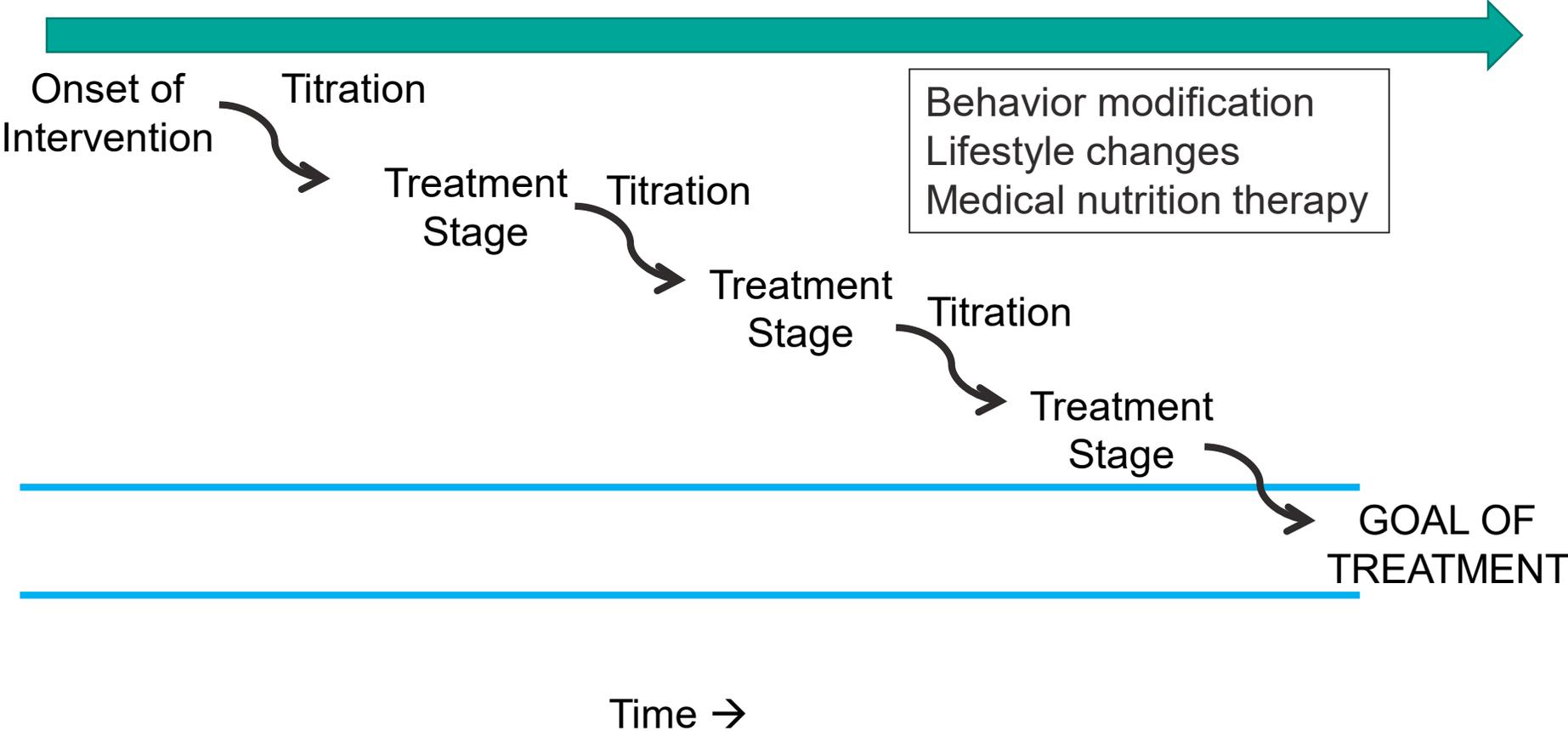


Body Composition and CVD Risk

Apple vs Pear Body Shape



Approach to Any Chronic Disease



Conditions for Patient Success

- Engagement with the health team
- Support at home (and at work)
- Patience
- Persistence
- Realism – set goals
 - Beginning today, the weight treatment goal is to lose 5% to 10% of current body weight over the next 6 to 12 months.
 - Perpetual goal until BMI is 18.5 to 24.9



Contributors

- AACE would like to thank the following endocrinologists for their contributions.
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