Integrating Obesity Medicine into Your Practice
What is Bariatric Endocrinology?

• The subspecialty of endocrinology that deals with:
  • Obesity: Adiposity-Based Chronic Disease (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: Adiposity-Based Chronic Disease

- 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

Mechanick J, Hurley DL, and Garvey WT. Endocr Pract 2017;23(3):372-378
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.

<table>
<thead>
<tr>
<th>Family History</th>
<th>Members of immediate family with obesity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Events and Weight Gain</td>
<td>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</td>
</tr>
<tr>
<td>Nutrition and Activity</td>
<td>Extent of daily physical activity \n Sleep habits and difficulties \n Food preferences and frequency/quantity of meals \n Psychological assessment \n Mood/anxiety disorders, ADD, PTSD \n Eating disorders</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Review of systems</th>
<th>Checklist of obesity-related complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Loss Readiness</td>
<td>Motivation and social support</td>
</tr>
<tr>
<td></td>
<td>Psychiatric status</td>
</tr>
<tr>
<td></td>
<td>Presence of stressful life circumstances</td>
</tr>
<tr>
<td></td>
<td>Time constraints</td>
</tr>
<tr>
<td></td>
<td>Goals and expectations</td>
</tr>
</tbody>
</table>

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

GOAL OF TREATMENT

Time →

Onset of Intervention

Titration

Treatment Stage

Titration

Treatment Stage

Titration

Treatment Stage

Behavior modification
Lifestyle changes
Medical nutrition therapy

© MNCOME
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.

- Dr. Elena A. Christofides, MD, FACE
- Dr. Karl Nadolsky DO, FACE
- Dr. Shadi Abdelnour, MD, FACE
- Dr. Ricardo Correa, MD, EdD, FACE, FACP, FAPCR, CMQ
- Dr. Soemiwati Holland, MD