


OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM



Module 10 – PEARLS: Blueprint for Putting it All Together

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Goals of This Session

- Review clinical pearls from the webinar
- Apply clinical pearls to practice case

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PEARLS from the Module 10 Clinical Webinar

- Obesity has different causes for different people and is not one homogenous disease, but a heterogenous disease that requires individualized approaches
- Patients with a diagnosis are more likely to get treatment
- Staging the disease has value for morbidity and mortality
- No single eating plan is THE plan for everyone

Clinical Note:
Individualization of care is KEY

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PEARLS from the Module 10 Clinical Webinar

- Identify other providers who can support the obesity treatment team
- Treating obesity treats many other diseases seen in primary care
- There is greater urgency, requiring more aggressive therapy, if the patient has complications and/or comorbidities of obesity
- Obesity care is a journey to manage a chronic, relapsing, AND treatable disease, so partner with your patient to provide long-term care
- Patient-centered, compassionate, evidence-based obesity management is incredibly rewarding for the provider and the patient alike

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Case Study #1

Patient with Insulin resistance of 4.2 on HOMA-IR2 calculator is most likely to respond with reduction in weight to which of the following eating plans?

- A. Whole food, plant-based
- B. Mediterranean
- C. Therapeutic carbohydrate restricted
- D. DASH

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Case Study #1, Continued

Answer:

- C: Therapeutic carbohydrate restricted

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Case Study #1, Continued

- Patient has tried a carbohydrate restricted nutrition plan in the past but did not enjoy it and found it challenging to stick to
- Patient is a vegetarian and struggled to keep her carbohydrates low enough while eating beans, legumes, grains, and other plant-based protein sources




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Individualizing a Nutrition Plan

- Patient and provider discuss the patient's eating preferences
- Patient prefers a plant-based eating plan for religious reasons; dairy ok
- After discussing various options, patient and provider decide on a lower-carbohydrate, whole food, vegetarian plan
- Nutrition plan: Sufficient protein from a variety of plant-based sources and animal sources such as dairy to obtain all necessary amino acids (70-100 g per day of protein, including complete proteins such as non-GMO soy, quinoa, and dairy)
- Includes one protein drink per day
- High fiber
- Whole food plant-based plan, including vegetables, legumes, nuts, seeds, whole grains, fruit, and unsweetened dairy (cheese, plain Greek yogurt)
- Keep carbohydrates under 150 g per day
- Supplement: B12, Vitamin D. Monitor iron, TIBC, ferritin, B12 and Vitamin D




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Case Study #2

- Patient is a 32-year-old Caucasian female with a BMI of 45 kg/m²
- She reports struggling with her weight since childhood
- Her entire family has obesity and numerous complications of obesity
- Her first diet was at age twelve when she joined her mother in a weight loss program
- She has lost track of the number of programs she has been on throughout the years (>10)
- She has lost 20-50 lbs multiple times, but regains the weight within 1-2 years of program ending
- She has used phentermine intermittently in the past and would lose 10-20 lbs, but would regain when the medication was stopped



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Case Study #2, Continued

- Patient presents to her PCP because she and her husband want to start a family, and they have not been able to conceive for the past three years
- Patient is not on birth control and has never used contraception
- She reports irregular menses since menarche at age eleven
- Patient has read that weight loss may help her chances of becoming pregnant
- She heard about other medications that may help with weight reduction, or would consider going back on phentermine, since it seemed to work well for her in the past and she did not have any side effects

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Case Study #2: How Does the PCP Manage This Patient?



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Case Study #2, Continued

- Options:
 - A. Lifestyle
 - B. Lifestyle + pharmacotherapy
 - C. Lifestyle + pharmacotherapy + surgery
 - D. Lifestyle + pharmacotherapy + surgery + referral to infertility specialist

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Case Study #2, Continued

Answer:

- D: Lifestyle + pharmacotherapy + surgery + referral to infertility specialist

- Discuss options, while also thoroughly investigating the infertility in patient and patient's partner (don't make assumptions)
- Discuss holding off on pregnancy x 1 year to address infertility and obesity first
- If anti-obesity medications: contraception
- Weight reduction can significantly increase fertility in many patients
- If surgery; delay pregnancy by 18 months after surgery (delay by ~2 years) - contraception
- Decide on a plan **together: shared decision making**



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Case Study #3

A patient with a BMI of 32 kg/m² with controlled type 2 diabetes and hypertension is considered to be in which stage of obesity, based on the Edmonton Obesity Staging System?

- A. Stage 0
- B. Stage 1
- C. Stage 2
- D. Stage 3

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Case Study #3, Continued

Answer:

- C: Stage 2: Established metabolic complications

Canning KL, Brown RE, Wharton S, Sharma AM, Kuk JL. Edmonton Obesity Staging System Prevalence and Association with Weight Loss in a Publicly Funded Referral-Based Obesity Clinic. J Obes. 2021

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Thank you!

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