Physician-Delivered Weight Management Counseling (PD-WMC)

Jennifer Lee
University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/ssp

Part of the Behavior and Behavior Mechanisms Commons, Community Health and Preventive Medicine Commons, and the Preventive Medicine Commons

Repository Citation
https://escholarship.umassmed.edu/ssp/221

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Senior Scholars Program by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Physician-Delivered Weight Management Counseling (PD-WMC)

Jennifer Lee, BS, Linda Churchill, MS, Effie Olendzki, MBA, MS, Judith Ockene, PhD, MEd, MA

Division of Preventive and Behavioral Medicine
University of Massachusetts Medical School | Worcester, MA

Objective and Rationale

Objective: Gather information about and describe specific PD-WMC strategies, stratified by gender and BMI, currently provided to adults with BMIs ≥ 25.0, patients’ reported benefit of these WMC approaches, and their WMC preferences for future care

Background and Rationale:
Excess Weight Leads to Poor Health Outcomes
Over 2/3 of adults in America are overweight or obese
Adults with excess weight have increased morbidity and mortality compared to those of normal weight

Physician-Delivered Weight Management Counseling on Health Outcomes
When counseled by physicians, patients become motivated to lose weight, improve their diet, and increase their physical activity, reducing weight-associated health risks
PD-WMC occurs infrequently

A better understanding of what physicians are currently providing for WMC and of what patients want can lead to improved WMC treatment algorithms, allowing for more effective and frequent PD-WMC

Design and Methods

Design:
Cross-sectional study comparing patients’ WMC experiences and preferences, stratified by BMI and gender

Participants:
Inclusion criteria:
1) Men or non-pregnant women
2) 18-75 years of age
3) Had primary care physician visit within past six months
4) Has BMI≥25.0
5) Can read, speak, and write in English

Exclusion criteria:
1) Adults unable to consent
2) Adults unable to read, speak, or write in English
3) Prisoners
4) Pregnant or breastfeeding women

Recruitment Methods:
• Intranet recruitment advertisements
• Volunteer registry through UMass Center for Clinical and Translational Science
• Paper flyers distributed around the community
• Local primary care practice

Acknowledgements
We want to thank Dr. Judith Ockene for funding this project and Pina Altomari and Missy Lucier for coordinating various aspects of this study

Materials and Analysis

Patient Survey
Sample questions

Physical Activity
A. My PCP has discussed the role of physical activity
Yes (Continued)
No (Very low)
B. Discussions with my PCP about physical activity have been beneficial
In weight loss
Neutral
Strongly disagree
Strongly agree
C. I would like my PCP to talk more about the role of physical activity
in weight loss

Survey items focused on patients’ weight loss attitudes, experiences with and preferences for WMC, and demographic information

Answer choices were formatted as yes or no, Likert scale, free text, or rank method

Statistical Analysis
Frequency counts were used in analysis of all questions
Chi-square and Fisher’s exact test (p<0.05) were performed to assess significance between stratified groups

Descriptive statistics and frequencies were used to describe demographics

Results

Study Sample

Gender: Female, Male
Age: 18-34, 35-54, 55-75
Race: White, Other
BMI (Men): 25 ≤ BMI ≤ 29.9, ≥ 30
BMI (Women): 25 ≤ BMI ≤ 29.9, ≥ 30

Key findings (non-stratified)

Frequency of weight-management discussions with PCPs
Only 35% reported having these discussions during most or all of their visits, though 51% wanted to discuss their weight with their PCPs during most visits

WMC preferences for future weight management counseling
• Generation of specific strategies to assist in weight loss (74.8% agreed with the statement, “I would like my PCP to begin or continue offering me specific strategies to lose weight?”)
• Development of specific weight loss goals (65.1% agreed with the statement, “I would like my PCP to work with me to develop more specific weight loss goals.”)

Discussion

• The fact that participants with BMIs ≥ 30 and ≥ 25 is not surprising, as screening and WMC guidelines are often focused on the obese population
• Looking at gender, it is unknown whether women objectively receive less WMC than men do or if they report less due to higher expectations about the quality and quantity of PD-WMC they desire

Conclusions/Future plans

• Regardless of BMI and gender, patients desire more WMC, including the development of specific weight loss goals and the generation of specific weight loss goals

• Majority of participants reported that scheduling follow-up appointments and having subsequent weight discussions at those appointments were beneficial

• Data from this study were used in the development of a curriculum to educate medical students on how to provide more effective WMC as well as aid in the development of a patient-centered and well-defined clinical framework to improve PD-WMC

• Future studies should explore this topic further with a larger and more diverse participant population