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Physician-Delivered Weight Management Counseling (PD-WMC)

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Physician-Delivered Weight Management Counseling (PD-WMC)

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Keywords
obesity, weight loss, weight management counseling, Body Mass Index (BMI)

Comments
Jennifer Lee participated in this study as a medical student as part of the Senior Scholars research program at the University of Massachusetts Medical School. This poster was presented on Senior Scholars Program Poster Presentation Day at the University of Massachusetts Medical School, Worcester, MA, on April 27, 2016.

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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

An Approach to Weight Management Counseling

• A better understanding of what physicians are currently providing for WMC and of what patients want to 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

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Results

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”)

Materials and Analysis

Patient Survey

Sample questions

Physical Activity
A. My PCP has discussed the role of physical activity in weight loss

B. Discussions with my PCP about physical activity have been beneficial in helping me to lose weight or better manage my weight

C. I would like my PCP to talk with me 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

• 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 continued

Key findings (stratified by gender)

• Men and women reported that discussions with physicians about physical activity and diet were among the most commonly used WMC techniques
• Women compared to men reported significantly less counseling in a number of areas including:
  - Discussions about past weight loss attempts (p<0.014)
  - Discussions about relationship between weight and stress level (p<0.008)

Key findings (stratified by BMI)

• Participants with BMIs ≥25 reported that discussions with physicians about physical activity and diet were among the most commonly used WMC techniques
• Participants with BMIs ≥30 reported higher rates of counseling than participants with BMIs <30 and ≥25, with significant differences in areas such as discussion about surgery for better weight management (p<0.008)

Discussion

• The fact that participants with BMIs ≥30 reported an increased rate of counseling compared to the reported rate by 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