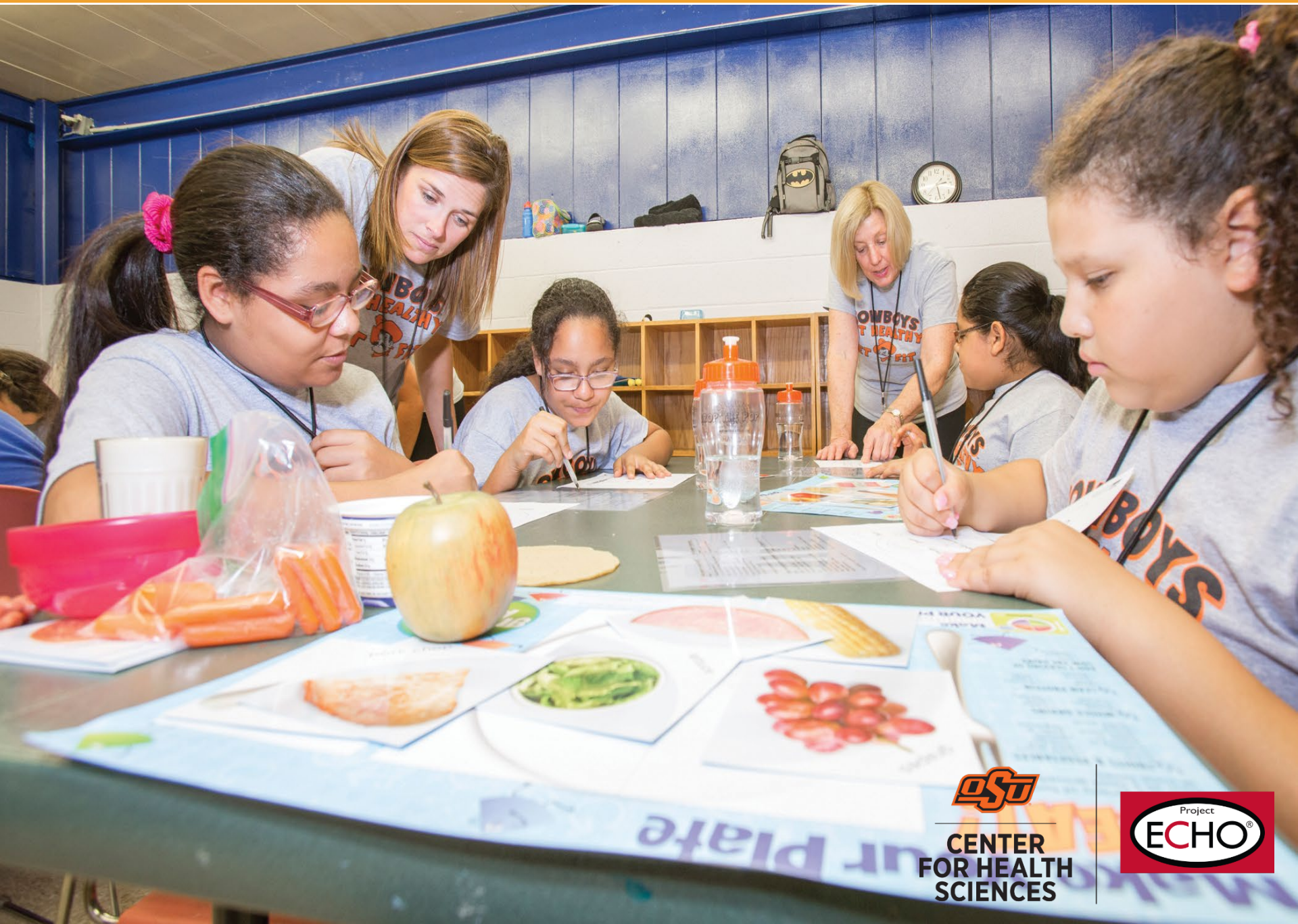
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USING ANTICIPATORY GUIDANCE TO SUPPORT HEALTH

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Relevant Disclosure and Resolution

Site Primary Investigator for clinical research trials with Pfizer, Astellas, and Sanofi.

Studies unrelated to today's topic/obesity work.

George Kaiser Family Foundation Endowed Chair of Pediatrics

Portion of endowed funds support obesity work in the Family Health and Nutrition Clinic and Department of Pediatrics

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Learning Objectives

After attending this presentation, participants should be able to:

1. Identify ineffectual counseling strategies in the prevention and management of childhood obesity
2. Describe effective behavioral strategies to support healthy living
3. Utilize anticipatory guidance to promote healthy active living

Prevalence

- 19.3% of children and adolescents ages 2-19 yo have obesity (April 2020)
- 6.1% of children and adolescents ages 2-19 yo have severe obesity (April 2020)
- Rate gain velocity for children with overweight and obesity doubled during the pandemic (March 1, 2020 to November 30, 2020) compared to pre-pandemic trends.

QuickStats, Lange, et al

Determinants of Obesity

Non-modifiable ↔ **Modifiable by individual** ↔ **Modifiable by collective**

Determinants of Obesity

- Biologic
  - Energy balance physiology
  - Monogenetic/Polygenetic/Epigenetic
- Environmental
  - Obesogenic Environment
    - Upstream determinants/downward causation
      - Weight Bias/Trauma
        - Behavioral
          - Physical Activity
          - Nutrition

Lakerveld, et al

Upstream Determinants/ Downward Causation

- Decreased caloric expenditure
  - Domestic mechanization
  - Employment related mechanization
  - Built environment
  - Inactive transport
- Increased caloric consumption
  - Efficient food production rather than hunting and gathering
  - Cost differential between healthy vs unhealthy eating patterns
- Socio-economic, cultural, and policy factors

Lakerveld, et al

Goals of Therapy

- Improve self-esteem
- Positive body image
- Positive relationship with food
- Resolution of disordered eating
- Cultivate nurturing/supportive relationships
- Optimize nutrition/correct micronutrient deficiencies
- Promote fitness
- Optimize physical and emotional health

Role of the Primary Care Provider

- Act as a behavior-change agent to provide developmentally appropriate, family centered, culturally sensitive primary prevention and treatment over the life course
- To advocate for policy and community level change that supports healthy lifestyles

Daniels, et al

Identify ineffectual counseling strategies in the prevention and management of childhood obesity

Ineffectual Strategies

- Weight Shaming
- Provide information on consequences of behavior **in general**
- Provide rewards contingent on successful behavior
- Facilitate social comparison

Puhl and Heuer, 2009; Martin et al; Michie, et al

Sources of Weight Bias

- Employment settings
- Media
- Educational settings
- Interpersonal relationships
- Healthcare settings

Puhl and Heuer, 2009

Educational Settings

- Adolescents experience weight-based victimization more often than bullying due to race, religion, or disability
- Negative attitudes begin as early as preschool
- Educators report that students affected by obesity are perceived as untidy, more emotional, less likely to succeed at school and more likely to have family problems

Puhl, 2011, Obesity Action Coalition

Educational Settings

Health Consequences	Psychosocial Consequences	Academic Consequences
Increased caloric consumption	Social Isolation	Skipping School
Binge eating	Low peer acceptance	Poorer academic performance
Unhealthy weight control behaviors	Peer rejection	Lower college acceptance rates despite equivalent academic achievement and application rates
Increased preference for sedentary activities	Low self-esteem	
Skipping physical education classes	Depression	
	Suicidal thoughts and behaviors	

Puhl, et al 2013; Obesity Action Coalition; Harrist, et al 2016

Interpersonal Relationships

Source of Bias	Ever Experienced	Experienced Multiple Times
Family	72%	62%
Doctor	69%	52%
Classmates	64%	56%
Sales Clerks	60%	47%
Friends	60%	42%
Nurses	46%	34%
Employer	43%	26%
Dietitians	37%	26%
Teachers/professors	32%	21%
Mental Health Professionals	21%	13%

Puhl and Brownell, 2006

Healthcare Settings

Professionals from multiple health related disciplines endorse the following statements related to patients who are overweight or obese:

Lazy	Lacking willpower
Stupid	Non-adherent
Worthless	Emotional
Repulsive	Ugly
Unmotivated	Awkward
Sloppy	Insecure

Schwartz, et al 2003; Hebl and Xu 2001; Persky and Eccleston, 2011; Foster, et al 2003

Healthcare Settings

Patient Provider Relationship	Psychosocial Consequences	Health Consequences
Providers demonstrate less emotional rapport	Depression	Increased unhealthy weight control behaviors
Providers exhibit decreased respect	Anxiety	Increased binge-eating episodes
Providers spend less time in appointments	Social rejection	Avoidance of physical activities
Providers are reluctant to perform health screenings	Suicidality	Patients delay or cancel appointments and preventive health screenings
	Low self-esteem	

Gudzune, et al 2013; Huizinga, et al 2009; Hebl and Xu, 2001; Amy, et al 2006; UCONN Rudd Center for Food Policy and Obesity, Preventing Weight Bias, Helping Without Harming in Clinical Practice

Describe effective behavioral strategies to support healthy living

Effective Strategies

- Intensive and comprehensive care
- Compassionate care, free of weight bias
- Health behavior change models
- Behavior change therapies

Barlow, S., Expert Committee, USPSTF, Grossman, DC et al; Puhl and Heuer, 2009; Martin et al; Michie, et al, Daniels et al

Comprehensive and Intensive Care

- Comprehensive teams include the patient and family, primary care provider, dietitian, physical therapy, exercise specialist, mental health providers, care navigators, social workers and community agencies which support healthy active living

- Intensive care in the adult setting is 14 hours/6 months and 26 hours in pediatrics (time frame varies from 2 months to 2 years in studies)

Barlow, S., Expert Committee; USPSTF, Grossman, DC et al,; Jaques, et al

Strategies to Reduce Weight Bias

- Become self-aware
- Recognize the complex etiology of obesity and its multiple contributors, including genetics, epigenetics, biology, sociocultural influences, the environment, and individual behavior
- Consider that patients may have had negative experiences with health professionals, and approach patients with sensitivity and empathy
- Emphasize the importance of behavior changes rather than just weight
- Recognize that many patients with obesity have tried to lose weight repeatedly
- Practice with empathy
- Explore all causes of presenting problems, in addition to body weight
- Acknowledge the difficulty of achieving sustainable and significant weight loss
- Recognize that small weight losses can result in meaningful health gains
- Create a welcoming environment
- Form community partnerships, know your resources, and advocate for change at a community and policy level

Rudd Center Preventing Weight Bias, Helping Without Harming in Clinical Practice

Practice with Empathy

- Remember to ask permission to discuss a person's weight.
- Examples of ways to start the conversation:
  - "Mr. Thomas, would it be ok if we discussed your weight today?"
  - "Are you concerned about the effect your weight may have on your health?"

Practice with Empathy

Stigmatizing Language

- Weight problem
- Unhealthy body weight
- Unhealthy BMI
- Heaviness
- Large size
- Obesity
- Excess Fat
- Fatness

Preferred Language

- Weight
- Excess Weight
- BMI

Wadden and Didie, 2003

Practice with Empathy

Use people first language:

Instead of- “I am seeing the obese woman in room four.”

Use- “The woman in room four is affected by obesity.”

Create a Welcoming Environment

- Provide wide-based, higher weight capacity chairs, preferably armless, available in the waiting area and other patient areas
- Consider specialized bariatric chairs, when possible
- Offer large size or even thigh-sized blood pressure cuffs
- Provide a higher capacity scale, ideally to >500 lbs. (be sure that the scale is situated in a private or near-private area to minimize the anxiety and discomfort associated with being weighed)
- Make bathrooms wheelchair accessible and ADA compliant and have pedestal toilets rather than wall-mounted toilets, if possible
- Have extra-large gowns available
- Be considerate of reading material
- Educate your staff about obesity and weight bias

Evidence-based Models of Health Behavior Change

Models used extensively in evidenced based obesity medicine include:

- Learning theory/operant conditioning
- Social learning theory/social cognitive theory
- Behavioral economics theory
- Social-ecological model

- Cognitive behavioral therapy
- 5 As
- Transtheoretical model (stages of change)
- Motivational interviewing

Daniels, et al, Alexander et al

Behavioral Change Therapies

- Providing information on the consequences of behavior **to the individual**
- Environmental restructuring (e.g. stimulus control)
- Prompt identification as a role model/position advocate
- Stress management/emotional control training
- General communication skills training
- Prompt practice
- Review goals
- Self-monitor
- Relapse prevention (e.g. planning for slips, special occasions)
- Social Support

Martin, et al; Michie, et al

Utilize anticipatory guidance to promote healthy active living

Providing information on the consequences of behavior to the individual

- Typically done in context of family history, laboratory orders or results, physical exam findings or individual and family concerns

EXAMPLES

- Family history of DM, HTN, NAFLD, MI, CHF
- Elevated TG, low HDL, Elevated LFTs
- Acanthosis, elevated waist or neck circumference, elevated blood pressure
- Parent concerned that child will develop diabetes as they themselves have diabetes or have recently lost a family member to complications of diabetes
- Concerns for dental carries, constipation, reflux or other signs and symptoms of disease

Martin, et al; Michie, et al, Daniels, et al

Environmental Restructuring

- Stimulus control
- Food safe home
- Hedonic Eating
- Hand model of the brain
- Portion control

Martin, et al; Michie, et al, Daniels, et al

Prompt Identification as a Role Model Position Advocate

- Ellyn Satter Institute's Division of Responsibility
- Social support
- Skills building
- Self-efficacy/sense of agency
- Strengths based approach

Martin, et al; Michie, et al, Daniels, et al

Review Goals

- SMART Goals
- Readiness Ruler

SMART Goals Checklist

- ❑ **S**pecific — Identify what to work on
- ❑ **M**easurable — How much and/or how often
- ❑ **A**ttainable — Realistic, identify barriers, assess confidence
- ❑ **R**elevant — Identify promoters, assess importance
- ❑ **T**imely — Define time frame for goal

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SMART Goals

- Our family will eat healthier
- Our family will eat less junk food
- *I will substitute Crystal Light for soda pop at dinner 3 days a week each week for the next 2 weeks.*
- *I will eat 1/2 cup vegetables and 1 cup fruit at lunch 3 days a week for the next 4 weeks.*

Relapse Prevention

- Realistic expectations
- Metabolic adaptation
- Explore secondary gain
- Normalize slips
- Self-compassion

Martin, et al; Michie, et al, Daniels, et al

Resources

- University of Connecticut Rudd Center for Food Policy and Obesity "Preventing Weight Bias: Helping Without Harming in Clinical Practice" http://www.uconnruddcenter.org
- Strategies to Overcome and Prevent (STOP) Obesity Alliance "Why Weight? A Guide to Discussing Obesity and Health With Your Patients" http://www.stopobesityalliance.org/
- National Institute of Diabetes and Digestive and Kidney Diseases "Talking with Patients about Weight Loss: Tips for Primary Care Providers" https://www.niddk.nih.gov/health-information/weight-management/talking-adult-patients-tips-primary-care-clinicians
- Obesity Action Coalition http://www.obesityaction.org/
- Project Implicit https://implicit.harvard.edu/implicit/
- American Academy of Pediatrics Institute for Healthy Childhood Weight https://ihcw.aap.org/Pages/default.aspx
- United States Department of Agriculture MyPlate https://www.myplate.gov/
- Ellyn Satter Institute https://www.ellynsatterinstitute.org/

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