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The Power of Shared Decision-Making in Obesity Care

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Vega:

Hello. This is CME on ReachMD, and I'm Dr. Chuck Vega.

On previous episodes of this series on transforming care in obesity, we focused on appropriate communication between clinicians and patients with obesity, and now we're going to give an example of how that might actually look in a case scenario. So we're going to try to demonstrate effective communication with empathy, but also really building a partnership with a patient and developing some decision-making strategies in a collaborative manner.

And so we are going to pick up with a case. This is a patient named Melissa. She is 45 years of age. She has a history of obesity, with a BMI of 34 kg/m² and a waist circumference of 112 cm. She also has type 2 diabetes and hypertension, and they're not under great control right now, so we're working to control those two chronic illnesses, and that's really the goal of this visit. But I'm going to try to address one of the root causes of that diabetes and hypertension now with Melissa, which is her underlying obesity.

All right, so here's how it might go.

Dr. Vega:

All right. So, Melissa, given your hypertension and diabetes that are not under control, I'm concerned about you. Your body weight contributes to these issues. Is it okay to discuss your weight today?

Melissa:

I guess so. I hate thinking about it. I struggle to lose the weight, and every time I lose a few pounds, I can't keep it off. So frankly, a few months ago, I just gave up.

Dr. Vega:

Oh gosh. Well, that does sound frustrating. Can you tell me a little bit about what you've done in the past to try to lose weight?

Melissa:

Everything. Low carb, low fat, fasting, every diet there is. I just fall back into bad habits. And healthy food is so expensive.

Dr. Vega:

Well, it sounds like you worked really hard on this, but you're not satisfied with the results. Keep in mind that there's no one perfect diet. And let me ask you something else: Why have you tried to lose weight? What's your ultimate goal when you try to change your eating habits?

Melissa:

Well, I'd like to look better. My waist is too big. And I do really want to get this diabetes and blood pressure under control.

Dr. Vega:

Well, those are great goals. And I think we can get you there. Have you thought about how you might want to try to lose weight now?

Melissa:

Well, I've heard about those injections. Is that something I can try?

Dr. Vega:

Well, excellent. I was thinking the same thing. Those drugs are not only very good for weight loss, but they're heart healthy as well, and so we'll cover some more of the benefits as well as the side effects of those medications because both are very important to understand.

Melissa:

Well, that was easy. Is that it?

Dr. Vega:

Well, not quite. Do you think there's anything else that you can do with diet or exercise to lose weight as well? Lifestyle changes will make these drugs a lot more effective.

Melissa:

I don't even know where to start.

Dr. Vega:

Well, yeah, that's very normal. But think of it this way: What do you believe is the easiest to change right now? What do you think that, well, I'd do this, but I don't really care about it too much, and I know that it's not helping with my body weight.

Melissa:

I know what. Donuts at work. I eat them all the time, even when I'm not hungry.

Dr. Vega:

So great. I think that sounds like a very good goal. And, yeah, sometimes we eat without necessarily thinking about it. And so that, I think, sounds like a very strong goal. About how often do you eat donuts at work?

Melissa:

Somebody brings them in every day, so at least one a day. Sometimes more.

Dr. Vega:

Okay. And could you try to set a goal for how many donuts you want to cut down to?

Melissa:

Like, maybe one a week?

Dr. Vega:

And so the goal is to get down to just eating one donut per week instead of having a donut or slightly more per day. Do you think that's an achievable goal?

Melissa:

Yes, absolutely.

Dr. Vega:

Okay, well, that's great. I think that's a very sensible goal. It sounds very achievable, and so I'm going to follow up on that goal. Let's set that goal. And what I'd like you to do is that's going to be your first step in this current journey. And let's keep working together to try to find other goals that you may have. I'm perfectly fine if you want to talk about other things you want to do with your diet, with healthy lifestyle right now. But if we want to just focus on the donuts, then we could discuss medications now and use the rest of visit to set the stage for how we can use these really novel and powerful weight-loss medications to help get you started as well. Sound good?

Melissa:

Yeah, I'm willing to give this a try. Thank you, Dr. Vega.

Dr. Vega:

That's all we can ask, is that you give it a try. And yeah, give your best effort. And I think if you have problems or you encounter issues, maybe that's with your diet plan, maybe that's with the medications I'm going to prescribe. These things happen; just reach out to me, and we'll keep working on this together. And guess what? That's going to get you to your goal. Your body shape will change over time. And when you lose another 10 pounds, 20 pounds, we'll start to see differences in your blood pressure and your diabetes control and start moving you towards some of those bigger goals you have.

Melissa:

Great. It all sounds fantastic and like something I can start to achieve on.

Dr. Vega:

All right. Well, I'm so glad that you're taking a step with me. I know it's not easy, but again, I'm very optimistic that together we'll make it. Thank you very much.

Melissa:

Thank you.

Dr. Vega:

And so that concludes the interview. I know it was brief, but we don't have a ton of time in clinical practice, correct?

What I tried to do today was introduce the subject of asking permission to discuss obesity around these sensitive health issues. It's obesity, but it's other disorders as well where there's stigma and bias and patients may feel shame and guilt. Those include things like substance use disorder and in taking a sexual history; I always ask permission. It shows you're coming from a place of respect for the patient. It automatically demonstrates empathy.

And as we went along, I tried to acknowledge Melissa's challenges with her previous episodes of weight loss but tried to maintain a kind of sense of being constructive and optimistic about what she can do now. We talked about medications. She was already on board with that, so that was a pretty easy job to talk

about it and to make that decision to initiate weight-loss medications, which absolutely can be done on a visit like this. But it is going to take some more counseling regarding how to apply the medications, what to expect in terms of benefits as well as side effects as well.

And then lastly, I'm pretty excited that we actually set a SMART goal at the end of that visit. That was all the discussion regarding the donuts at work. So we asked her to find that low-hanging fruit, what was the easiest thing for her to change in her lifestyle? She identified donuts. That's a very specific goal. I think it makes a difference in terms of her weight, if she consumed fewer donuts. It also seemed like it was an achievable and reasonable goal. And then we timed the goal. So we measured it, so a specific, measurable, achievable, realistic, and timed, SMART, goal. And that way when I check with her next time, we're going to follow up to see how the plan went with regards to reducing her consumption of donuts and, of course, check on her application of the medications. And over time, I'm hoping she's following her weight as well. And so we can achieve a great outcome here.

Thanks very much for being part of this program. Hopefully you found it useful to your practice. Take care, everyone.

Announcer:

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