

PERSPECTIVE



Behavior, Psychology and Sociology

Counseling patients through an obesity diagnosis: a brief primer for healthcare providers

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Obesity is a complex disease that requires evidence-based treatments to be effectively managed. Despite extant literature detailing the benefits of treatment options currently available, there is a disconnect between established research and public discourse on the treatment of obesity. Due to the recent surge in popularity of highly efficacious incretin-based therapies, more patients are becoming aware of available treatment options and approaching healthcare providers to engage in conversations regarding weight management. Here, we provide details regarding patient preferences on certain terms related to weight management, and guidance for healthcare providers counseling patients through an obesity diagnosis. Given the evidence that individuals with obesity may have misunderstandings regarding the disease of obesity and the role of treatment options, we provide guidance on these complex topics. The authors of this perspective include researchers, clinicians, and a patient. The guidance provided herein is based on available literature, experience in clinical settings, and lived experience.

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INTRODUCTION

Obesity is a complex, multifactorial disease requiring evidence-based treatment to be effectively managed [1]. However, there is a gap between this knowledge gained from robust evidence and public discourse on weight management.

Certain incretin-based therapies have become increasingly popular due to recent Food and Drug Administration approval, high efficacy, increased media coverage, and word-of-mouth [2]. As patients become more aware of treatment options for obesity, it is important that healthcare providers feel comfortable and confident providing comprehensive education and personalized treatment options. More specifically, patients may need additional support in processing an obesity diagnosis, creating personally tailored realistic and long-term treatment goals, and initiating conversations with others.

The purpose of this perspective is to offer guidance to healthcare providers in navigating difficult conversations with patients involving diagnosing and treating obesity. Conversations regarding these complex topics can be guided by the patient-centered roadmap for chronic illness (Table 1) and should align with current standards of care [3–5]. Notably, if a patient does not introduce the topic of weight management first, providers should ask permission before discussing. Throughout all clinical conversations, the patients' emotions, values, and goals should be considered [3].

PROCESSING AN OBESITY DIAGNOSIS

Few studies have focused on patient understanding of obesity as a chronic, multifactorial disease, and these studies have yielded variable results [6, 7]. Some patients endorse awareness that obesity is classified as a chronic disease; however, they also believe it is their personal responsibility to manage without medical support [7]. This may be due weight bias internalization stemming from negative stereotypes and societal narratives that patients should 'eat less and move more' to treat obesity, which is not an effective strategy for most people to manage their disease [8]. Additionally, some patients identify that obesity is a disease, but reject the idea that it is chronic due to available treatment options [6]. For example, some patients within a bariatric surgery clinic reported obesity is a disease, but is not chronic because surgery is considered a 'cure.' [6].

Current evidence suggests there may be a misunderstanding among patients that obesity is a treatable yet chronic condition. It is possible that weight loss may be mistaken as a 'cure' and there may be a lack of awareness regarding the risk of recurrence. Therefore, clinical counseling within this domain is necessary. Providers should discuss the diagnosis of obesity and provide context of its chronic nature to address preconceived notions. It is important to ensure patients have a full understanding of their diagnosis.

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Table 1. Counseling domains adapted from the patient roadmap for chronic illness [3].

Counseling domain	Conversation starters
Discuss diagnosis and disease trajectory	<ol style="list-style-type: none"> 1. 'Obesity' can be a stigmatizing term. What words would you like us to use while discussing your weight? 2. What does an obesity diagnosis mean to you? 3. What does successful obesity treatment look like for you?
Anticipate future decisions and inform patients of advanced treatment options	<ol style="list-style-type: none"> 1. Let's talk through your treatment options. Do you have questions before we get started? 2. We have a variety of tools we can use on your weight management journey; one may work well but you may also need additional interventions. For example, if you have surgery, you may also need to use medications in the future. This does not mean you failed in any way. 3. Do you have any concerns about the treatment options we've discussed?
Clarify individual goals and values	<ol style="list-style-type: none"> 1. What does successful management of your weight look like for you? 2. What are your motivations for seeking obesity treatment options? 3. How can I help you in achieving your goals?
Connect patients with resources	<ol style="list-style-type: none"> 1. Have you heard of the Obesity Action Coalition? 2. There are some evidence-based behavioral treatment options that you can use through your phone. Let's discuss your options. 3. Let's think through additional tools or resources that may help you on your weight management journey.
Acknowledge patients' emotions	<ol style="list-style-type: none"> 1. I know discussing your weight may be difficult. This is a safe space to ask questions. 2. I know you may have heard untrue things about weight on social media, and that they may have been harmful. These appointments are an opportunity for you to receive truthful information and talk through your treatment options. 3. I know the information you are receiving may differ from how you previously thought about weight. Do you have comments, questions, or concerns?
Provide guidance on talking through the diagnosis with family and/or friends	<ol style="list-style-type: none"> 1. Are there friends or family members who could support you through your chosen treatment options? 2. What behaviors could you participate in with your support system? 3. In what ways could you ask friends or family for support?
Prepare patients for comments from others	<ol style="list-style-type: none"> 1. Sometimes others may comment on changes to your appearance. Let's practice some responses for times when that happens. 2. We've talked today about changing some of your habits. Others may comment on these changes, what are some ways you may respond? 3. Sometimes people are not sure how to respond to some of the changes you'll be making. How can you talk with your support persons to ensure they're providing comments, that are helpful, not hurtful?

CREATING PERSONALLY TAILORED LONG-TERM TREATMENT GOALS

When discussing treatment options, it is imperative to acknowledge the patients' motivations for seeking treatment and the role of the provider. Many patients may be motivated to seek treatment after several weight loss attempts throughout their lifetime [9]. Alternatively, some describe crises (e.g., a medical emergency) as motivators [9]. Whether a patient has struggled throughout a lifetime, or has come to consider obesity treatment after a crisis, it is important to approach the conversation with care. Reviews, commentaries, and expert opinion recommend that a trauma-informed approach to discussing weight in a clinical setting may be warranted due to the high rates of weight stigma that patients experience [10–12]. A trauma-informed approach emphasizes safety and trustworthiness within the patient encounter, with a goal of empowering patients and providing additional resources for those who have previously experienced trauma [12].

Establishing terms to use is an important first step. Person-first language (e.g., "person with obesity" instead of "obese person") should be used in all contexts [13]. Additionally, research has shown that patients prefer neutral terms (e.g., weight, body mass index (BMI), unhealthy weight); however, preferences may vary [14]. Thus, it is recommended that

providers open conversations by asking patients about their preferences (Table 1).

All patients should receive counseling on nutrition, physical activity, sleep, and stress management in addition to counseling on advanced treatment options such as obesity pharmacotherapy and metabolic and bariatric surgery (MBS). Risks, benefits, and anticipated outcomes should be discussed. General counseling may be offered; however, delivery of evidence-based obesity treatments may require the intervention of certain specialists who have the available time, resources, and expertise. Referrals to specialists (e.g., registered dietitians, MBS surgeons, physical therapists) should be considered.

For counseling on pharmacotherapy options, continued use of the medication long-term should be clarified and explained. It should be emphasized that the need for continued therapy does not indicate failure, rather it is necessary for the treatment of any chronic disease. Providers may consider citing examples of other chronic diseases like hypertension or hyperlipidemia that require continued use of medications.

Regarding counseling on MBS, it is necessary to communicate to patients that suboptimal initial weight loss or recurrent weight gain should not be viewed as failure, but rather limitations of the procedure or progression of disease. Additional interventions are generally necessary for ongoing obesity treatment.

INITIATING CONVERSATIONS WITH SUPPORT PERSONS

Patients require social support and may choose to approach support persons regarding their diagnosis and treatment options. For some individuals, friends and family may actually be a source of weight bias [15]. Due to potential bias that could be introduced during these conversations, it may be helpful to prepare patients.

When counseling patients on approaching support persons, one strategy is to shift the focus from weight to behaviors. Patients may ask support persons to try new recipes with them or participate in a structured physical activity class together. For patients taking obesity medications, they may ask a family member to help them remember to take the medication. For patients undergoing MBS, they may ask supporters for assistance remembering to take daily vitamins or to accompany them to post-operative appointments.

Providers may consider offering additional information on patient advocacy and support organizations so patients may connect with others on similar journeys or learn more about their diagnosis (Supplementary File). One example of these resources includes those provided by the Obesity Action Coalition (OAC), the largest nonprofit for individuals living with obesity. The OAC hosts monthly health talks via YouTube, in addition to national and regional conferences where individuals attend educational sessions and mingle with other patients.

Patients should also be prepared for comments from others regarding potential weight loss or changes in behavior. To patients, these comments may be unexpected, so preparing them may allow for less distress (Table 1).

CONCLUSION

Due to the increased popularity of obesity treatments, it is likely that patients may approach their providers to discuss weight management options. Existing guidelines detail important components of these conversations, and the guidance provided in this perspective provides concrete actions to implement standards of care [4, 5]. These conversations should be handled with respect and should include a thorough discussion of obesity as a diagnosis as current evidence suggests there is a misunderstanding of obesity as a chronic, yet treatable, disease. Providers may utilize the patient roadmap for chronic illness to guide conversations regarding these difficult topics, and should refer to specialists as needed [3]. Clinical conversations should also align with patient's values and goals, and acknowledge emotions [3].

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AUTHOR CONTRIBUTIONS

All authors discussed the idea for the perspective. FANH led drafting of the outline and manuscript alongside SH and AR. KC and KS critically reviewed the outline and drafted article. All authors substantially contributed to the article and critically reviewed its contents.

COMPETING INTERESTS

All authors report serving on the Communications Committee for the Obesity Society. FANH reports serving on the Obesity Society's Finance Committee, consulting fees from WW, an honorarium for speaking from the American Academy of Pediatrics, institutional support to travel, and membership on the Obesity Action Coalition's Membership and Access to Care committees, outside the scope of the submitted work. SH reports receiving support to attend the exam development meeting with the Commission on Dietetic Registration as a Subject Matter Expert in 2020 and being the past chair of the Early Career Committee of the Obesity Society. KDC reports being the immediate past chair of the Communications Committee for the Obesity Society.

ADDITIONAL INFORMATION

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