

Talking With Patients About Weight Loss: Tips for Primary Care Professionals



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

WIN *Weight-control Information Network*

As a primary care professional, you are in an ideal position to offer weight-loss guidance to patients who are overweight or obese. You need not be an expert in weight management or take a lot of time to make a difference. A key first step in helping patients lose weight and improve their health is opening a conversation. This fact sheet offers tips that can help you talk with patients about this sensitive subject.

What role can primary care professionals play in patient weight control?

Studies show that even short 3- to 5-minute conversations during routine visits can contribute to patient behavior change. In one study, patients who were obese and were advised by their health care professionals to lose weight were three times more likely to try than patients not advised. Research has also shown that patients who were counseled in a primary care setting about the benefits of healthy eating and physical activity lost weight, consumed less fat, and exercised more than patients who did not receive counseling.

Unfortunately, the majority of primary care professionals do not talk with their patients about weight. Most people who are overweight or obese want assistance in setting and achieving weight-loss goals, but may hesitate to broach the topic during office visits. Talk with your patients about their weight-related goals, acknowledging that weight management is a challenging process. Explain that you want to help them lose weight, to reduce their health risks and make them feel better, but assure patients that your interest in their health is not dependent on their success in losing weight.

What do patients want from health care professionals regarding weight?

- **Talk.** Many patients want to talk about weight with health care professionals who offer respect and empathy for their struggles with weight control. However, before starting a conversation about weight control with your patients, give them a few minutes to discuss other issues that may be affecting their physical or emotional well-being.
- **Non-offensive terms.** Patients prefer the terms “weight” or “excess weight,” and dislike the terms “obesity,” “fatness,” and “excess fat.”

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You can assume your patient already knows he or she is overweight. Patients do not want health care professionals to place blame or attribute all of their health problems to weight.

- **Advice they can use.** Many patients want help setting realistic goals. They may want to know what to eat and what and how much physical activity is appropriate. For example, some patients will want to know how to become more physically active without causing injury or aggravating problems such as joint pain. Others will want advice on choosing appropriate weight-loss products and services.

Which patients might benefit from a discussion about weight?

Approach the subject of weight loss if your patient has

- Body mass index (BMI)* of 30 or above.
- BMI between 25 and 30 and two or more weight-related health problems, such as a family history of heart disease or diabetes.
- Waist measurement over 35 inches (women) or 40 inches (men)—even if BMI is less than 25—and two or more weight-related health problems, such as a family history of heart disease or diabetes.

Patients who are overweight (BMI between 25 and 30) and have one or no other risk factors may benefit from a discussion about weight gain prevention instead of weight loss.

*BMI = (weight in pounds x 703) ÷ height in inches squared. A complete BMI table is available in *Medical Care for Obese Patients*, a fact sheet from the Weight-control Information Network.

Tips for Talking About Weight Control

1. Address your patient's chief complaint first, independent of weight.

You can assume your patient already knows he or she is overweight.

Patients do not want health care professionals to place blame or attribute all of their health problems to weight.

2. Open the discussion. Open the conversation by finding out if your patient is willing to talk about weight, or expressing your concerns about how his or her weight affects health. Then, you might ask your patient to describe his or her weight. Here are some sample discussion openers:

“Mr. Lopez, could we talk about your weight? What are your thoughts about your weight right now?”

“Mrs. Brown, I’m concerned about your weight because I think it is causing health problems for you. What do you think about your weight?”

Be sensitive to cultural differences that your patients may bring to the discussion regarding weight, food preferences, and related issues. Patients may be more open when they feel respected.

3. Decide if your patient is ready to control weight. Ask more questions to find out how ready a patient is to control weight. Some sample questions are below.

“What are your goals concerning your weight?”

“What changes are you willing to make to your eating and physical activity habits right now?”

“What kind of help would you like from me regarding your weight?”

A patient who is not yet ready to attempt weight control may still benefit from a discussion about healthy eating and regular physical activity. A talk focusing on the ways weight may affect your patient’s health may also be appropriate. You can reassess the patient’s readiness to control weight at the next office visit. A patient who is ready to control weight will benefit from setting a weight-loss goal, receiving advice about healthy eating and regular physical activity, and follow-up.

4. Set a weight goal. A 5- to 10-percent reduction in body weight over 6 months is a sensible weight-loss goal. One half to 2 pounds per week is a safe rate of weight loss. A goal of maintaining current weight and preventing weight gain may be appropriate for some patients.

5. Prescribe healthy eating and physical activity behaviors. Give your patient concrete actions to take to meet his or her weight goal over the next 6 months. Write a prescription for healthier eating and increased physical activity (see sample prescription on page 4). You could also direct your patients to print or online resources about weight, healthy eating, and physical activity. (Patient resources are listed on page 5.)

Another option is to refer patients to a weight-loss program or registered dietitian who specializes in weight control. The American Dietetic Association (www.eatright.org) offers referrals to registered dietitians throughout the United States. In addition, the Weight-control Information Network (WIN) brochure *Choosing a Safe and Successful Weight-loss Program* can help your patients during this process. This publication offers a list of questions patients may ask their health care providers before deciding on a weight-loss plan, and various tips on what to look for in such programs.

Some patients may benefit from a weight-loss medication or obesity surgery. The fact sheets *Prescription Medications for the Treatment of Obesity* and *Gastrointestinal Surgery for Severe Obesity* from WIN offer more information about these two treatments. Also, note that some people try herbal treatments to improve their health. Ask your patients if they are taking herbals and provide advice on the use of these products. For more information, contact the National Center for Complementary and Alternative Medicine, which serves as a resource on herbs for professionals and the public (www.nccam.nih.gov).

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Rx Prescription for Healthy Eating and Regular Physical Activity

Try these ideas to support your weight-loss efforts:

- ✓ Eat a variety of nutrient-dense foods from the basic food groups and limit your intake of saturated and *trans* fats, added sugars, salt, and alcohol.
- ✓ Be physically active for at least 30 minutes on most or all days of the week. This level of exercise helps reduce your risk for chronic diseases such as diabetes. Set goals for moderate-intensity physical activities, such as walking at a brisk pace, and chart your progress as you increase your activity level.
- ✓ Be physically active for 60 to 90 minutes a day if you are trying to lose weight or sustain weight loss. Chart your progress as you increase your activity level.
- ✓ Take stairs instead of elevators, park further from entrances, walk instead of watching TV after dinner. Make sure you are in locations that are both safe and well-lit when engaging in these activities.
- ✓ Keep a food diary. Write down all of the food you eat in a day, what time you eat, and your feelings at the time. Look at your diary to find ways to improve your eating habits.
- ✓ Dish up smaller amounts of foods from a variety of food groups. Measure your portions against the serving size listed on food packaging for a few days so you know how much you are eating. You may want to consider the new *Dietary Guidelines for Americans 2005*, which you can find online at www.healthierus.gov/dietaryguidelines.
- ✓ At restaurants, eat only half of your meal and take the rest home.

6. Follow up. When you see your patient again, note progress made on behavior changes, such as walking at least 5 days a week. If your patient has made healthy behavior changes, offer praise to boost self-esteem and keep him or her motivated. Likewise, discuss setbacks to help your patient overcome challenges and be more successful.

Set a new weight goal with your patient. This may be for weight loss or prevention of weight gain. Discuss eating and physical activity habits to change or maintain to meet the new weight goal.

What patient resources are available?

Active at Any Size, a brochure from WIN to help very large people become more physically active. National Institutes of Health (NIH) Publication No. 04-4352. April 2004.

Better Health and You: Tips for Adults, a brochure from WIN on healthy eating, part of the series *Healthy Eating and Physical Activity Across Your Lifespan*. NIH Publication No. 04-4992. Updated June 2004.

Finding Your Way to a Healthier You: Based on the “Dietary Guidelines for Americans,” a brochure from the U.S. Department of Health and Human Services (DHHS) and the U.S. Department of Agriculture (www.health.gov/dietaryguidelines/dga2005/document/pdf/brochure.pdf). DHHS Publication No. HHS-ODPHP-2005-01-DGA-B. 2005.

SmallStep.Gov, a website from DHHS that helps users take small steps toward a healthy weight (www.smallstep.gov).

Walking: A Step in the Right Direction, a pamphlet from WIN about beginning a walking program. NIH Publication No. 04-4155. August 2004.

Weight Loss for Life, a brochure from WIN offering sensible weight-control advice. NIH Publication No. 04-3700. June 2004.

What health professional resources are available?

Aim for a Healthy Weight Education Kit. This patient education kit from the National Heart, Lung, and Blood Institute (NHLBI) helps health care providers develop effective weight management programs in their offices or clinics (www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit). NIH Publication No. 02-5212. 2002.

Free BMI calculator for Palm® hand-held computers, available online at http://hin.nhlbi.nih.gov/bmi_palm.htm.

Medical Care for Obese Patients, a fact sheet from WIN to help health care providers offer optional medical care to patients who are obese. This publication features a complete BMI table. NIH Publication No. 03-5335. February 2003.

The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, an 88-page guide from NHLBI for health care providers about helping patients control weight. Includes tools for patients (www.nhlbi.nih.gov/guidelines/obesity/practgde.htm). NIH Publication No. 00-4084. October 2000.

Weight and Waist Measurement: Tools for Adults, WIN’s fact sheet describing how to accurately take these two measures and what their associated health risks are. NIH Publication No. 04-5283. June 2004.

If your patient has made healthy behavior changes, offer praise to boost self-esteem and keep him or her motivated.

Weight-control Information Network

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The Weight-control Information Network (WIN) is a national information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103-43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues. Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by Benjamin Caballero, M.D., Ph.D., Professor of International Health and Pediatrics, Director of the Center for Human Nutrition, Johns Hopkins University. A review was also conducted by Shiriki K. Kumanyika, Ph.D., M.P.H., Associate Dean for Health Promotion and Disease Prevention, Director of the Graduate Program in Public Health Studies, Professor of Epidemiology, Department of Biostatistics and Epidemiology, University of Pennsylvania School of Medicine.



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