Discussing Weight Sensitively: You can make a difference

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Helping or Harming?

Why do we avoid talking about weight?

- Lack of time
- Clients want to focus on their pregnancy
- Lack of confidence
- Lack of specific, systemic counseling skill-set
- Personal issues with weight
- Fear of insulting clients
- Negative attitudes/Weight Bias

RED= What we can do something about!!

I am a Healthcare Provider, I can’t have a weight bias, right???

WAIT, WHAT IS WEIGHT BIAS?

Weight bias:

Negative attitudes, beliefs, and discrimination towards overweight and obese individuals.

(UCONN RUDD Center for Food Policy and Obesity)

Explicit bias: attitudes and beliefs we have about a person or group on a conscious level.

Implicit bias: automatic attitudes outside of conscious awareness and may even be contrary to the attitudes we consciously express.

Health Risks of Weight Bias:

- Delay in seeking health care, especially preventative
- ”Dr.” shopping
- Body dissatisfaction, poor body image, eating disorders (binge eating esp.)
- Decreased physical activity (decreased motivation to exercise)
- Less successful in long-term weight loss attempts

What are prenatal weight gain recommendations?

Pre-pregnancy weight	Recommended weight gain
Underweight (BMI < 18.5)	28-40 lbs.
Normal weight (BMI 18.5-24.9)	25-35 lbs.
Overweight (BMI 25-29)	15-25 lbs.
Obese (BMI 30 or more)	11-20 lbs.

- Review uneven pattern of pregnancy weight gain (1-4lbs. Total 1st tri, 1 lb./week 2nd -3rd tri)
- Impact of “over-screening” due to perceived increased risk of pre-eclampsia and GDM

Anti-Fat Attitudes Questionnaire
(AFA)

- Validated for use in clinical settings.
- 3 Subscales
- Scoring: 0 = very strongly disagree => 9 = very strongly agree.
- Higher scores indicate stronger anti-fat attitudes.
- Measures Explicit Bias

AFA-Dislike

1. I really don't like fat people much.
2. I don't have many friends that are fat.
3. I tend to think that people who are overweight are a little untrustworthy.
4. Although some fat people are surely smart, in general, I think they tend not to be quite as bright as normal weight people.
5. I have a hard time taking fat people too seriously.
6. Fat people make me somewhat uncomfortable. If I were an employer looking to hire, I might avoid hiring a fat person.

AFA- Fear of Fat

8. I feel disgusted with myself when I gain weight.
9. One of the worst things that could happen to me would be if I gained 25 pounds.
10. I worry about becoming fat.

AFA-Willpower

11. People who weigh too much could lose at least some part of their weight through a little exercise.
12. Some people are fat because they have no willpower.
13. It’s people’s own fault if they are overweight.

Strategies to Reduce Your Own Weight Bias:

1. Take the AFA or other validated measure of weight bias, take more than once to check for improvement (http://www.uconnruddcenter.org/resources/upload/docs/what/bias/Assessing_Weight_Bias.pdf)
2. Consider that patients may have had prior negative experiences with other health professionals regarding their weight
3. Recognize the complex etiology of obesity (not a matter of personal willpower)

Strategies to Reduce Your Own Weight Biases (continued):

4. Acknowledge difficulty of lifestyle changes (especially during pregnancy)
5. Acknowledge with your patients that they may have already tried to lose weight repeatedly
6. Emphasize behavior changes vs. numbers on a scale or BMI
7. Recognize that small weight changes can result in significant health gains

From: http://www.obesity.org/obesity/resources/facts-about-obesity/bias-stigmatization

<u>First Step</u>

Ask first for permission to discuss a patient's weight:

"Is it OK if we spend a little bit of time discussing your health and weight? Exercise? Dietary habits?"

Avoid using the terms "fat" or "overweight"

What if the answer is "No"?

- *"Ok, I hear you saying that you don't feel like talking about your weight."* (Reflective listening)
- *"We typically weigh all of our pregnant patients at every visit, is there a way we can make that easier for you?"*
- *"It sounds like you feel that pregnancy is not the best time for you to try to make some changes."*

Overall approach

5 A's of Obesity Management

Ask
- Ask for permission to discuss body weight
- Explore readiness for change

Assess
- Assess body mass index, waist circumference, and obesity stage
- Explore drivers and complications of excess weight.

Advise
- Advise the patient about the health risks of obesity, the benefits of modest weight loss, the need for a long-term strategy, and treatment options.

Agree
- Agree on realistic weight-loss expectations, targets, behavioral changes, and specific details of the treatment plan.

Arrange / Assist
- Assist in identifying and addressing barriers
- Provide resources
- Assist in finding and consulting with appropriate providers
- Arrange regular follow-up.

Evidence-based

- Endorsed by the Centers for Medicare and Medicaid Services
- Endorsed by USPSTF
- Based upon Behavior-Change Counseling Framework
- Used successfully by PCP's for smoking cessation

#1 ASSESS

Assess Readiness to Change with Motivational Interviewing

- Open-ended questions
- Ask about past attempts at weight loss

"What worked in the past?"

"How has your life been affected by your weight?"

"Has your weight kept you from doing things you want to do?"

"What would be an ideal weight gain during pregnancy for you?"

Readiness Rating Scale

Ask client to rate their interest (and/or confidence) in: maintaining goal weight, increasing physical activity, making behavior changes on a scale

0-----------------------------5------------------------------10

0=no interest/confidence 10=very interested/ confident

"How ready are you/confident are you that you could change your diet/increase your physical activity if you decided to? (on a scale from 0 – 10)"

Helps to Identify Ambivalence & Discrepancy

- Current behavior vs. agreed upon health goals:

"I hear that you would like to gain no more than 15 pounds this pregnancy, but your confidence that you will be able to do that is a 6.

"Why did you give yourself this rating?

"What would help you to be more confident in your ability to stay within this range?"

<u>Reflective Listening</u>:

"Sounds like you were frustrated that you did not lose as much weight as you would have liked after your first pregnancy."

Motivational Interviewing

<u>Use Affirmations to Empower</u>

“I appreciate your willingness to discuss your struggles with your weight.”

“I think your motivation to make changes like drinking less soda and more water is really great.”

****Acknowledge all changes made, even if small, highlight successes*

Help Client to Set Realistic Expectations

- *"You told me that you liked to go on walks before you became pregnant."*
- *"What would be a realistic number of days a week that you would be able to walk for a total of 20 minutes each day?"*
- *Would you be willing to try to replace one soda with a glass of water 4 days out of every week?*

Assess Current Behaviors

1. Have patient describe a typical day (meal times, beverages, fruits/vegetables, screen time, activity/exercise, sleep)

"What type of exercise or activities do you enjoy?"

"What does physical activity mean to you?"

"What is a good night's sleep for you?"

Don't Forget To Ask about Sleep and Self-Care!

- Sleep deprivation disrupts ghrelin and leptin involved in controlling appetite
- Sleep-deprived: too tired to move, change habits
- Awake longer- more opportunities/time to eat

"How do you take care of yourself when your are feeling stressed or worried?"

"Do you ever eat when you are worried?"

"What makes you feel less stressed?"

#2 ADVISE

Use the Healthy Plate Visual:

HEALTHY EATING PLATE

HEALTHY OILS

Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.

WATER

Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

VEGETABLES

The more veggies – and the greater the variety – the better. Potatoes and French fries don't count.

WHOLE GRAINS

Eat a variety of whole grains (like whole-wheat bread, whole-grain pasta, and brown rice). Limit refined grains (like white rice and white bread).

FRUITS

Eat plenty of fruits of all colors.

HEALTHY PROTEIN

Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and other processed meats.

STAY ACTIVE!

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Advice for Moving More:

- Ask how much time they are spending in front of a screen
- Activity does not need to be continuous-several shorter periods can add up
- Join a community, group/activity, find other moms
- Walk with family, friends, pets after dinner
- Chose activities that involve family outings
- Limit time spent sitting each day

#3 Agree

Goal Setting-A Partnership

- “How do you think you could improve your own eating habits/move more?”
- Agree upon specific behavioral goals for pregnancy weight gain, dietary changes, limiting screen time, or increased activity
- 1-3 goals only

Small Steps

- *"What specific changes would you like to start making today?"*

If no response, try:

- *"May I offer you some suggestions based upon what you have already told me?"*

- Insert Graphic of “Small Steps” Chart here

#4 Assist

(Least practiced part of the 5A’s)

Address other Barriers

- Depression or other psychiatric conditions
- Identify community resources for exercise/activity
- Healthy/easy/affordable recipes(online resources)
- Stress management techniques
- Encourage habit of self-monitoring (most commonly-reported successful strategy for long-term weight maintenance) Technology= new frontier.

#5 Arrange

(See Resource Guide)

Arrange referrals:

1. Mental Health
2. Physical Therapy
3. Nutritionist/Dietician
4. Sleep specialist

Here are the keys:

- *Be honest with yourself about your own fears and biases.*
- *Ask for patient's permission to discuss their weight.*
- *Look for those windows of opportunity- be patient.*

- *Use the 5A's and Motivational Interviewing strategies to help moms help themselves.*