



Talking About Weight & CKM Health

Approaching Weight Management Discussions using the 6 As

Nonjudgmental weight screening and weight loss counseling increase the likelihood of patient adherence and engagement.

This short-form guide integrates best practices for weight management discussions with the **6 As Model** — **Ask, Assess, Advise, Agree, Assist, Arrange**.

Preparing for the Conversation



- **Check your own bias:** Reflect on any implicit weight bias; approach the topic nonjudgmentally.
- **Ensure privacy and time:** Sensitive discussions need a supportive, unhurried environment.
- **Practice using neutral, person-first language:**
 - Say “a person living with excess weight or obesity” rather than “an obese person.”
 - Avoid stigmatizing terms such as “fat” or “overweight”.
- **Actively listen to and acknowledge concerns:** Emphasize that weight is influenced by a complex mix of genetics, environment, lifestyle, sleep, stress, medications, and social factors, not only willpower.

Use the 6 As to Guide the Conversation



ASK

If physical exam and prescreen data indicate overweight or obesity, ask permission to begin the sensitive conversation:

“Would it be OK if we talked about how your weight might be affecting your health?”

“Is now a good time for us to discuss how your weight and health may be affecting each other and how we can work together on it?”



ASSESS

Identify lifestyle and clinical risk factors through a variety of means, including:

- **Exam screening data:** Vital signs, body weight, body mass index (BMI), waist circumference, weight history, body composition test, blood pressure, nutrition and physical activity history, medications, existing comorbidities or risk factors, sleep, mental health, quality of life, social drivers of health
- **Regularly taken blood tests:** Hemoglobin A1c, fasting plasma glucose (FPG), fasting lipid panel, comprehensive metabolic panel, complete blood counts (CBC) thyroid panel
- **Weight-related comorbidities:** Assess for type 2 diabetes/prediabetes, dyslipidemia, hypertension, obstructive sleep apnea (OSA), osteoarthritis, metabolic dysfunction-associated steatotic liver disease (MASLD), etc.
- **Elicit patient perspective and assess motivations:**

“How do you feel about your current health and weight?”

“Which weight management treatments have you tried before, and which have worked or not worked for you? Have you heard of any options you want to know more about or try?”

“I’d like to learn more about your daily habits. What types of activities do you enjoy? What types of foods do you typically eat? What about stress? Can you share more about your support system?”

“What motivates you to prioritize your well-being and feel your best? What may be making weight management difficult?”



ADVISE

Provide patient-centered advice on treatment options specific to individual perspectives, circumstances and motivations while addressing any misconceptions and providing risk and benefit information.

If the patient is **open** to discussing weight:

“May I offer you suggestions based on what you’ve told me?”

- **Offer options** — nutrition, physical activity, behavioral, pharmacologic, surgical — and discuss the risks and benefits collaboratively.
- **Focus on health**, rather than appearance: Discuss blood pressure, sleep quality, energy levels, joint pain, etc., rather than aesthetics.

If the patient is **not open** to discussing weight:

- **Respect** their choice and avoid blame or shame.
- **Express willingness** to reassess and work together on the issue in a future visit.



AGREE

Support patients through shared decision-making by exploring their treatment preferences, understanding their concerns — including cultural considerations — and agreeing on a treatment strategy.

- Frame weight management around goals they care about (mobility, energy, mood, medical conditions) and align with those goals:



“What would you most like to improve about your health right now? What small, manageable actions seem reasonable right now?”

- **Reinforce autonomy:** “You’re the expert on your body and life.”
- **Collaborate to set SMART (specific, measurable, achievable, relevant, time-based) goals:**
 - Focus on behavioral changes, not only numbers (e.g., “Add one extra 30-minute walk per week” or “Stick to 10 pm bedtime 3 nights per week”).



ASSIST

Assist patients in developing an action plan and overcoming challenges, leverage the entire care team, and provide take-home resources.

- **Document and share** agreed-upon SMART goals for accountability and empowerment. Work through details that allow for success and anticipate any challenges or barriers (e.g., “Where and when will you walk? What will you do if the weather makes it hard to walk outside?”).
- **Discuss referrals** to nutritionists, physical therapists, obesity specialists or surgeons, mental health specialists, health coaches or other relevant services.
- **Provide additional** patient resources that support treatment strategies and agreed-upon goals.
- **Initiate prior** authorizations as necessary.





ARRANGE

Arrange for follow-up support with the shared understanding that weight management is an ongoing process.

- Schedule time for face-to-face or telehealth follow-up.
- Refer to appropriate specialists based on agreed-upon treatment strategy.
- Refer to clinical or community resources that may provide additional support.
- Validate effort and reinforce ongoing commitment:



"It's understandable this may feel challenging; many people find this difficult. We are a team, and I am here to support you through this process and help you achieve success."



CONSIDERATIONS

While the **6 As** offer a structured approach, it's important to allow conversations to flow naturally, guided by actively listening to and engaging with the patient.

Refer to comprehensive conversation guides for more weight-management discussion support:

STOP Obesity Alliance: Weight Can't Wait



STOP Obesity Alliance: Why Weight?



What's Next?

Visit heart.org/CKMtools to access resources that support holistic care for patients with CKM syndrome.

heart.org/CKMHprofessional



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