Top Ten Things To Know
New and Emerging Weight Management Strategies for Busy Ambulatory Settings

1. In a recent survey, only 65% of obese patients were advised to lose weight by their physicians.

2. A lack of knowledge, skills, and practical tools has been identified repeatedly as a barrier to the identification and management of obesity by physicians.

3. Patients describe the need for empathy, non-judgmental interactions, and specific personalized recommendations.

4. The term “weight” should be used rather than "obese" or objectionable terms such as “fatness.”

5. A descriptive survey of women, family medicine clinic patients found that when physicians demonstrated more empathy, patients were significantly more likely to report changing their exercise behaviors one month later.

6. Physician recommendations related to diet and physical activity are associated with greater likelihood of patient behavior change if patients are given the chance to reflect on causes of their overweight during counseling visits and their own perceptions about weight management are incorporated into the recommendations.

7. Strategies that increase the likelihood of patients themselves identifying weight as a problem are most likely to increase the frequency of weight loss counseling in primary care visits.

8. Although assessing readiness to change adds an extra step in caring for overweight and obese adults, it is a useful indicator of whether any accompanying weight loss counseling will be recalled by the patient.

9. Tools such as 24-hour dietary recalls, food frequency questionnaires, and food/exercise diaries have been used to assess diet and activity, especially in research studies; however, these are generally not practical for fast-paced settings.

10. There is emerging evidence that web-based weight loss programs can produce weight losses comparable to in-person treatment.