

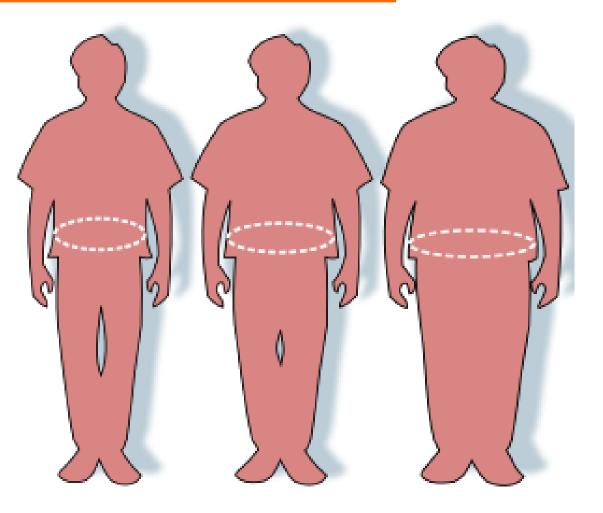
OBESITY MANAGEMENT Implementing Clinical Practice Guidelines within the Primary Care Setting

> Mayedel San Jose, MSN, APRN, FNP-C DNP Symposium May 11, 2023



OVERVIEW

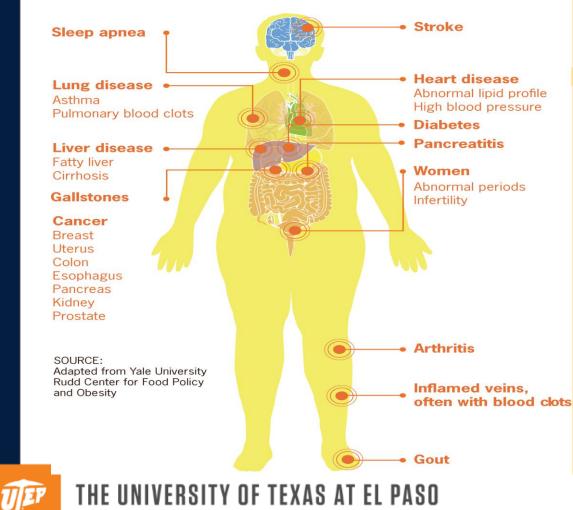
- Obesity
 - Chronic health issue
 - Local issue
- Practice assessment
- Current available knowledge
- Quality improvement project
- Intervention
- Outcome
- Maintenance





OBESITY: A GROWING PROBLEM

Medical Complications of Obesity

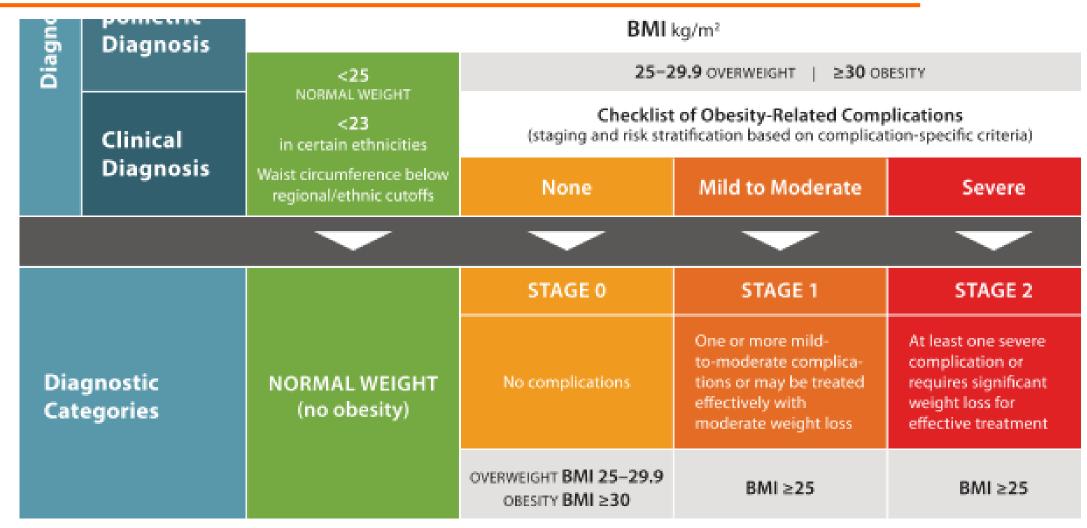


Healthy Border 2020

- Chronic & degenerative disease causes
 - Physical inactivity
 - Poor diet
 - Poverty
 - Genes
 - Lack of breast feeding
 - Education/access to information



AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST (AACE)/ AMERICAN COLLEGE OF ENDOCRINOLOGY (ACE) (2016) DEFINITION





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Phases of Chronic Disease Prevention and Treatment Goals	PRIMARY Prevent overweight/obesity	SECONDARY Prevent progressive weight gain or achieve weight loss to prevent complications		Achieve weight ameliorate the c	FIARY to loss sufficient to complications and er deterioration
Treatment Based on Clinical Judgment	 Healthy meal plan Physical activity Health education Built environment 	 Lifestyle/behavioral therapy Consider pharmaco- therapy if lifestyle alone not effective 	thera Conside	yle/behavioral py der pharmaco- py (BMI ≥27)	 Lifestyle/behavioral therapy Add pharmaco- therapy (BMI ≥27) Consider bariatric surgery (BMI ≥35)



AACE/ACE MEDICAL CARE OF PATIENTS WITH OBESITY

10-DAY PRACTICE ASSESSMENT

- San Jose Wellness Center
- Santa Teresa, NM
- Primary care clinic
- August September 2022
- 52 adult patients
- 24 with vascular condition
 - Obesity related complication



PICOT FORMAT

<u>P</u>opulation

- 22-65 years old adults
- BMI ≥ 30
- ≥ 1 complication of obesity
- Controlled blood pressure
- Normal EKG
- Non-pregnant

- Intervention Literature Review
- <u>C</u>urrent practice
 - Exercise for 30 mins 3 times/week
 - Low fat, low carb diet
- <u>O</u>utcome
 - Less than 2lb weight loss
- <u>**T**</u>ime
 - 6 week re-evaluation

LIFESTYLE THERAPY

Evidence-based lifestyle therapy for treatment of obesity should include three components

AVAILABLE		N
KNOWLEDGE	•	Reduced-c ~500–750

- 10 systematic • reviews & metaanalyses
- 2 integrative • reviews
- Experimental study Ter •
- Meta-analysis of • correlational studies
- Qualitative studies •
- **U**EP

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MEAL PLAN	PHYSICAL ACTIVITY	BEHAVIOR
 Reduced-calorie healthy meal plan ~500–750 kcal daily deficit Individualize based on personal and cultural preferences Meal plans can include: Mediterranean, DASH, low-carb, low-fat, volumetric, high protein, vegetarian Meal replacements Very low-calorie diet is an option for selected patients and requires medical supervision Team member or expertise: dietitian, health educator 	 Voluntary aerobic physical activity progressing to >150 minutes/week performed on 3–5 separate days per week Resistance exercise: single-set repetitions involving major muscle groups, 2–3 times per week Reduce sedentary behavior Individualize program based on preferences and take into account physical limitations Team member or expertise: exercise trainer, physical activity coach, physical/occupational therapist 	An interventional package that includes any number of the following: • Self-monitoring (food intake, exercise, weight) • Goal setting • Education (face-to-face meetings, group sessions, remote technologies) • Problem-solving strategies • Stimulus control • Behavioral contracting • Stress reduction • Psychologic evaluation, counseling, and treatment when needed • Cognitive restructuring • Motivational interviewing • Motivational interviewing • Mobilization of social support structures Team member or expertise: health educator, behaviorist, clinical psychologist, psychiatrist
AS AT EL PASO	(AACE, 2016)	

OBESITY MANAGEMENT WITHIN THE PRIMARY CARE SETTING



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- Pre-Assessment Week 0
 - BMI
 - Waist circumference
- 4 weekly check-ins
- Weekly goals
 - Diet
 - Exercise
 - Behavior
- Post-Assessment Week 5

QUALITY IMPROVEMENT PROJECT



- Institutional Review Board (IRB) Not Research Letter
 - November 21, 2022
- Adoption
 - Office manager meeting
 - Staff meetings
 - Scheduling patients
- Implementation
 - Administer questionnaire
 - Start: January 25, 2023
 - End: March 8, 2023



Obesity Management Program: Pre-Assessment

Initi	als:		Age	:	M/F	ľ	f female, risk for	pregnancy: yes/r
Heig	ght:	_ft	in.	Weight:	Ibs/	kgs	BMI:	
Bloc	od press	ure:		Pulse:		EKG date	done:	
Wal	st circur	mferen	ce:	in.				
-			-					
Тур	ical Mea	als over	r the last (4 weeks:				
				4 weeks:				
	Breakfa	ast food	d:					
	Breakfa	Bever	1: ages & qu	antity:				
	Breakfa	Bever	1: ages & qu					
	Breakfa o Lunch f	Bever food:	1: ages & qu	antity:				
	Breakfa O Lunch f	Bever Bever bod: Bever	1: ages & qu ages & qu	antity:				
-	Breakfa O Lunch f	Bever Bever bod: Bever	1: ages & qu ages & qu	antity:				
-	Breakfa O Lunch f O Dinner	Bever iood: Bever food:	1: ages & qu ages & qu	antity:				

Current Physical Activity over the last 4 weeks:

- Type of activities:
- Minutes per session:

Days per week: _____





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On a scale from 0 to 10, how <u>IMPORTANT</u> is it for you to lose weight? Zero is not important at all and 10 is extremely important. Where would you be on this scale? _____

Where do you <u>WANT</u> to be on this scale? _____

In what ways does your weight concern you?

How would you like your health to be in 5 years' time?

What are the advantages of reducing your weight?

Motivational Interviewing

Lifestyle Goals:

What would be different in your life if you were at a healthier weight?

When have you made significant change in your life before? How did you do it?

What strengths do you have that would help you make a change?



In what ways do you want your life to be different in 5 years?

BEHAVIORAL PRE-ASSESSMENT

EVIDENCE BASED INTERVENTIONS

Lifestyle Modifications

- Physical Activity
 - Moderate intensity: >150 mins/week
 - Vigorous Intensity: >75 mins/week
 - 3-5 days/week cardio
 - Strength training: 2-3 days/week
 - Decrease sedentary periods

- Meal plan
 - Paleolithic inspired diet
 - 2 protein shakes
 - Breakfast
 - Dinner
 - Vitamins
- Motivational interviewing
 - Pre- & Post-Assessment
 - Weekly check-in
 - Long & short-term goals

PHYSICAL ACTIVITY

PATIENT HANDOUT

Target Heart Rates:

220 - ____ (age) = _____ bpm (Max heart rate)

64% - 76% of max heart rate = _____ - ____ bpm for Moderate Intensity

77% - 93% of max heart rate = _____ - ____ bpm for Vigorous Intensity

(CDC, 2022) https://www.cdc.gov/physicalactivity/basics/adults/index.htm



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	Мо	oderate Activity Examp	les	Vigorous	Activity Examples	
	Walking race-wal	briskly (at least 3 mph but king	: not	Race walking, jogging, or running		
	Water a	erobics		Swimming laps		
	Bicycling	slower than 10 mph		Bicycling faster t	han 10 mph	
	Tennis (d	loubles)		Tennis (singles)		
	Ballroom	n dancing		Aerobic dancing		
	General	gardening		Hiking uphill or with a heavy pack		
		Example 1		Example 2	Example 3	
	Moderate-intensity aerobic activity (such as brisk walking) for 150 minutes every week (for example, 30 minutes a day, 5 days a week)		(such as jo		An equivalent mix of moderate- and vigorous- intensity aerobic activity on 2 or more days a week	
x.ht	m Muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).		on 2 or me work all m (legs, hips	AND cle-strengthening activities ore days a week that hajor muscle groups , back, abdomen, chest, , and arms).	Muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).	

Physical Activity Patient Handout

Target Perceived Exertion: Moderate intensity = 4-7

Vigorous Intensity = 7-9

RPE Scale

9

10

(Rate of Perceived Exertion)

Very Light Activity

Hardly any exertion, but more than sleeping, watching TV, Etc.

Light Activity

2-3 Feels like you can maintain for hours, easy to breathe and carry on a conversation

Moderate Activity

4-6 Breathing Heavily but you can still hold a short conversation, Still somewhat comfortable, but becoming noticable more challenging

Vigorous Activity

7-8 Borderline uncomfortable, short of breath, can speak a sentence

Very Hard Activity

Very difficult to maintain exercise intensity, can barely breathe and speak only a few words

Maximal Effort

Feels almost impossible to keep going, completely out of breathe, unable to talk, cannot maintain for more than a very short amount of time



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#1) TOE TOUCH



#2) BACK SCRATCH



#3) BUTTERFLY STRETCH





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(Nerd Fitness, 2023)

PHARMACOLOGICAL INTERVENTION

- Semaglutide
 - 0.25mg SC weekly x4 weeks
 - Increase to 0.5mg SC weekly
- T2DM management
- Already on metformin
- Continuous glucose monitoring

- Phentermine
 - Start: 15mg x1 week
 - Then: 30mg x4 weeks
- Topiramate
 - With phentermine 15mg
 - Start: 25mg BID x1 week
 - Titrate up weekly
 - Goal: 100mg BID
- Controlled B/P, monitor
- Monitor for neurological effects

OUTCOMES - MEASUREMENTS

• 7 completed

					Waist Circumference	Waist Circumference	
Age	Sex	BMI - Pre	BMI - Post	Difference	in Inches - Pre	in Inches -Post	Difference
28	F	38.04	37.33	-0.71	44.5	43	-15
49	М	33.66	32.5	-1.16	50	44	-6
28	М	37.6	35.13	-2.47	46	44	-2
38	F	36.5	36	-0.5	44	43	-1
38	F	34	31.3	-2.7	36	34	-2
55	М	34.55	34.09	-0.46	47	46	-1
52	F	35.66	32.8	-2.86	42.75	39.5	-3.25



OUTCOMES - DIET

		Development Devel	Lunch Dec	Lunch Deat	Dimon Doo	Diana an Dalat
Age Sex	Breaktast - Pre	Breakfast - Post	Lunch - Pre	Lunch - Post	Dinner - Pre	Dinner-Post
					rice, beans,	
		protein shake,	soup, rice, beans,	soup, chicken salad,	ground beef,	
28 F	skip	blueberries	soda	vegetables	tortilla, chips	protein shake
	potato, bacon,	eggs, cookies,			coffee, sweet	
49 M	eggs, soda	shake	chili relleno, soda	chicken, corn, potato	bread	protein shake
		protein shake,		chicken, pork,	noodles, chicken,	
28 M	fruits	apple, banana	fast food	vegetables	steak	protein shake
				baked salmon, baked		turkey, pepperoni,
	boiled eggs,	boiled egg,		chicken, quinoa,	veggies, potatoes,	boiled eggs,
38 F	tater tots	fruits, oats	none	veggies	cheese	avocado, veggies
	ice cream,					
	candy,				mac and cheese,	
38 F	McDonald's	protein shake	Wendy's	chicken, fish, salad	diet soda, steak	protein shake
	eggs, ham	eggs, ham	turkey sandwich,			
55 M	burrito	burrito	soda	steak	nachos with beef	protein shake
			steak, rice,			
			chicken soup,			
			soda, cookies,	fruits, green salad,		
52 F	eggs and bread	protein shake	chocolate	chicken	none	protein shake



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OUTCOMES – PHYSICAL ACTIVITY

A	e Sex	Exercise Quality - Pre	Exercise Quality - Post	Weekly Minutes Spent Exercising - Pre	Spent Exercising -		Continuous Time in Minutes Spent Sitting - Pre	in Minutes Spent	Difference
			stationary bike, Nerd Fintess workout,						
	28 F	household activities	Grow with Jo workout	0	280	280	180	45	-135
	49 M	jumping, running	waking	30	30	0	0	0	0
			weight lifting in the gym, jogging, flag						
	28 M	weight lifting, flag football	foot ball	360	525	165	180	120	-60
	38 F	household activities	weights, walking	120	250	130	480	30	-450
	38 F	none	Peleton, cycling, weights	0	150	150	300	60	-240
	55 M	none	walking	0	60	60	360	240	-120
			walking with weights, Nerd Fitness						
	52 F	walking with weights	workout, Grow with Jo workouts	120	200	80	120	30	-90



OUTCOME - BEHAVIOR

		Confidence - Co		
Age	Sex	Pre Po	ost	Difference
28	F	6	8	2
49	М	7	8	1
28	М	3	8	5
- 38	F	3	8	5
- 38	F	5	9	4
55	М	3	4	1
52	F	4	8	4

MAINTENANCE

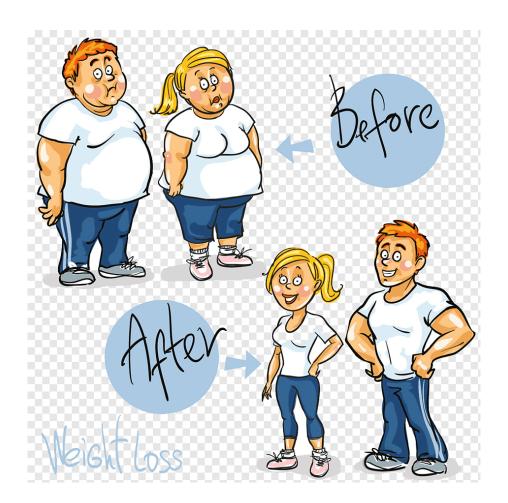
- Appointment compliance
 - Motivational interviewing
 - Staff training
- Ease of appointment
 - Time management
 - Improved questions
 - Delegation

Referral

- Mental health provider
- Physical therapy
- Orthopedic
- Cardiology
- Future quality improvement
 - Inter-professional collaboration
 - Community outreach

SUMMARY

- Obesity health problem
- Literature review
- Quality improvement
- Management by PCP
- Outcomes
- Further improvement





QUESTIONS?





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THANK YOU

Audience
Friends
Family
Faculty
Chair
Colleagues

Coming together is a beginning. Keeping together is progress. Working together is success.

-Henry Ford

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