



# GHAPP

Gastroenterology & Hepatology  
Advanced Practice Providers

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# Obesity: Lifestyle Modifications

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# Disclosures

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# Disclosures

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## **Amanda Chaney, DNP, APRN, FAANP, AF-AASLD**

Speakers Bureau: Mallinckrodt, Clinical Area- Hepatorenal Syndrome

Advisory Board: Salix, Clinical Area- Hepatic Encephalopathy

Author: Springer Publishing, Clinical Area- GI & Liver Disease

# Obesity in the Clinic

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- Weight topic is avoided
- <5% PCP visits are for weight management
- Over 70% of adults in the US with BMI > 25.3
- 90% with BMIs 30-35 without diagnosis of obesity

# Obesity Diagnosis

- **Body Mass Index (BMI)\***
  - Screening, not diagnostic
  - Core measure for documentation
  - $> 30 \text{ kg/m}^2$
- **Waist Circumference\***
  - 35 inches (89 cm) women/40 inches (101 cm) for men
- **Presence of Risk Factors**

\*Endpoints may differ by ethnicity  
Ryan & Kahan. 2019.

# Complications of Obesity

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- Hypertension
- Depression
- Obstructive Sleep Apnea (OSA)
- Gastroesophageal Reflux Disease (GERD)
- Elevated Liver Profile
- Hyperlipidemia
- Insulin Resistance
- Osteoarthritis
- Coronary Heart Disease

# Perceptions and Barriers

- Avoid the term “obese”
- Avoided labelling
- Barrier to rapport and trust
- Obesity is a disease





# American Association of Clinical Endocrinologists (AACE) Guidelines



# American Association of Clinical Endocrinologists (AACE) Guidelines – Treatment

**Meal Plan**  
**Activity**  
No obesity  
**Preventative Focus**

**Lifestyle Therapy**  
If lifestyle alone not effective, consider medications

**Lifestyle Therapy**  
**Medications** (BMI ≥ 27)  
Moderate-to-severe obesity may be treated effectively with moderate weight loss

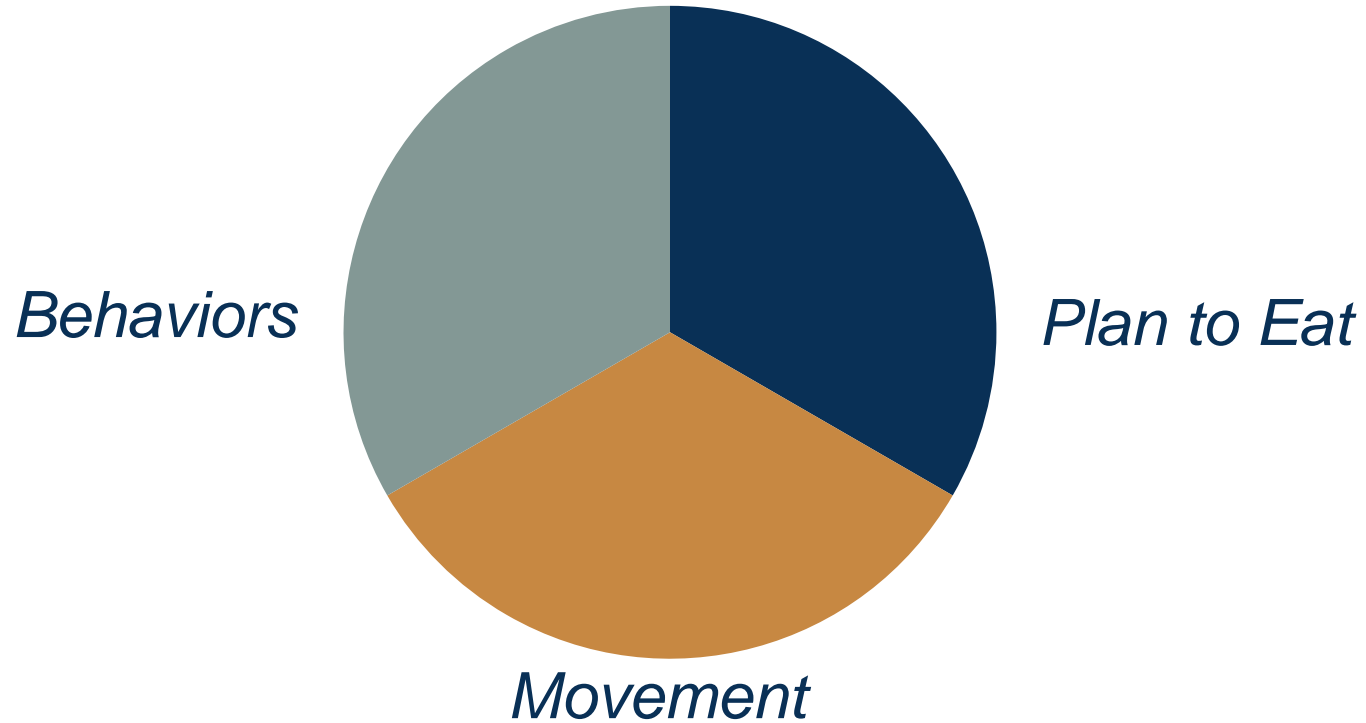
**Lifestyle Therapy**  
**Medications** (BMI ≥ 27)  
Severe obesity requires more aggressive weight loss for effective treatment  
**Surgery** (BMI ≥ 35)

BMI 25–29.9  
OVERWEIGHT  
BMI ≥ 30  
OBESITY

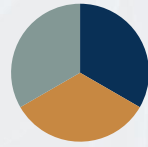
BMI ≥ 25

BMI ≥ 25

# Lifestyle Therapy



# Lifestyle Therapy



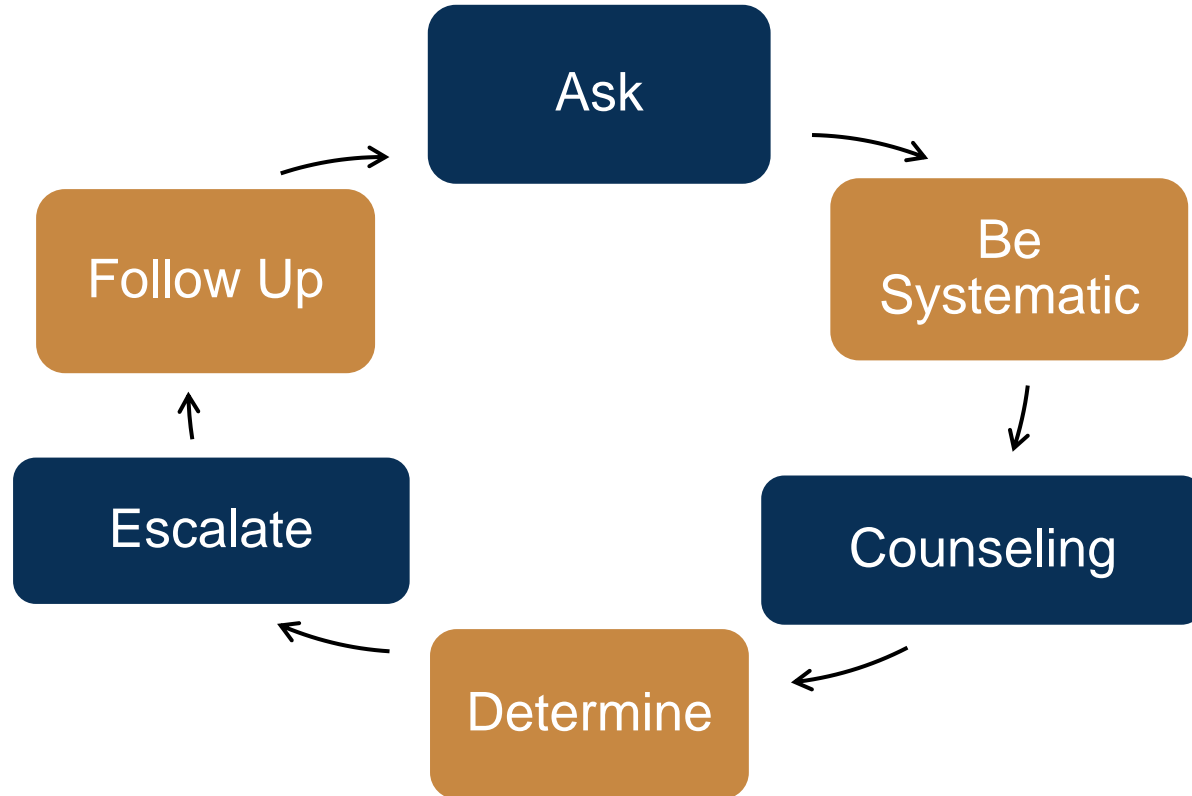
Plan to Eat	Movement	Behaviors
<ul style="list-style-type: none"><li>• Reduced calories (500 calorie per day reduction)</li><li>• Individualized plan*</li><li>• Options: Mediterranean, DASH, high-protein, low-carb</li><li>• Meal replacements</li></ul>	<ul style="list-style-type: none"><li>• Aerobic exercise 3-5x/w (goal = 150 min/week)</li><li>• Resistance training 2-3x/w</li><li>• Individualized plan<sup>+</sup></li></ul>	<ul style="list-style-type: none"><li>• SMART goals</li><li>• Education (nutrition, activity, stress reduction)</li><li>• Support groups</li><li>• Self-monitoring</li><li>• Motivational Interviewing</li></ul>

\*Based on religious/cultural preferences.

<sup>+</sup>Based on physical limitations.

Ryan & Kahan. 2019.

# An ABCs Approach



# 5 As Counseling Framework

Assess

Arrange

Advise

Assist

Agree



## ***ADAPT***

Attitude

Define the Problem

Alternative solutions

Predict consequences

Try out solutions

# CMS Reimbursement – Behavioral Therapy

- Limited to Medicare beneficiaries
- Only reimburses primary care practitioners
- Consists of 10-15-minute visits (maximum of 22 visits)



\*Patient must meet 3kg weight loss requirement within first 6 months.  
Fitzpatrick, et al. 2016.

# Motivational Interviewing – 5 Pillars



Empathy



Alignment



No Arguing



Adjust



Self-Efficacy



# Motivational Interviewing – Techniques

- Ask open ended questions
- Reflective listening
- Summarize
- Affirm
- Stimulate self-motivating dialogue

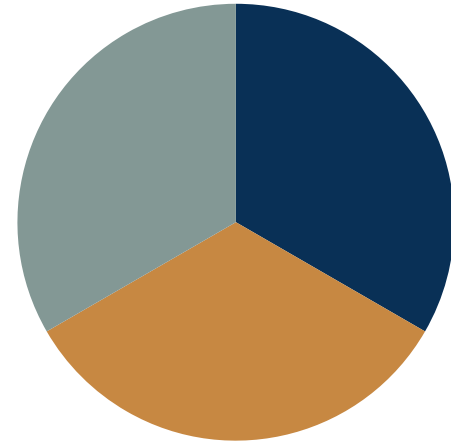


# Non-Pharmacologic Treatments

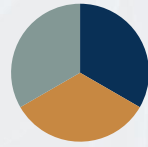
- Weight loss
  - Reduction of 500-1000 kcal/day
  - Moderate-intensity exercise (150-200 min/wk)
  - 3-5% improves steatosis, >7% NASH improved, >10% improved fibrosis
- Avoid alcohol consumption
- Aggressive modification of CVD risk factors
  - Dyslipidemia
    - Statins can be used to treat dyslipidemia (except in cases of decompensated cirrhosis)
  - Control DM (Hgb A1C < 6.5)
  - OSA

# Lifestyle Modifications

- Lifestyle Changes (Not a DIET)
  - Healthy food (more fruits and vegetables)
  - Healthy portions
  - Focus on carbohydrates
  - Protein with every meal
  - Coffee may be beneficial
- Set reasonable goals
- Refer to registered dietician
- Support group
- Positive focus
- Move



# Lifestyle Therapy



Plan to Eat	Movement	Behaviors
<ul style="list-style-type: none"><li>• Reduced calories (500 calorie per day reduction)</li><li>• Individualized plan*</li><li>• Options: Mediterranean, DASH, high-protein, low-carb</li><li>• Meal replacements</li></ul>	<ul style="list-style-type: none"><li>• Aerobic exercise 3-5x/w (goal = 150 min/week)</li><li>• Resistance training 2-3x/w</li><li>• Individualized plan<sup>+</sup></li></ul>	<ul style="list-style-type: none"><li>• SMART goals</li><li>• Education (nutrition, activity, stress reduction)</li><li>• Support groups</li><li>• Self-monitoring</li><li>• Motivational Interviewing</li></ul>

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# Malnutrition and Obesity

- Quality of nutrition
- Sarcopenia is common
  - Related to poor outcomes in post transplant setting
- NASH patient – most likely to be sarcopenic
- Nutrition consultation
- Muscle conditioning and strategic exercise (physical therapy)

# Conclusions

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- All providers should understand how to diagnose obesity
- Complications of obesity are serious and life threatening
- Avoid labelling and term “obese”
- Lifestyle therapy is the mainstay of treatment:
  - Plan to Eat
  - Move
  - Behavior Change
- Motivational Interviewing can lead to self-efficacy