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Prevention of Obesity-Related Morbidity & Mortality in Adults

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Prevention of Obesity-Related Morbidity & Mortality in Adults

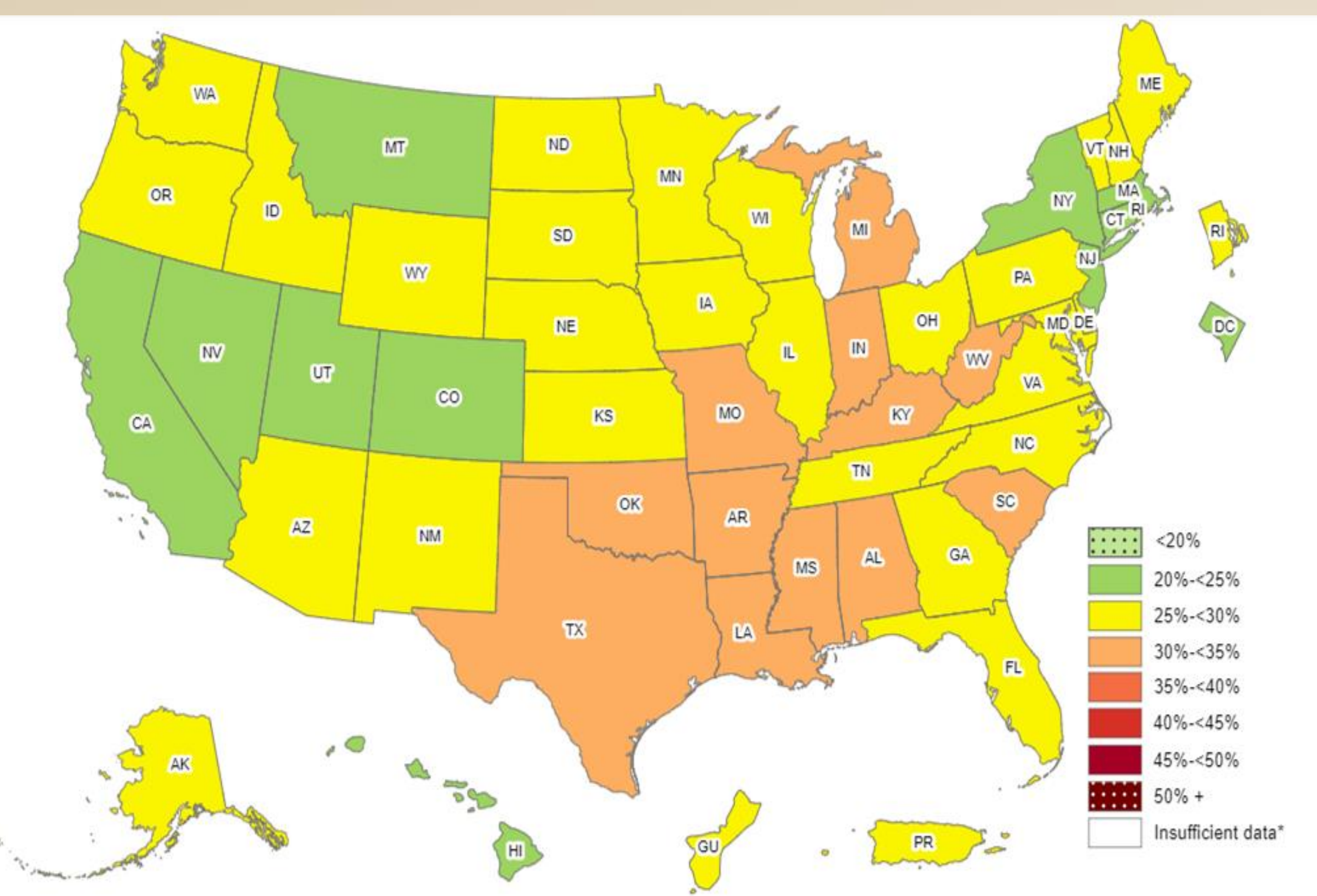
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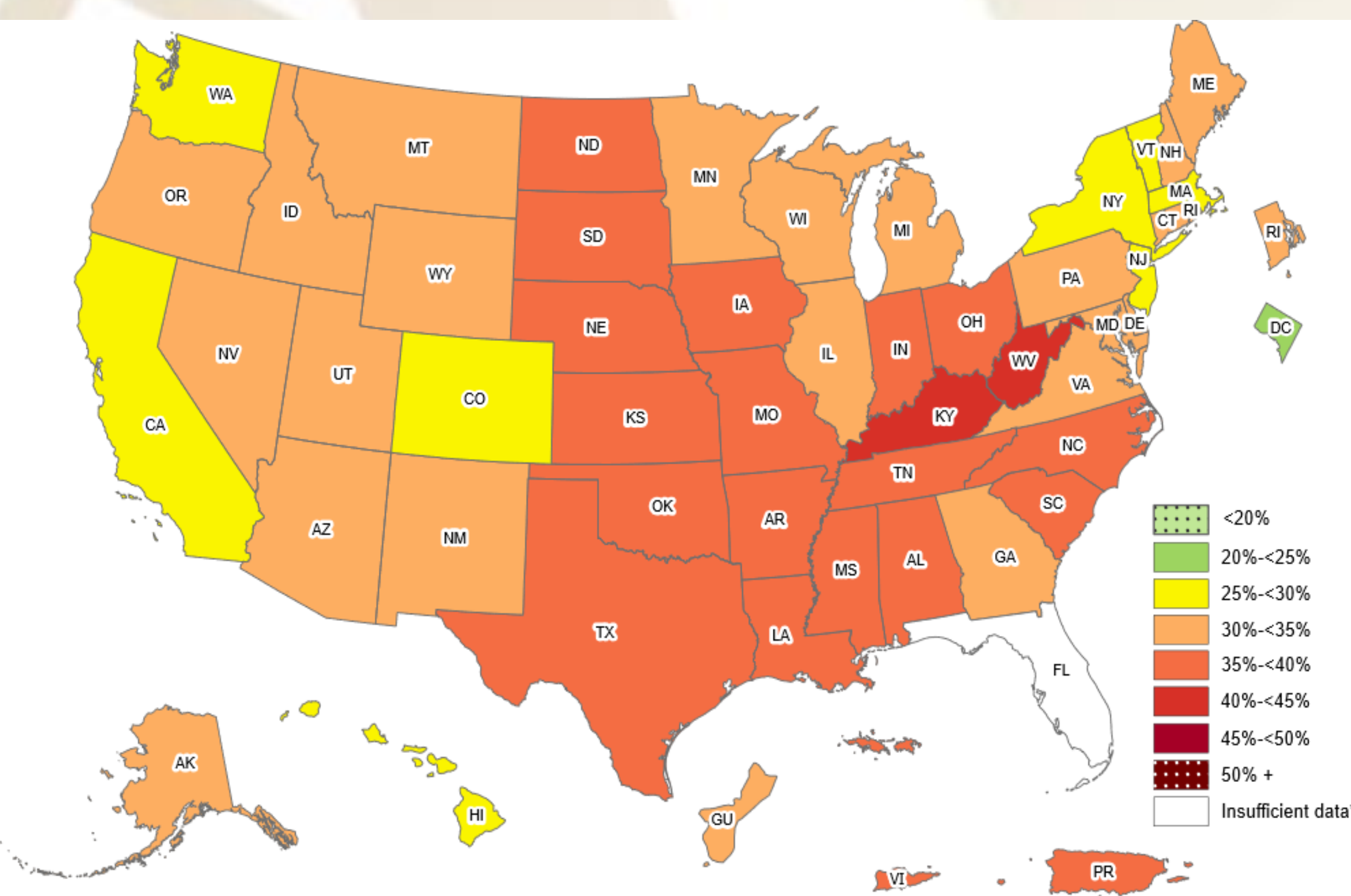
Standards of Care

United States Preventive Services Task Force Grade B recommendation: Providers should offer or provide intensive, multicomponent behavioral recommendations to adults with a body mass index (BMI) of 30kg/m² or higher (United States Preventive Services Task Force, 2018)

Figure 1. Comparison of the prevalence of self-reported obesity among U.S. adults by state and territory, BRFSS, 2011 & 2021 (Centers for Disease Control, 2022)



Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2011



Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2021

Intensive, Multicomponent Behavioral Recommendations

- Programs last 1-2 years
- Plans involve 12 or more sessions in first year
- Methods achieve or maintain ≥ 5% weight loss
- Providers encourage self-monitoring
 - Pedometers
 - Food scales
 - Exercise videos
- Patients utilize technology
 - Smartphone applications
 - Social networking
- Visits include sessions with interventionists (United States Preventive Services Task Force, 2018)

Helpful Resources for Providers

- Diabetes Prevention Program (DPP)- successful, longstanding, through CDC
- CDC National Registry list recognizes evidence-based local DPP programs
- Local hospitals often offer shorter behavior-based programs (Tello, 2018)

Obesity Treatment & Management

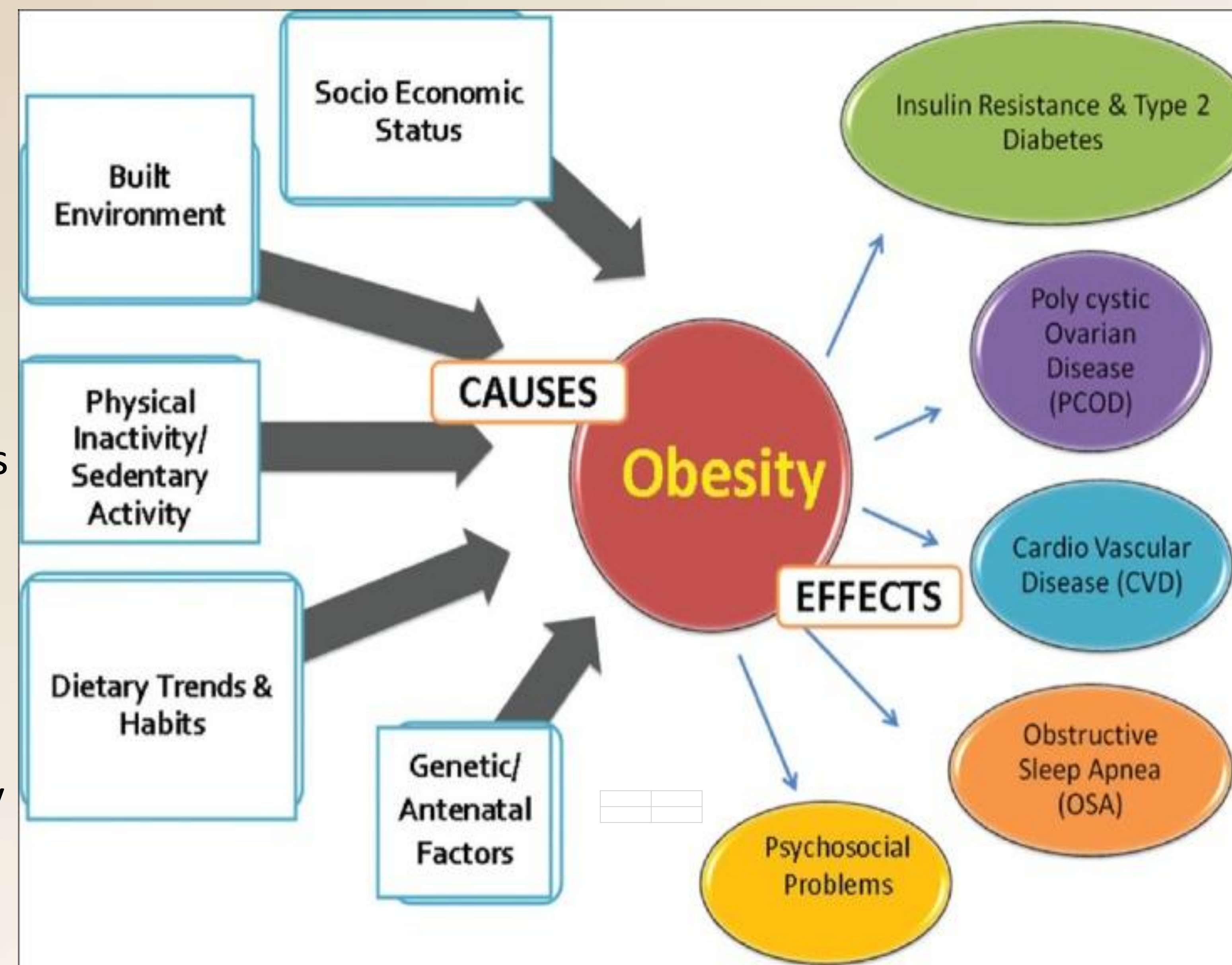


Figure 2. Obesity-complex condition with multiple causes and consequences (Ranjani et al., 2014)

Importance of Treating Obesity in Primary Care

- Strongly associated with chronic diseases such as coronary heart disease, type 2 diabetes, cancers, (liver, kidney, reproductive, and colon), disability, and an increased risk of death before age 65 (United States Preventive Services Task Force, 2018)
- Strong evidence that the onset of type 2 diabetes and cardiovascular disease can be delayed or prevented with lifestyle interventions and risk factor modifications (Patterson et al., 2020)
- Primary care providers report knowing lifestyle behavior change is important but cited a lack of skills, training, and uncertainty about effective and appropriate strategies for managing obesity (Patterson et al., 2020)

Quality Improvement Project: Management of Obesity

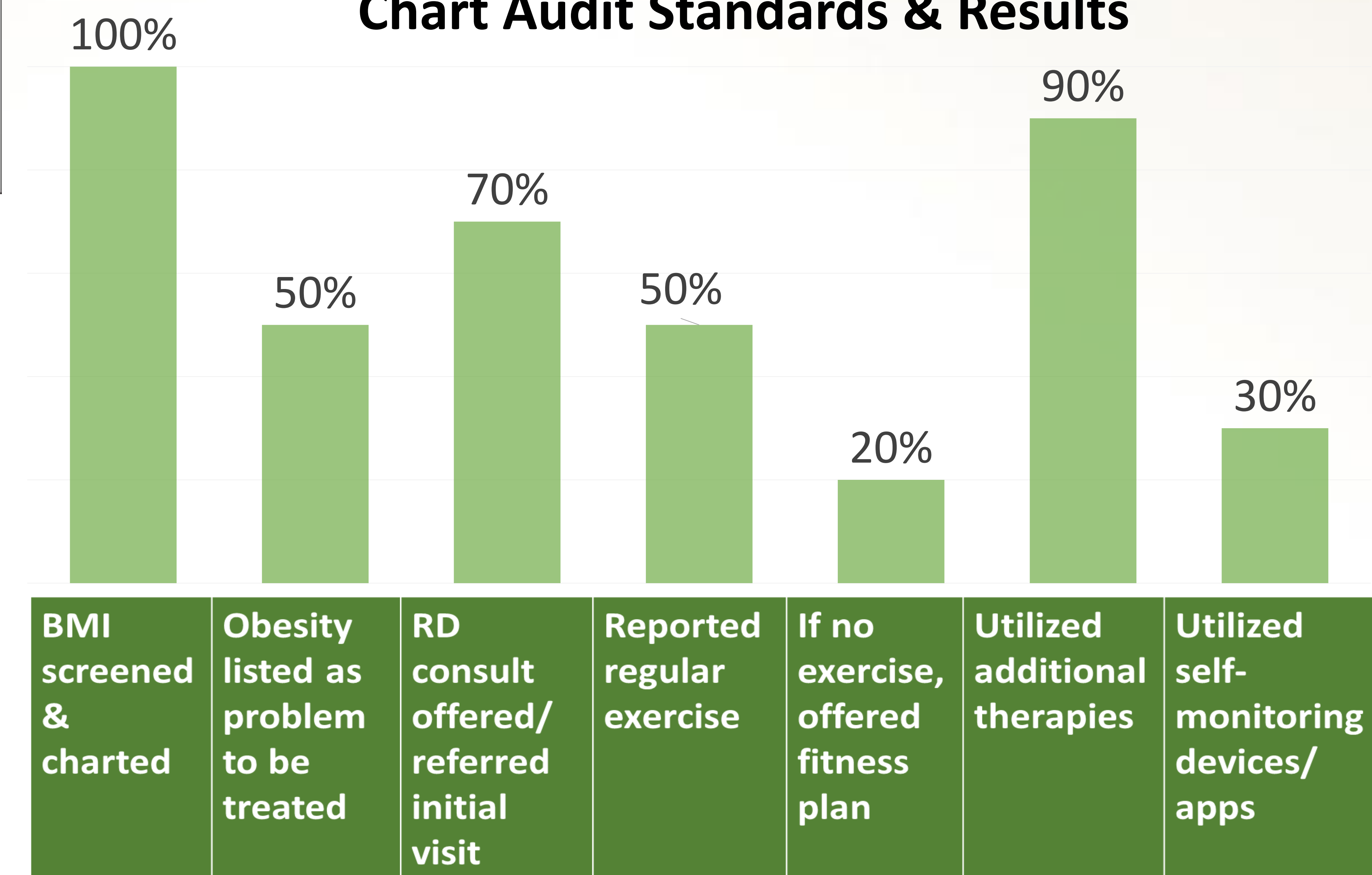
Clinical setting:

- Midwestern integrative adult health clinic
- Staff: physicians, nurses, dietitians, chiropractor, massage therapists, acupuncturists, and psychologist
- 123 electronic health records of returning patients were reviewed from dates 8/29/22-10/14/22

Summary of audit findings:

- 0.88/month: Mean number other integrative visits
- 0.19/month: Mean number dietitian visits
- Gain of 0.035%/month: Median weight change

Chart Audit Standards & Results



References