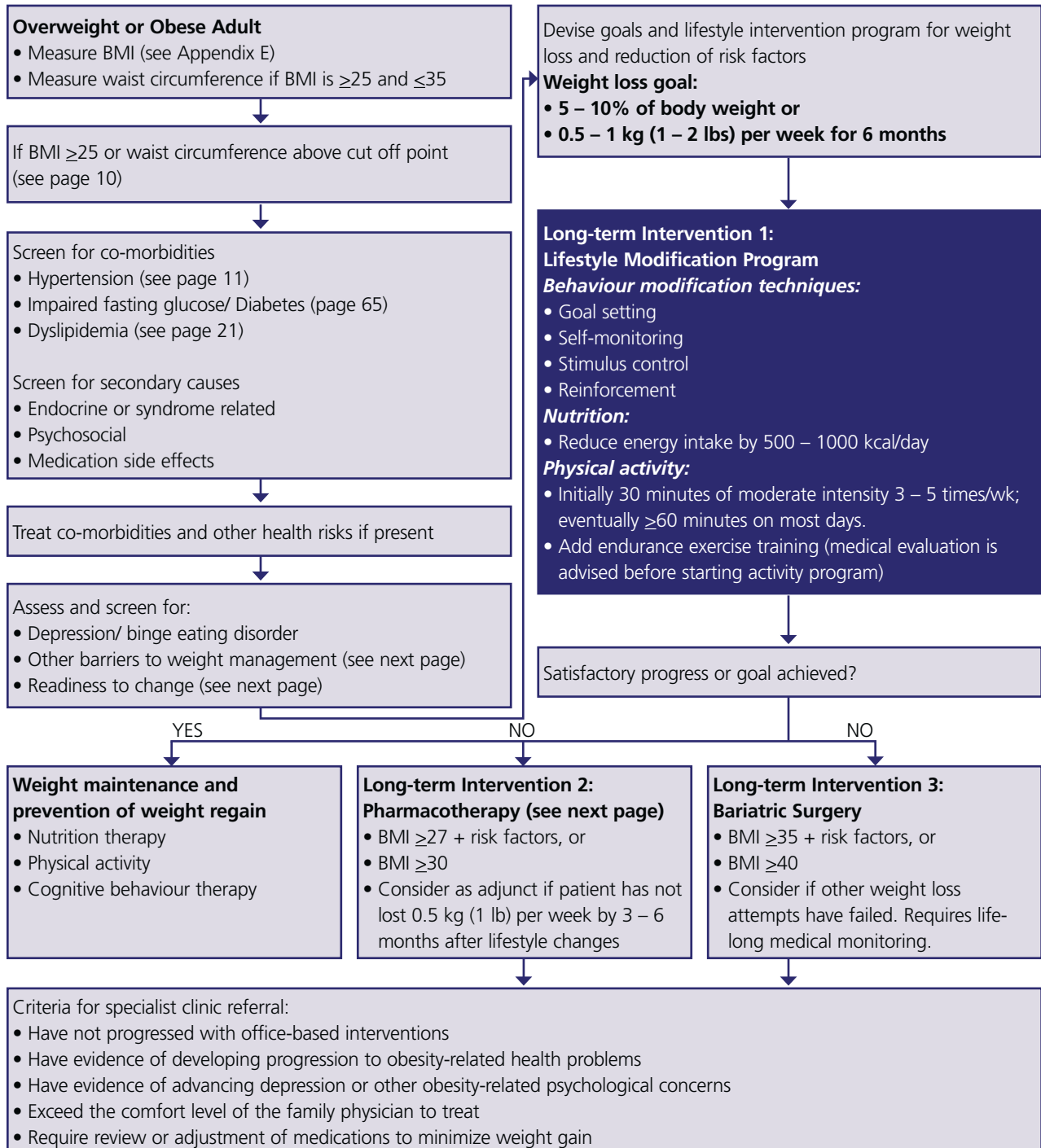




OBESITY & WEIGHT MANAGEMENT

Source: Adapted from Lau DCW, Douketis JD, Morrison KM, Hramiak IM, Sharma AM, Ur E for members of the Obesity Canada Clinical Practice Guidelines Expert Panel. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children [summary]. CMAJ. 2007; 176 (8): S1 – S14. ¹⁴

Excess weight is a chronic medical condition analogous to, but more prevalent than, hypertension. It requires long-term intervention. However, unlike hypertension, there are only three long-term treatments: lifestyle modification, medications, or bariatric surgery.





SUPPLEMENTAL INFORMATION

OTHER BARRIERS TO WEIGHT MANAGEMENT

Patients:

- May not be ready to take charge of their weight management
- May have sleep apnea which interferes with ability to plan and focus on health activities
- May be hypothyroid
- May be taking medications that result in weight gain, e.g.: tricyclic antidepressants, antidiabetic agents, corticosteroids

Health Care Professionals:

- May have knowledge gaps about the complex causes of obesity and effective and available treatment and management strategies
- May require new skills in assessment and intervention around readiness to change
- May need to consider chronic disease approach to support and follow-up throughout treatment

SCRIPT FOR A BRIEF OFFICE VISIT

"Can we take a minute to discuss your health and weight?"

"Your BMI weight is _____. People with BMI weight in this range are at risk for heart disease and Diabetes..."

"What do you think of this information?"

"What are your ideas on how you might make some healthy changes?"

"How ready are you to take the next step?" (Rate on scale 0-10. See below)

SCALE: 0 – 10

0 – 3: Not ready <i>"What might make you more ready?"</i>	4 – 6: Getting ready <i>"What might your next steps be?"</i>	7 – 10: Ready <i>"What is your plan?"</i>
<ul style="list-style-type: none"> • Acknowledge patient's decision • Address co-morbidities • Repeat with each visit at physician discretion 	<ul style="list-style-type: none"> • Advise 5 – 10% weight loss has significant benefits • Discuss treatment options (see community resources) • Discuss treatment priorities 	<ul style="list-style-type: none"> • Collaborate on treatment strategy and goals • Assess gaps in knowledge, barriers to meeting goals • Discuss strategies to increase physical activity • Discuss follow-up plan

PHARMACOTHERAPY

- Should be considered in overweight/ obese adults not attaining clinically important weight loss with lifestyle intervention
- Should be considered with overweight/ obese patients with Type 2 Diabetes or impaired glucose tolerance or other risk factors for Diabetes not attaining clinically important weight loss to improve glycemic control and reduce risk factors

Name	Class	Dose	Action	Adverse Effects
Sibutramine (Meridia, Reductil) *not covered by Ontario Drug Benefit (ODB) ~\$140/mth	Serotonin and noradrenalin uptake inhibitor	10 – 15 mg once daily in AM	<ul style="list-style-type: none"> • Enhances satiety • May ↑ thermogenesis • May prevent decline in energy expenditure with weight loss 	<ul style="list-style-type: none"> • Dry mouth • Constipation • Dizziness
Orlistat (Xenical) *not covered by ODB ~\$160/mth	Gastro-intestinal lipase inhibitor	120 mg; 3 times daily with each meal	<ul style="list-style-type: none"> • Inhibits pancreatic lipase • Reduces fat absorption by 30% 	<ul style="list-style-type: none"> • Abdominal bloating • Pain and cramping • Steatorrhea • Fecal incontinence

SURGICAL TREATMENT OF MORBID OBESITY:

- Is effective and safe therapy in morbidly obese patients (criteria: BMI >40 or >35 with co-morbid conditions)
- Contact The Ottawa Hospital Weight Management Clinic for referral information