A PCP-Obesity Specialist Collaboration Discussing the Most Undertreated Chronic Disease:

EVIDENCE-BASED OBESITY MANAGEMENT



Welcome to the worksheet portion of Med Learning Group's multifaceted continuing medical education program titled *Clinical Conversations Exchange: A PCP-Obesity Specialist Collaboration Discussing the Most Undertreated Chronic Disease: Evidence-Based Obesity Management.* In this brief activity, you will be presented with Points to Ponder, followed by two case studies and questions about each patient's care. We'll revisit these questions during your virtually live meeting, where you will have an opportunity to compare your to compare answers to those of your peers and explore these issues further with our faculty.

POINTS TO PONDER

•	How do you broach the topic of obesity with your patients with overweight/obesity?
<u>.</u>	Obesity is
	Due to a lack of education
	A complex, chronic, multifactorial disease
	Due to poor eating habits and a lack of exercise
	Other (please write your answer in the text box)
.	In your estimation, what percentage of patients who could benefit from obesity treatment is receiving it?



CASE STUDIES

Case #1

1. Is this patient a candidate for antiobesity medication?

Yes

No

I don't know

2. Why or why not?

3. If she is a candidate, which one would you select?

Case #2

1. Is this patient a candidate for antiobesity medication?

Yes

No

I don't know

2. Why or why not?

3. If he is a candidate, which one would you select?

Case Study: Sofia—Presentation

- Age 68
- Height 5'6" inches
- Weight/BMI:229 lbs/BMI 37

Current medications:

- Omeprazole 20 mg QD
- Zolpidem 5 mg QD at bedtime
- Duloxetine 60 mg QD



- History of GERD, insomnia, MDD, DJD of the left knee.
- Sedentary lifestyle.
- Needs knee replacement to allow her to return to activity. The surgeon recommends that she lose at least 10% of her weight to be eligible.
- Has tried many weight loss programs, all with all short-term benefits.

How would you manage this patient?

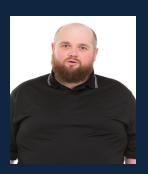
QD = once daily; DJD = degenerative joint disease; MDD = major depressive disorder; GERD = gastroesophageal reflux disease

Case Study: Marcus—Presentation

- Age 40
- Height 5'10" inches
- Weight/BMI: 252 lbs/BMI 36.2

Current medications:

- Lisinopril 30 mg QD
- Atorvastatin 80 mg QD



- Has tried many kinds of hypercaloric diets but is always frustrated by weight regain.
- History of hypertension and hyperlipidemia, both controlled.
- He tried phentermine and had palpitations, had diarrhea with orlistat, and cannot take buproprion due to a history of a seizure.
- Will not consider metabolic surgery as a friend died from surgery complications.

How would you manage this patient?

QD = once daily



