CLINICAL CONVERSATIONS EXCHANGE | **A PCP-Obesity Specialist Collaboration Discussing the Most Undertreated Chronic Disease:** EVIDENCE-BASED OBESITY MANAGEMENT

Welcome to the pre-program component of ***A PCP-Obesity Specialist Collaboration Discussing the Most Undertreated Chronic Disease: Evidence-Based Obesity Management***. In this clinical primer, you will be presented with Points to Ponder, dynamic animations on shared decision making and on obesity pharmacotherapy, supplemental slides on foundational elements of obesity management, and three case studies to consider.

POINTS TO PONDER

1. How do you broach the topic of obesity with your patients with overweight/obesity?

2. 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)

3. In your estimation, what percentage of patients who could benefit from obesity treatment is receiving it?

ANIMATIONS
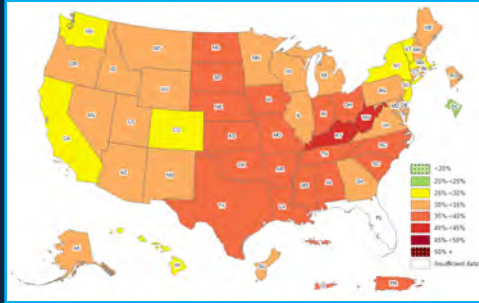
Click on each image to view

Shared decision making in the management of patients with obesity
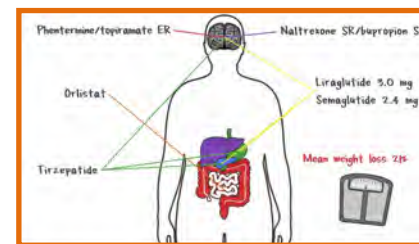
Obesity pharmacotherapy mechanisms of action

SUPPLEMENTAL SLIDES

Prevalence of Self-Reported Obesity Among US Adults by State and Territory, BRFSS, 2021

Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.
US = United States; BRFSS = Behavioral Risk Factor Surveillance System; SE = standard error.
CDC. Adult obesity maps (www.cdc.gov/obesity/data/prevalence-maps.html). Accessed 12/19/2022.

Approaches to Managing Patients With Obesity

- Managing complications of obesity
  - Metabolic
  - Cardiovascular
  - Obstructive sleep apnea
  - Osteoarthritis
  - Others

- Lifestyle change
  - Diet
  - Exercise

- Anti-obesity medications
- Bariatric surgery
- Endoscopic procedures

Bray GA, et al. *Endocri Rev*. 2018;39:79-132.

How Is Obesity Defined in Adults?

Weight status category	BMI (kg/m^2)
Underweight	<18.5
Normal weight	18.5 – 24.9
Overweight	25.0 – 29.9
Class I obesity	30.0 – 34.9
Class II obesity	35.0 – 39.9
Class III obesity	≥40

BMI = body mass index (weight in kilograms divided by height in meters squared, kg/m^2).
Centers for Disease Control and Prevention (CDC). Defining adult overweight & obesity, 6/3/2022
(www.cdc.gov/obesity/adult/defining.html). Accessed 12/19/2022.

How to Maximize the PCP/Obesity-Specialist Partnership

Most people with obesity will see the PCP
- Touch points are the greatest with the PCP

BUT

- Most PCPs lack immediate access to interdisciplinary teams
- Access to coverage for obesity medications

Recommendations

- Call on other specialists with the tools to help start and support the treatment
- Communicate needs and expected follow-up
- Provide ongoing touch points and support for the long haul

Misconceptions About Obesity

Obesity is NOT a disease

Obesity is a matter of willpower

Anti-obesity medications are ineffective or dangerous

Obesity does not require complex treatment—patients should just eat less and exercise more

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 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 #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: Marcus—Presentation

- Age 58
- 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

Case #3

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 Study: Cassandra—Presentation

- Age 34
- Height 5'1" inches
- Weight/BMI: 148 lbs/BMI 28

Current medications:
- Fluticasone propionate 200 mcg QD
- Albuterol 2.5 mg QID as needed

- 8 months postpartum.
- Weighed 114 before pregnancy.
- Distressed about baby weight not coming off.
- History of asthma.
- Has been reading about new weight loss drugs and would like to try one.

How would you manage this patient?