Family Practice Grand Rounds

Obesity and Weight Control

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Denver, Colorado

MS. DEBORAH THOMAS *(Faculty Nutrition Instructor, Department of Family Medicine)*: In the United States obesity is probably the primary public health problem. Blue Cross and Blue Shield estimate that "eating too much of the wrong foods" costs the nation $30 billion yearly.[1] In addition, Americans spent over $90 million in 1978 on quick weight-loss regimens and gadgets.[2] Family physicians are faced daily with patients for whom weight control is an important issue. To be of help to people who struggle with weight control, their perceptions, their needs, and their expectations must be understood.

Health professionals need to learn not only accepted methods of weight control but also what works from people who have been through attempting weight loss. What skills and knowledge do we need to meet the needs and expectations of those desiring weight loss? We planned this Grand Rounds in order to find the answers to these questions. Six clients from the family medicine center and two representatives from weight control programs have been invited to relate to us their experiences and their thoughts regarding weight loss.

DR. RICHARD E. ANSTETT *(Assistant Professor, Department of Family Medicine)*: The key to this sort of discussion is open conversation to help us find out from people with experience in weight control what it is like to go through that experience and what physicians can best do to help.

MS. THOMAS: What was the major factor that motivated you to lose weight?

MRS. DIANA DEGOEY *(Patient)*: We have a long line of diabetes in the family on both sides, and I have been diagnosed as being borderline diabetic. I did not like the idea of having to use insulin.

MR. BOB MOONEY *(Patient)*: Four months ago, I was told that I had high blood pressure at a health fair, and that really scared me.

MS. CHRISTY FLESCHER *(Patient)*: My high school reunion was coming up and that motivated me to lose weight.

MRS. JOAN HALL *(Patient)*: I needed to lose weight to improve my self-esteem. I felt very bad that I could not keep myself from gorging on foods and gaining excessively. Weight loss would improve my self-esteem.

MRS. RAYE SIMMONS *(Patient)*: I went through a period of depression after the last of my nine children left home. I decided that one way to rid myself of my depression was to lose weight.

MS. THOMAS: You've mentioned that increased self-esteem and health issues are motivators that the family physician may want to use to help you with weight loss. However, if a patient is not ready to lose weight, and the physician or the nutritionist would like to encourage weight loss, how should they best approach the subject?

MRS. HALL: Someone is not going to lose weight until he wants to. If your patients are not ready, acknowledge that, and deal with the other things of concern to them, coming back to weight reduction later. Find out where they are in their lives and what stresses they are under. When I'm on a diet, it's an added pressure.

MRS. CAROL GREEN *(Representative from*

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Weight Watchers): Food may be serving a function that is unrelated to its function as a source of energy. Your clients may be dealing with food to feel better, or to punish themselves, or to get attention. When a person is unconsciously solving his problems through eating, there isn't anyone who's going to be able to motivate him to change. The physician or nutritionist might try to help him see what is happening, but the initial problem must be dealt with first. A fur coat or a new wardrobe may not be motivators if that person isn't ready to tackle weight loss. Only after a person decides that he is tired of being fat (I spent 22 years being overweight) and really wants to find some kind of solution will he be willing to make the necessary tradeoffs.

DR. JEFFREY EMORY *(Porter Memorial Hospital Weight Program)*: A person will slowly become ready to change, and any thing that health practitioners can do to cause that person to take another step may help. Having a nutritionist or physician who cares helps to build another stepping stone.

DR. ANSTETT: That's an excellent point. The physician or nutritionist can determine whether the client is ready for weight loss. If the patient is not ready, what are the other stresses that must be dealt with first? What experiences have you had in the past that didn't work?

MR. MOONEY: One physician I was seeing grabbed my stomach and told me I was a little fat around the middle and could probably take off ten pounds. That really turned me off. I knew I was fat, but I didn't want someone grabbing me and telling me that. It was a very impersonal and humiliating approach.

MRS. GREEN: I have been overweight since I was seven years old. Every time I went to my personal physician, I was given a prescription for diet pills. I was never counseled for a diet or told to change my eating patterns. Incidentally, the diet pills never worked for me.

MRS. HALL: Lecturing, coming across as a parent, or implying that an overweight person is stupid is definitely a turnoff. Any approach to weight loss counseling must be done on a caring basis.

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MRS. DEGOEY: I went to a physician and filled out a form; he gave me pills. It was a very impersonal thing.

MRS. HALL: I think oversimplification is a problem. My father is a physician, and he would say, "If you would just watch your calories, it's just a matter of calories and control," over and over, ignoring the emotional aspects. There are reasons for a person's doing what he's doing, unconscious or not.

MS. THOMAS: Perhaps the health professional who comes across as noncaring, impersonal, and oversimplifying doesn't understand the complexity of the issue. For example, food can mean different things to different people. What are the types of things food means to you?

MRS. HALL: I think people use food as a reward for themselves and their children. The statement, "If you're a good girl, I will give you some candy," teaches the association—good girl equals candy equals food.

MR. MOONEY: I'm training to be a pastor. If any of you are involved with churches, you know that every activity is centered around food. When I make house calls, usually three or four a day, and the people know I'm coming, most of them bake cookies. It's very difficult to say "No thank you," because that implies that you are being rude. One of the ways to deal with that is simply to be frank. I say, "No thank you, I'm trying to lose weight." Everyone is on a diet, but if you can say that you're under some kind of medical supervision for it, I think that can work.

MS. THOMAS: So specific foods, usually sweets, are used in social situations. Preparing food for someone means showing love, gratitude, or affection, and declining to eat the food offered equals rejection.

MR. MOONEY: Yes. People have responded well to my explanation, and they are a lot more sensitive to my weight issue now.

DR. EMORY: Another aspect of our society is the message of advertising. Drive down the street and look at the billboards. Look through a woman's magazine. There is page after page of cookies and cakes.

MRS. SIMMONS: Try watching television when you're on a diet!

MRS. GREEN: The messages there are not just in the food, but how it's used. If you want to keep your husband at home, serve him dougnuts for breakfast. If you want to show that you really love your children, serve them coffee cakes with butter. It's not just the food. It's the whole concept.

MS. FLESCHER: My grandmother was not an affectionate woman. She could never say, I love you. The way she showed her love was to cook for me. If she found out that I liked something in particular, it was always there. And it's the same with me. I say I'm going to love myself today, so I go out and eat. It's really hard to fight that.

MS. THOMAS: What about the people who have families? How do you integrate their eating into your new eating habits? What happens if your family is buying foods that are a problem for you? Does this make it more difficult for you?

MRS. HALL: Yes, it does make it difficult. I've left the room! I'll either go and listen to music or read a book, but I have to leave, it's just too tempting. If I sit there and talk with the children while they are eating their goodies, I'll eat too.

MRS. GREEN: Some husbands or wives are tremendously helpful, but there are situations in which one spouse is threatened by the other losing weight. If the wife or husband becomes attractive, then perhaps they're going to lose them. When this happens, the threatened spouse can sabotage the other individual. The physician and nutritionist should be alert to this and encourage the patient to bring a spouse to discuss how he or she can be helpful and supportive. Sabotage is a problem that often defeats the individual trying to lose weight.

MRS. SIMMONS: Sometimes when my husband says, "Don't eat that," and tries to help, it makes me react the other way. Sometimes I catch myself eating just to show him that he really doesn't have control.

MRS. GREEN: There is a behavior modification aspect to that. Sometimes a spouse will pay no attention while you are doing everything right, but you're criticized for any transgression. You respond with anger, but what you're really angry about is that you've received no recognition for hard work. I think we have to teach our husbands and wives how to help us.

MRS. DEGOEY: One way in which a family practice clinic is better than other clinics is in care for the family. In time my husband was able to

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MR. LYLE SMITH *(Patient)*: My blood pressure came down after I started exercising. I'm older, and I want to enjoy my old age in good health. That was my incentive.

MRS. GREEN: Exercise is like dieting. It elicits the same negative reaction. The Weight Watchers' exercise program is optional. The research we did before starting the exercise plan showed that the hostility level toward exercise was very high among overweight people. It had to be optional or people would not start the weight reduction program. A positive approach and encouragement works best. Exercise is a change, and the first step is the hard one. Once you start exercising, it's easy. You really enjoy it. You feel good, and you realize that the negative concepts you had about exercise were wrong.

DR. RALPH FILLINGAME *(Third-year family practice resident)*: In regard to the professional's role in weight reduction, does it make sense for you to pay physicians or counselors money to see them when it's your effort that counts? The ball is in your hands. You have to be motivated, and you have to lose the weight. Why do you need a physician or nutritionist to help?

MR. MOONEY: Everyone needs a good support system. I couldn't have lost the weight by myself. I'm single and live by myself. I don't have any real support system. Feedback, such as, "I can tell you're losing weight," is like therapy to me. It's really beneficial to be able to come in and relate what happened this week, to say I'm not sure how to deal with it, and ask if you have any ideas. Just to come in and get some positive strokes helps. I'm paying you for re-education, as I paid to go to college. Also, my appointments help keep me on track.

MRS. GREEN: Those who are overweight have developed a lifestyle that contributes to obesity, and they need some direction to turn this around. Perhaps appropriate support systems may not be available in the home.

MS. THOMAS: You've given us a tremendous amount of insight into the emotional and social aspects of weight reduction and how we can improve our counseling skills. Is there any final advice that you would like to give to people who come in for a weight loss program?

MRS. GREEN: There is too much negativism tied to the concept of dieting—starvation, self-denial and self-pity. It's important to recognize that there are ways of losing weight that are not negative, that can be constructed in very positive ways.

MRS. DEGOEY: It would be helpful to evaluate what a person is eating and how to handle problem foods and alter some of the habits that are related to eating. It is important to help the client to begin to work to adjust the overall plan and tailor a program to the individual's need. My program to lose weight, to deal with stress, fit me perfectly, and it worked.

MRS. FLESCHER: Assume that people might be intelligent. Being fat doesn't mean that I'm stupid. I'm fat for a reason, and I know that.

MRS. GREEN: There should be more emphasis on the need to change habits in addition to changing what we eat. We need to learn to eat more slowly, shop more wisely, locate the foods in our house more carefully. We need to find alternatives to eating. It is also important to develop an ability to say "no thank you" to somebody offering food.

MR. MOONEY: When I was dieting without help, the weight always came back. The thought of dieting became an endless cycle. It doesn't matter if I start, I'm going to fail; I've failed so many times, what's going to make this time different? When I started to look at weight reduction, not as a diet, but as a result of re-education in how to eat, there was a difference. In six months I lost all the weight I wanted to lose. I don't have to go back to my old habits. I've re-educated myself so that dieting is a lifestyle now. Dieting is not merely a temporary adjustment, and in some ways that made it easier.

MRS. DEGOEY: I was a very negative person. When I came here the physician and dietitian started giving me positive comments. I think the majority of overweight people are very negative people, not very self-confident. They need definite positive comments.

MR. MOONEY: I think that whole idea of caring made the difference. My physician cared about me as a person and gave me a lot of positive feedback and positive strokes. Even in times when I was down on myself, the nutritionist and physician would encourage me.

MRS. GREEN: It's very painful to be overweight and most of us have very little self-

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confidence. American society considers obesity a stigma. A fat person is characterized as lacking self-control and being undisciplined. I think that sensitivity and caring are very important.

MR. MOONEY: One of the things that I think helped me was getting in touch with other things to do. I would eat when I was tired, depressed, and when there was nothing to do. Helping me see my patterns was really important for me. But then what do I do from there? I needed to come up with some other alternatives, ways that I could go about dealing with my stress, dealing with those times when I don't have anything to do. Working with those issues got me running, which has to a great extent taken the place of eating. Another aid was understanding behavior modification. I started keeping charts, records of my calories, and my weight loss. I still have a picture on my refrigerator door of a fat person and a skinny person with the caption, "The Choice Is All Yours." I am very aware each time I go to the refrigerator, and that has modified my behavior quite rapidly.

MRS. HALL: If there were anything that I could say to help practitioners, it would be to treat me as a total person. Find out what's happening in my life and what's good for me before you start giving suggestions. Let me talk. Find out what works for me, what motivates me. Get some ideas and be supportive. If I think you care about me as a total person, that's the key.

MS. THOMAS: I think that this has been an enlightening and positive experience. Thank you all for coming and sharing your thoughts and experiences with us. You've contributed a lot of suggestions from which we can make improvement.

DR. STEVEN R. POOLE *(Assistant Professor, Department of Family Medicine)*: I'd like to summarize briefly what's been said here today. Most of you choose to lose weight either for health reasons or to improve your self-image. Some of you had medical problems that were related to your weight; others were trying to prevent health problems that ran in your family. For most of you self-esteem was low initially, and you reached a point where you simply wanted to look better and feel better about yourself.

You have suggested to us that health-care providers assess whether our patient is really motivated to lose weight; and if he is not, then acknowledge that and try to assist him with other issues in his life. You suggested that helping an overweight patient handle other problems and reduce stress will make it easier for him to deal with his weight later. You have also said that active listening, empathy, understanding, and positive reinforcement on the part of the health professional helps a great deal.

You have said that physicians or nutritionists who use embarrassment or lecturing have not been helpful. Impersonal diet pill prescribers or people who offer simple platitudes and advice are also not helpful. We need to deal with your reasons for overeating and help educate you to make major and lasting lifestyle changes.

We discussed several of the reasons people overeat. People often use food to reward one another or to show that they care. Food is used to enliven social situations. Some people use food to make themselves feel better. We are bombarded with the advertising message that to keep loved ones and to fit into society, you must share high-calorie foods.

The whole family can be very influential in the success or failure of one member who is trying to control his weight. You suggested including the spouse in counseling to enlist his or her help, deal with his or her feelings, and make suggestions regarding supportive activities.

We discussed exercise as a crucial aspect of weight control. You suggested helping people choose an activity they enjoy and introduce it as a positive addition to their lives rather than just a way of losing weight.

Patients are willing to pay their family physician or a nutritionist for help with weight control and for support.

You have recommended a number of very specific suggestions or techniques that work. In general, a caring professional who helps you select an individualized approach works best.

References

1. Blue Cross-Blue Shield: Young P (ed): 100 things to watch out for . . . in your quest for a long, healthy life. Perspective 12(3):19-31, 1977

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