



Roadmaps for Clinical Practice

Case Studies in Disease Prevention and Health Promotion

Assessment and Management of Adult Obesity:

A Primer for Physicians

Dietary
Management

4

Dietary Management

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Medical care is determined on the basis of all the facts and circumstances involved in an individual case and is subject to change as scientific knowledge and technology advance and patterns of practice evolve. This publication reflects the view of the experts and reports in the scientific literature as of 2003.

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Preface

In the United States, increasing trends in morbidity and mortality related to chronic diseases and injuries have led the American Medical Association (AMA) and others to address strategies for promoting health and preventing disease and disability. Over the past decade, the AMA has launched national campaigns against violence, alcohol abuse, and tobacco use. Recently, the AMA launched national programs to address low health literacy, patient safety, and disparities in health services and outcomes.

To further address the health challenges facing our nation, the AMA is developing a series of case-based publications for physicians as part of a new program titled *Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion*. The Roadmaps project fulfills an AMA and US Department of Health and Human Services (DHHS) partnership established through a Memorandum of Understanding (MOU) signed by both organizations in the year 2000. The series concentrates on the *Healthy People 2010* objectives, which were developed by the US Public Health Service to help professionals address the leading causes of morbidity and mortality in this country. The series also supports the goals of the DHHS *HealthierUS* initiative which was established in 2003 to help Americans lead longer, better, and healthier lives. This primer, produced with support from The Robert Wood Johnson Foundation, is part of the Roadmaps series.

The Roadmaps series aims to help physicians prevent or reduce injury and chronic disease through early detection and disease management in addition to promoting healthier lifestyles through their medical practices and communities. Emphasis is directed at promoting personal behaviors that have both immediate and long-term health benefits and at modifying behaviors that cause the greatest burden of suffering. According to the US Preventive Services Task Force, counseling patients about personal health practices (smoking, diet, physical activity, drinking, injury prevention, and sexual behavior) remains one of the most underused but important parts of the health visit.

This primer focuses on the rising prevalence of a serious, chronic health condition—obesity. Two weight-linked behaviors—physical inactivity and unhealthy eating—are given important consideration. It is estimated that 300,000 preventable deaths occur each year in the United States due to diet and physical inactivity, both of which contribute to obesity—only tobacco use causes more preventable deaths in this country. Growing scientific consensus on the health risks of physical inactivity and improper diet mandates that physicians become informed and prepared to assist patients in leading more active and healthy lives. Physicians have an important opportunity to encourage improvements in health behaviors and outcomes, including influencing motivation and success with weight loss treatment. **It is never too late to start and have a favorable impact on health. Patients of all ages can and will benefit.**

We encourage you to review this primer and to participate in the accompanying continuing medical education (CME) program. Please also take some time to complete and return the evaluation form that accompanies this primer. Your feedback is valuable for updating this publication and for planning future physician education programs. We invite you to use these resources and take action—in your practice and community—to promote healthier lifestyles among your patients, colleagues, and neighbors.

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Objectives

This primer is designed to educate primary care physicians about providing medical care to overweight and obese adults. It is presented in a modular format to facilitate its use as an educational and teaching tool. Patient scenarios are included for self-evaluation and to reinforce information presented. A continuing medical education (CME) component worth 4.5 credit hours is also offered. After completing this program, physician participants should be able to:

- identify overweight and obesity in their patients
- describe the medical and public health implications of adult overweight and obesity and identify opportunities for patient, family, and community intervention
- incorporate assessment and management of adult overweight and obesity into their clinical practices
- identify specific patient comorbidities and health risks that are caused and/or exacerbated by overweight and obesity that may interfere or even contraindicate treatment
- understand the appropriate application of diet, physical activity, behavior changes, pharmacotherapy, and surgery in obesity treatment
- locate information about culturally and linguistically appropriate strategies and resources to prevent and treat adult overweight and obesity
- enhance personal and office practices to optimize sensitivity to the needs and concerns of overweight and obese patients

This primer is not intended to function as a clinical guideline, standard of care, or definitive resource for the assessment and management of obesity. However, more detailed information is available in the references and resources listed in each booklet of this primer.

Case presentation

Carolyn, a 48-year-old female, makes an appointment to see you complaining of low energy and arthralgias of her knees. She has no known medical problems and has not seen a doctor for several years.

During the social history, Carolyn tells you that she has a sedentary job as a customer service agent for a large telephone company. She recalls gaining about 20 pounds per decade since her early 20s and is now at her heaviest weight. Carolyn is divorced and is raising two boys, ages 10 and 15, both in good health.

On exam, Carolyn's weight is 208 pounds, height 66 inches, and waist circumference 38 inches. Her blood pressure and heart rate are 128/82 and 80, respectively. Her fasting labs are normal. You note that her BMI is 34, which places her in Class I (mild) obesity. The increased waist circumference places her at even higher risk for diseases associated with obesity.

When you explain that weight loss can help her improve her health, she seems open to this idea, stating, "I know I need to change things. I want to be around to raise my kids." She asks you for help in getting started.

The first line of treatment for overweight and obesity is lifestyle management, including dietary and physical activity management. Physicians may find it difficult to provide this care in the office setting due to limited time during the office visit, lack of training in behavioral and lifestyle counseling, and other factors.¹

Although dietary management may seem time consuming and daunting, the use of simple office tools, targeted messages, and treatment protocols, along with the involvement of trained office staff, can facilitate this important aspect of obesity care.

This booklet focuses on dietary management, including how to perform a dietary assessment, formulate eating strategies, direct patients toward nutrition resources, and approach a follow-up visit.

How do I take an informative dietary history?

Dietary management begins by taking a thorough diet history. Understanding your patients' current dietary patterns includes identifying existing or potential barriers to change. Dietary patterns and barriers are important both to appreciate the factors that have contributed to obesity, as well as to target behaviors for modification.

A dietary history can be obtained through one or more of the following three methods. It is important to identify the method (or combination of methods) that works best for you based on your practice environment and counseling style.

Ask your patients to complete an Eating Pattern Questionnaire The Eating Pattern Questionnaire (see Figure 4.1) saves time if your patients can complete it at home or in the waiting room. Alternatively, you can use the questionnaire as a structured

guide for taking a dietary history during the office visit. After the questionnaire has been completed, scan it quickly to identify overall dietary patterns and areas of deficiency or excess. For example, if your patients' questionnaires indicate that they regularly skip breakfast and drink high-calorie sodas but rarely eat vegetables, multiple targets are readily apparent to consider for dietary intervention.

Ask open-ended questions during the patient interview The open-ended questioning technique is a convenient method to use during all patient interviews. You (or your office staff) can use this technique by asking your patients to describe a typical day as follows. "I'd like to learn more about your diet.

Can you tell me what you eat on a typical day, starting with the first thing in the morning and ending with when you go to sleep at night?" This nonjudgmental approach is important because it allows patients to reveal their dietary patterns without guilt or embarrassment. If, for example, you asked your

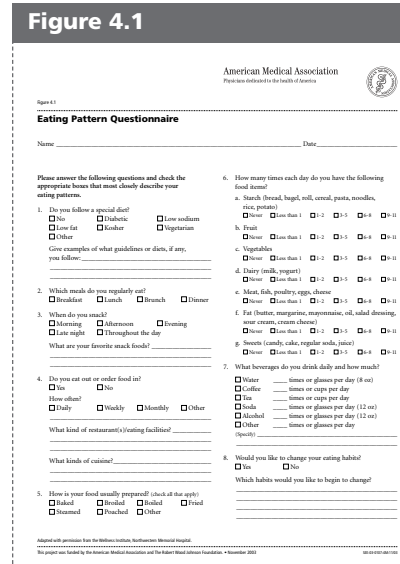


Figure 4.1 and other reduced size figures are shown at full size beginning on page 22.

Figure 4.3 Applying the Transtheoretical Model, or Stages of Change (SOC) Model, to Dietary Management

Stage	Behavior	Counseling objective	Counseling strategies
Precontemplation	Patient has not thought about making dietary changes	Increase patient's awareness of benefits of healthy dietary choices	<ul style="list-style-type: none"> Educate patient about the components of a healthy diet Explain to patient which food choices are "healthy" and "unhealthy" Ensure that patient understands that calorie reduction is essential for weight loss
Contemplation	Patient has thought about making dietary changes and understands the benefits	Increase patient's awareness of barriers to healthy dietary choices and strategies for overcoming these barriers	<ul style="list-style-type: none"> Reinforce progress Ask patient to complete a 3 to 7 day food diary (Figure 4.2) Encourage patient to think about causes of current dietary patterns and potential barriers to change
Preparation	Patient expresses readiness for change	Help patient develop a plan to make healthier dietary choices	<ul style="list-style-type: none"> Reinforce progress Help patient develop realistic goals for dietary changes Help patient develop specific strategies for reaching these goals
Action	Patient is implementing dietary changes, but has been doing so for less than 6 months	Encourage patient to consistently make healthy diet choices	<ul style="list-style-type: none"> Reinforce progress Educate patient about food choices and food portions Encourage patient to monitor dietary changes by keeping a food diary Review patient's barriers to making dietary changes
Maintenance	Patient has made long-term dietary changes, lasting 6 months or longer	Encourage patient to maintain a consistently healthy diet	<ul style="list-style-type: none"> Reinforce progress Review patient's food diary periodically Discuss new obstacles to maintaining a healthy diet (such as dining at restaurants) and help patient develop solutions

What are the current recommendations for dietary management?

The primary principle of dietary management for weight loss is calorie reduction. The National Heart, Lung, and Blood Institute (NHLBI) *Guidelines* recommend initiating dietary management with a low-calorie step 1 diet to produce a calorie deficit of 500 to 1,000 kcal/day. This type of reduction typically results in a loss of 1 to 2 lb/week and has been shown to reduce total body weight by an average of 8% over 3 to 12 months.³

Although the *Guidelines* recommend a diet of 1,000 to 1,200 kcal/day for most women and 1,200 to 1,600 kcal/day for most men, there is little value in calculating your patients' current caloric intake. Food diaries and the recall method typically underestimate actual caloric intake and are best used to identify your patients' dietary patterns.⁴ Furthermore, simply telling your patients to adhere to or eliminate a certain number of calories each day is daunting and unlikely to result in significant long-term effect. Rather, it is more effective to use the food diary to focus on dietary substitutions and portion sizes, in other words, what your patients can eat, drink, or do more often to reduce the total number of daily calories.

As you and Carolyn review her food diary, you explain that in order for her to lose weight, it is important for her to consume fewer calories. You tell her that her food diary can help the two of you develop healthy options for her diet.

What are some approaches to calorie reduction?

As you or your office staff help your patients develop personalized strategies for dietary change, remember that the goal is progress, not perfection. It is best to help your patients develop simple and clear plans for making small, sustainable changes in eating patterns.⁵ As your patients successfully incorporate each change into their dietary patterns, work together to develop plans for further dietary changes.

In developing plans for dietary changes, the following approaches may be helpful for you and your office staff to use.

Tell your patients to eat more of certain foods Rather than telling your patients to eat *less*, recommend that they eat *more* healthy foods. For example, recommend that your patients eat more fruits and vegetables, consume 25 to 30 grams of dietary fiber each day, eat more whole grain cereals, eat lean cuts of meat and skimmed dairy products, and drink more water.

Emphasize the importance of regular meals Your patients may need to be reminded about the importance of setting regular times for meals and trying not to skip any. Skipping meals can lead to bingeing and overeating later in the day. If your patients cite limited time as a barrier to regular meals, recommend that they keep healthy snacks (such as popcorn) or meal replacement bars (described below) available for easy access.

Recommend dietary substitutions Your patients can make dietary substitutions to achieve a calorie deficit without changing their entire diet. Practical examples of diet substitutions include choosing fruit instead of potato chips; water instead of soda; low-fat versions of salad dressing, sour cream, or cheese; and baked instead of fried foods. Your patients should introduce substitutions slowly and continuously to prevent feelings of deprivation.

Introduce the concept of portion control If your patients enjoy certain high-calorie items, they can continue eating many of these foods if they eat less of them. Reducing portion size is an effective way for your patients to reduce calories while still enjoying favorite foods.

Encourage awareness of triggers to eating Various activities and environments may trigger eating and overeating. Encourage your patients to be aware of these triggers and take steps to either avoid them or substitute unhealthy eating opportunities with nutritious eating opportunities. For example, your patients can stock their office desk, refrigerator, and kitchen cabinets with nutritious foods instead of high-calorie foods. They can take an alternative route to work to avoid passing by a favorite bakery or fast-food establishment, and they can avoid eating when watching television, working on a computer, or driving.

Based on Carolyn's food diary, the two of you decide that the following dietary changes are realistic. First, Carolyn will stock her desk at work with healthy snacks (such as microwave popcorn and pretzels) and fresh fruit. For breakfast, Carolyn will avoid donuts and instead eat an English muffin with jelly, yogurt, small bagel with low-fat cream cheese, juice, and fresh fruit. Carolyn will also try to eat either a healthy snack or a meal replacement bar with a piece of fruit (see below) for lunch.

As Carolyn successfully incorporates these changes into her diet, additional changes that she can make include: substituting diet soda or unsweetened decaffeinated iced tea for orange soda; cooking with low-fat meat or meat alternatives, such as ground turkey or ground soy; substituting brown rice for white rice, making healthier fast-food choices or downsizing at fast-food restaurants; and avoiding unhealthy snacks while watching television.

What are some additional weight loss strategies for my patients to consider?

As you and your patients develop successful plans for dietary change, begin to equip your patients with strategies for managing their own diet. Figure 4.4 lists 10 Food Tips for Weight Loss, including some of the principles listed above. This information can be given to your patients as a handout.

Figure 4.4

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Figure 4.4
Food Weight Loss Tips

- Establish regular meal times.** Try not to skip any meals because skipping meals leads to overeating later in the day. If you don't have time for a full meal, try to eat a healthy snack or meal replacement bar instead.
- Control calories when dining out.** At fast-food restaurants, "share size" food and drinks instead of "super-size" them. Check favorite fast-food restaurant Web sites for nutrition information to select the healthiest options.
- Read food labels when you are purchasing food items.** Pay attention to the portion size, the number of calories in each portion, and the amount of saturated fat in each portion. This can help you make the healthiest food choices.
- Share an entrée with a friend at sit-down restaurants.** However, make a personal salad or side of vegetables. Ask restaurants to "Please hold the cheese," "Leave the sauce on the side," "Use low-fat salad dressing," and "Please substitute vegetables for French fries." Do always try to avoid fried dishes.
- Make small substitutions in your diet to cut calories.** For example, drink water, diet soda, or unsweetened iced tea instead of high-calorie drinks. Choose low-calorie and low-fat versions of salad dressing, cheese, sour cream, and mayonnaise. Go easy on bread foods—buns, loaves, croissants, or grill your food instead.
- Pre-portion meals and snacks, and make certain to have the food on hand.** This makes it easier to resist trips to the vending machine and unhealthy, unplanned snacking.
- Identify "guilty pleasures" such as ice cream, cookies, or potato chips.** Continue to enjoy them by trying the low-calorie versions or eating less of the regular versions.
- Avoid places and situations that trigger eating.** For example, if walking past the donut shop causes almost always, try changing your route. Perhaps the candle on your desk with fruit or avoid walking near the office candy bowl. Avoid eating while watching television, reading, or driving. Many people do not recall what they've eaten while doing other things.
- Pre-portion your servings to control the amount.** For example, scoop your ice cream in a bowl instead of eating it out of the carton. Bag potato chips or cookies into single-serving food containers or zip-lock bags. Eat the serving size only when you have a craving. Remember to pass on seconds.
- Try substituting other activities for eating.** For example, take a walk, talk to a friend, or listen to music. These activities avoid the extra calories and can be more satisfying than eating.

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You share with Carolyn the 10 Food Tips for Losing Weight (Figure 4.4). At her next visit, Carolyn tells you that she has been able to utilize some of the tips on her own. You praise her progress and encourage her to continue using the tips to develop her own weight loss strategies.

Carolyn states that she is pleased with her weight loss, but she is curious about other options for losing weight. She has seen commercials for the popular Diet X and Diet Y and heard about Diet Aid Z in the news. She would like to know if these can provide more structure for her weight loss efforts.

Are any diet plans, diet aids, or diet programs recommended for my patients?

Numerous advertisements promise accelerated weight loss through the use of their diet product or diet plan. Such advertisements often provide misleading information about diet and nutrition and can lend false hope to patients.

Nonetheless, there are other diet aids and programs that can assist patients in making healthy dietary changes. These aids and programs promote an attainable loss of 1 to 2 lbs/week through a healthy, well-balanced diet of fruits, vegetables, whole grains, and low-fat protein. (See Figure 4.5 for recommendations regarding high-protein diets.)

Among the diet aids and programs that can promote healthy weight loss are meal replacements, commercial programs, and certain Internet programs. These are described below.

Meal replacements Meal replacements (MR) are prepackaged food items (such as liquid meals, meal bars, or frozen meals) that provide a calorie- and portion-controlled balanced meal. MRs are generally inexpensive and convenient and are produced in a variety of flavors to suit different palates. Most meal replacements contain approximately 200 to 400 calories and can be eaten with fruits and vegetables to create a nutritious and satisfying low-calorie meal.

Figure 4.5 High-protein Diets

The American Heart Association does not recommend high-protein diets for weight loss. Some of these diets restrict healthful foods that provide essential nutrients and fail to include the variety of foods needed to adequately meet nutritional needs. People who remain on these diets long-term may be at risk for inadequate vitamin and mineral intake as well as other health risks.⁶ Furthermore, weight loss appears to be associated with decreased caloric intake—which can be achieved through a well-balanced diet—rather than with reduced carbohydrate content.⁷

It is important to recognize that fad diets, including high-protein diets, frequently cause weight loss in the short term. Many fad diets offer structure to patients by guiding them to decrease high-calorie/high-fat foods, increase food preparation and planning, decrease dining out, decrease desserts and other sweets, and increase physical activity. However, many fad diets also exclude whole food groups and focus on weight loss, regardless of overall health. Weight loss may be achieved at the risk of potentially harmful side effects, including kidney disease, heart disease, osteoporosis, and nutrient deficiencies.

When discussing these diets with your patients, it is best to keep an open mind while emphasizing concern about overall health and long-term success. Remind your patients that learning to adopt healthy eating habits is more likely to result in long-term success than the quick fix that most fad diets offer.

The use of MRs has been shown to be effective for both weight loss and long-term weight maintenance.⁸ They can be recommended to patients as an aid for reducing daily calories or to patients who would otherwise skip meals. When patients integrate MRs into their daily diet, they can begin by replacing two of three meals with MRs for the first 3 months, while the remaining meal is rich in fruits, vegetables, whole grains, and low-fat protein. After 3 months, patients may change their diet to include one MR per day and two meals that are rich in fruits, vegetables, whole grains, and low-fat protein.⁹ Because the use of MRs does not teach patients how to make healthy dietary choices, it is still important to counsel patients on other principles of healthy calorie reduction.

A sample diet with two MRs, extra fruits and vegetables, and ample drinking water that can be used for three months could include the following:

- Breakfast: MR + a piece of fruit + water
- Lunch: MR + large green salad with low-calorie salad dressing + water
- Snack: A piece of fruit, vegetables, **and/or** an individually packaged snack (150 calories or less) such as a pudding cup, granola bar, light yogurt, **or** frozen fudge pop + water
- Dinner: Large green salad with low-calorie salad dressing
2 cups of steamed vegetables
1 cup cooked brown rice **or** cooked whole wheat pasta **or** a small baked potato
4 ounces of baked skinless chicken, lean beef, **or** fish
Water
Fruit for dessert

Commercial programs Commercial programs are useful for patients who need additional help with their weight loss. Although commercial programs vary, most provide education, structure, support, and strategies to facilitate weight loss. As an added benefit, many commercial weight loss programs can now be claimed as a medical deduction when filing income taxes (see Figure 4.6 for more information).

When discussing these programs with your patients, it may be useful for you to have some background knowledge about the differences between popular programs. Figure 4.7 lists information about several of the most popular programs and can be shared with your patients as a handout. Additional information can be obtained by visiting these programs' Web sites.

It is important that your patients choose a program that directly meets their unique needs. Ask your patients the following questions to help guide them in selecting the best program for their needs:

- “What does the weight loss plan include (eg, portion control, prepackaged meals, weight loss medications, liquid meals, food journals)?”
- “What are your expectations from the program?”
- “What are the staff credentials?”
- “How often are you accountable to them?”
- “How does the program benefit you?”

Internet programs and resources Many Internet weight loss programs provide goal setting, accountability, meal plans, shopping lists, food journals, and weight loss tips and strategies. These programs are best for patients who need additional help with weight loss but are limited by time and/or transportation. Although Internet programs lack the personal approach and human contact of commercial weight loss programs, many patients appreciate the convenience of participating at home or work.

Figure 4.6 Reimbursement for Commercial Weight Loss Programs

The Internal Revenue Service (IRS) ruling 202-19 passed in April 2002 states that “obesity is medically accepted to be a disease in its own right.” For taxpayers, this means that treatment prescribed by a physician specifically for obesity can now be claimed as a medical deduction. This includes many commercial weight loss programs.¹⁰

Individuals who are overweight but not obese can claim weight loss expenses as a deduction if their physician prescribes it as part of their treatment for a weight-related health problem such as heart disease, hypertension, or diabetes. Weight loss to improve appearance, general health, or sense of well-being is not tax deductible. The IRS also states that health club dues, exercise equipment, nutritional supplements, and diet foods are not deductible.¹⁰

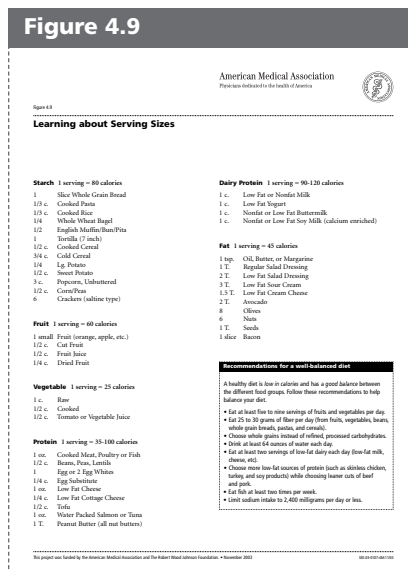
Most managed care and traditional insurance companies do not include coverage for weight loss. However, employee benefits (such as medical savings accounts, flexible spending accounts, and health reimbursement arrangements) that follow IRS guidelines allow patients to seek reimbursement for costs if they meet the weight or medical qualifications to claim weight loss as a deductible expense.¹¹

and 10% to 35% from protein. These broad ranges acknowledge personal and cultural food preferences and validate the belief that “one size does not fit all” for meal planning and achieving a healthy diet.

As you, your office staff, or an RD counsel your patients about long-term dietary management, it is important to emphasize that a diet should be low in calories *and* be well balanced. Figure 4.8 provides recommendations that can be used to guide your patients on “balancing” the diet.

Note that fruits, vegetables, and whole grains should always be substituted for high calorie foods in the diet. Rather than making additions to the diet, the diet should be *balanced* through these substitutions.

Figure 4.9 provides information about serving sizes and can also be shared with patients as a handout.



On her next visit, Carolyn tells you that by working with Monica and exploring the resources listed in the dietary management for patients handout (Figure 4.7), she is learning more about strategies to maintain a low-calorie, well-balanced diet.

Is it important for patients to monitor their diet and weight?

Information about successful weight control practices has been derived from the National Weight Control Registry (NWCR), which was founded in 1994 to study weight loss and weight maintenance strategies.¹³ The registry includes 3,000 adults who have each lost an average of 60+ pounds and maintained their weight loss for an average of 5.5 years. Although approaches to weight loss differ widely among the NWCR participants, strategies for weight loss maintenance are similar.

Many NWCR participants who have successfully lost weight rely on self-monitoring behaviors and other related techniques to maintain their weight. By monitoring weight and dietary intake, patients can detect weight regain early and initiate strategies to reverse the trend and avoid a major relapse.

Self-monitoring includes measuring and recording weight once or twice a week to track progress or regression and using a food diary to record dietary intake to help maintain awareness of eating patterns and habits. Encourage your patients to monitor their progress as they continue to initiate and maintain dietary modifications.

You tell Carolyn that most people who successfully lose weight and maintain the loss regularly weigh themselves, such as once a week. You recommend that she use this strategy to track her progress. You also recommend that she maintain a food diary to increase her awareness of her eating patterns and habits. Carolyn says that completing a 3-day food diary was a good exercise for her, and she agrees that keeping a long-term food diary will be helpful. She says that she can record her weekly weight on the food diary.

What should I do on a follow-up visit?

When initiating dietary modifications, have your patients return for a follow-up visit within the first month. During this and future follow-up visits, remember to complete the following items:

- review patients’ current weight and dietary modifications
- congratulate patients on their weight loss, if achieved, and the specific behavior changes that were made
- ask patients about challenges to initiating and maintaining diet modifications
- discuss whether to continue previous diet modifications, change diet modifications, or develop a new set of diet modifications with your patients
- schedule another follow-up visit

Asking key questions can help you accomplish these objectives efficiently. Suggested questions include:

- “What changes did you make since the last visit?”
- “What is hard about the behaviors you are trying to change?”
- “You gave yourself a C for your efforts these past 2 weeks. What do you need to do to move from a C to a B?”

Since initiating dietary therapy, Carolyn has returned to your office once a month. During the past 6 months, she has lost a total of 15 pounds and maintained this weight loss. During follow-up visits, the two of you have altered some of her dietary modifications. For example, Carolyn found it difficult to stop snacking while watching television and she did not want to stop watching television, so she decided that eating single servings of popcorn, pretzels, or sunflower seeds was a better option.

With the support of you, your office staff, and her RD, Carolyn feels confident that she can now manage her own diet to achieve long-term weight management. You tell Carolyn that you are proud of her for taking the steps toward achieving and maintaining a healthy, well-balanced diet and you set up a follow up appointment for her in one month.

How can I streamline dietary counseling in my office-based practice?

In a busy office-based practice, it may be helpful to develop a coordinated system of intervention and follow-up that involves your staff and utilizes community resources. Here are strategies to consider:

- Evaluate your office resources (ie, staff, educational materials) for providing dietary counseling and follow-up.
- Discuss and develop an office strategy with your staff to address diagnosis and management of overweight and obese patients. To do this,
 - identify staff members who have expertise or an interest in dietary and/or weight management,
 - enlist one or two staff members to serve as intervention coordinators, and

- establish a protocol and office system to support dietary counseling by
 - investigating commercial programs in your community to which you can refer patients,
 - maintaining a relationship with several RDs in your community to whom you can refer patients, and
 - developing a library of resources to support education and counseling.

Also, refer to Booklet 9: *Setting Up the Office Environment* for more detailed office-based strategies to address overweight and obesity.

References

1. Kushner RF. Barriers to providing nutrition counseling by physicians: a survey of primary care practitioners. *Prev Med.* 1995;24:546-552.
2. Prochaska JO, DiClemente CC. Transtheoretical therapy: toward a more integrative model of change. *Psychotherapy: Theory, Research, and Practice.* 1982;20:161-173.
3. National Heart, Lung, and Blood Institute (NHLBI) and National Institute for Diabetes and Digestive and Kidney Diseases (NIDDKD). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: evidence report. *Obes Res.* 1998;6(suppl 2):51S-210S. Available at: www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm.
4. Black AE, Prentice AM, Goldberg GR, et al. Measurements of total energy expenditure provide insight into validity of dietary measurements of energy intake. *J Am Diet Assoc.* 1993;93:572-579.
5. Kushner R, Kushner N. *Dr. Kushner's Personality Type Diet.* New York, NY: St Martin's Press; 2003.
6. Jeor S, Howard B, Prewitt T, Bovee V, Bazzare T, Eckel RH. Dietary protein and weight reduction. A statement for healthcare professionals from the nutrition committee of the council on nutrition, physical activity, and metabolism of the American Heart Association. *Circulation.* 2001;104:1869-1874.
7. Bravata DM, Sanders L, Huang J, Krumholz HM, et al. Efficacy and safety of low-carbohydrate diets: a systematic review. *JAMA.* 289:1837-1850.
8. Ditschuneit HH, Flechtner-Mors M, Johnson TD, Suchard MA, Adler G. Metabolic and weight loss effects of long-term dietary intervention in obese patients: four-year results. *Am J Clin Nutr.* 1999;69:198-204.
9. Flechtner-Mors M, Ditschuneit HH, Johnson TD, Suchard MA, Adler G. Metabolic and weight loss effects of long-term dietary intervention in obese patients: four-year results. *Obes Res.* 2000;8:399-402.
10. American Obesity Association. Available at www.obesity.org/subs/tax/taxbreak.shtml.
11. American Institute for Cancer Research. Tax Breaks for Losing Weight? Available at: www.aicr.org/action.lasso?-Database=w005aicr.fp3&-Layout=WEB&-Response=pubsearchdetail.htm&-RecordID=33176&-Search.
12. Institute of Medicine. Available at www.nationalacademies.org.
13. Wing RR, Hill JO. Successful weight loss maintenance. *Ann Rev Nutr.* 2001;21:323-341.

Suggested additional reading

American Heart Association. American Heart Association statement on high protein, low-carbohydrate diet study. Presented at: Scientific Sessions for the American Heart Association. Chicago, Ill; November 2002. Available at: www.americanheart.org/presenter.jhtml?identifier=3006728.

American Heart Association. High-protein diets: AHA Recommendation. Available at: www.americanheart.org/presenter.jhtml?identifier=11234.

Berdanier, CD. *Handbook of Nutrition.* Boca Raton, Fla: CRC Press; 2002.

Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. Executive summary of the third report of the national cholesterol education program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III). *JAMA.* 2001;285:2486-2497.

Jackson D, Kushner R. Commercial programs. In: *Evaluation and Management of Obesity.* Bessesen DH, Kushner R, eds. Philadelphia, Pa: Hanley & Belfus, Inc; 2002:47-52.

Kennedy ET, Bowman SA, Spence JT, Freedman M, King J. Popular diets: correlation to health, nutrition, and obesity. *J Am Diet Assoc.* 2001;101:411-420.

Krauss RM, Eckel RH, Howard B, et al. AHA dietary guidelines. Revision 2000: a statement for healthcare professionals from the nutrition committee of American Heart Association. *Circulation.* 2000;102:2296-2311.

Position of the American Dietetic Association: Weight management. *J Am Diet Assoc.* 2002;102:1145-1155.

Stephanson J. Low-carb, Low-fat diet gurus face off. *JAMA.* 2003;289:1767-1773.



Figure 4.1

Eating Pattern Questionnaire

Name _____ Date _____

Please answer the following questions and check the appropriate boxes that most closely describe your eating patterns.

1. Do you follow a special diet?
- No Diabetic Low sodium
- Low fat Kosher Vegetarian
- Other _____

Give examples of what guidelines or diets, if any, you follow: _____

2. Which meals do you regularly eat?
- Breakfast Lunch Brunch Dinner
3. When do you snack?
- Morning Afternoon Evening
- Late night Throughout the day

What are your favorite snack foods? _____

4. Do you eat out or order food in?
- Yes No
- How often?
- Daily Weekly Monthly Other _____

What kind of restaurant(s)/eating facilities? _____

What kinds of cuisine? _____

5. How is your food usually prepared? (check all that apply)
- Baked Broiled Boiled Fried
- Steamed Poached Other _____

6. How many times each day do you have the following food items?

a. Starch (bread, bagel, roll, cereal, pasta, noodles, rice, potato)

Never Less than 1 1-2 3-5 6-8 9-11

b. Fruit

Never Less than 1 1-2 3-5 6-8 9-11

c. Vegetables

Never Less than 1 1-2 3-5 6-8 9-11

d. Dairy (milk, yogurt)

Never Less than 1 1-2 3-5 6-8 9-11

e. Meat, fish, poultry, eggs, cheese

Never Less than 1 1-2 3-5 6-8 9-11

f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese)

Never Less than 1 1-2 3-5 6-8 9-11

g. Sweets (candy, cake, regular soda, juice)

Never Less than 1 1-2 3-5 6-8 9-11

7. What beverages do you drink daily and how much?

Water _____ times or glasses per day (8 oz)

Coffee _____ times or cups per day

Tea _____ times or cups per day

Soda _____ times or glasses per day (12 oz)

Alcohol _____ times or glasses per day (12 oz)

Other _____ times or glasses per day (Specify) _____

8. Would you like to change your eating habits?
- Yes No

Which habits would you like to begin to change?



Figure 4.4

Food Weight Loss Tips

1. **Establish regular meal times.** Try not to skip any meals because skipping meals leads to overeating later in the day. If you don't have time for a full meal, try to eat a healthy snack or meal replacement bar instead.
2. **Read food labels when you are purchasing food items.** Pay attention to the portion size, the number of calories in each portion, and the amount of saturated fat in each portion. This can help you make the healthiest food choices.
3. **Make small substitutions in your diet to cut calories.** For example, drink water, diet soda, or unsweetened iced tea instead of high-calorie drinks. Choose low-calorie and low-fat versions of salad dressing, cheese, sour cream, and mayonnaise. Go easy on fried foods — bake, broil, poach, or grill your food instead.
4. **Identify “guilty pleasures” such as ice cream, cookies, or potato chips.** Continue to enjoy them by trying the low-calorie versions or eating less of the regular versions.
5. **Pre-portion your servings to control the amount.** For example, scoop your ice cream in a bowl instead of eating it out of the carton. Bag potato chips or cookies into single-serving sized containers or zip-lock bags. Eat the serving size only when you have a craving. Remember to pass on seconds.
6. **Control calories when dining out.** At fast-food restaurants, “down-size” food and drinks instead of “super-sizing” them. Check favorite fast food restaurant Web sites for nutrition information to select the healthiest options.
7. **Share an entrée with a friend at sit-down restaurants.** However, order a personal salad or side of vegetables. Ask restaurants to: “Please hold the cheese,” “Leave the sauce on the side,” “Use low-fat salad dressing,” and “Please substitute vegetables for French fries.” As always, try to avoid fried dishes.
8. **Pre-plan meals and snacks, and make certain to have the food on hand.** This makes it easier to resist trips to the vending machine and unhealthy, unplanned snacking.
9. **Avoid places and situations that trigger eating.** For example, if walking past the donut shop causes donut cravings, try changing your route. Replace the candy on your desk with fruit or avoid walking near the office candy bowl. Avoid eating while watching television, reading, or driving. Many people do not recall what they've eaten while doing other things.
10. **Try substituting other activities for eating.** For example, take a walk, talk to a friend, or listen to music. These activities avoid the extra calories and can be more satisfying than eating.



Figure 4.7

Patient Resources Directory

The American Medical Association neither endorses nor encourages use of the programs and resources listed in this directory. They are meant to be a starting point and are not intended to be an exhaustive list of educational resources for patients seeking medical information. Please consult a physician or specialist before diagnosing, managing, or treating any health problem. Under no circumstances should the information in this guide be used in lieu of or to override the judgment of the treating physician.

National programs and initiatives

Active Living Partners

Human Kinetics, The Cooper Institute

Active Living Partners is designed to help adults adopt and maintain physically active lifestyles. Its premier course, *Active Living Every Day*, teaches skills that people need to realistically fit physical activity into their daily lives. *Active Living Every Day* is offered both as an online course and as an in-person course through registered community centers.

www.activeliving.info/ActiveLiving

America on the Move™ (AOTM)

Partnership to Promote Healthy Eating and Active Living

America on the Move™ provides people with simple tools for achieving energy balance. The AOTM program is available to all Americans through an interactive Web site, which offers AOTM step counters, "Quick Start" guides, and personalized tools for participants to track their steps and progress.

www.AmericaOnTheMove.org

5-A-Day for Better Health Program

National Cancer Institute (NCI), Produce for Better Health Foundation

The national 5-A-Day for Better Health Program is designed to encourage Americans to eat five or more servings of fruits and vegetables every day for better health.

The program provides consumers with practical and easy ways to incorporate more fruits and vegetables into their daily eating patterns.

<http://5aday.gov>

Healthy People 2010 (HP 2010)

US Department of Health and Human Services (DHHS), Office of Disease Prevention and Health Promotion (ODPHP)

HP 2010 is a set of health objectives for the Nation to achieve over the first decade of this century. Its two main goals are to increase quality and years of life and to eliminate health disparities. Two of the 10 leading health indicators which will be used to measure the health of the nation are physical activity and overweight and obesity.

www.healthypeople.gov/

National Cholesterol Education Program (NCEP)

National Heart, Lung, and Blood Institute (NHLBI)

The NCEP is designed to raise awareness and understanding about high blood cholesterol as a risk factor for coronary heart disease and emphasize the benefits of lowering cholesterol levels. The general public can retrieve information about high blood pressure, cholesterol, obesity, and heart attack and other cardiovascular disease on its Web site.

www.nhlbi.nih.gov/about/ncep

National High Blood Pressure Education Program (NHBPEP)

National Heart, Lung, and Blood Institute (NHLBI)

The goal of the National High Blood Pressure Education Program is to reduce death and disability related to high blood pressure through programs of professional, patient, and public education. The NHBPEP presents information on the risk factors of high blood pressure, as well as methods for reducing it.

www.nhlbi.nih.gov/about/nhbpep/index.htm

Obesity Education Initiative

National Heart, Lung, and Blood Institute (NHLBI)

The overall purpose of this initiative is to help lessen the prevalence of overweight and physical inactivity in order to reduce the risk of coronary heart disease (CHD), overall morbidity and mortality from CHD, and the prevalence and severity of sleep apnea. Its Web site contains information for the general public on topics concerning obesity along with useful applications such as the body mass index (BMI) calculator, a portion distortion interactive quiz, and an interactive menu planner.

www.nhlbi.nih.gov/about/oei

Shape Up America!

Shape Up America!, a national initiative to promote healthy weight and increased physical activity, involves a broad-based coalition of industry, medical and health, nutrition, physical fitness, and related organizations. It is committed to providing credible, science-based health messages on the importance of healthy weight and increased physical activity.

www.shapeup.org

Steps to a HealthierUS

US Department of Health and Human Services (DHHS)

Steps to a HealthierUS is a new initiative from the DHHS that advances the goal of helping Americans live longer, better, and healthier lives by encouraging physical activity, a nutritious diet, healthy choices, and preventive screenings.

www.healthierUS.gov

Online sources of educational information

Aim for a Healthy Weight

National Heart, Lung, and Blood Institute (NHLBI)

The NHLBI presents guidelines to provide the public with a new approach for the measurement of overweight and obesity, as well as a set of steps for safe and effective weight loss. It also offers numerous publications on topics such as obesity and physical activity, cholesterol, and high blood pressure.

www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

Center for Nutrition Policy and Promotion (CNPP)

US Department of Agriculture (USDA)

The Center for Nutrition Policy and Promotion is the focal point within the USDA where scientific research is linked with the nutritional needs of the general public. It translates nutrition research into brochures and information for the general consumer. The food pyramid, dietary guidelines, and recipes are among the resources available on this site.

www.usda.gov/cnpp

Delicious Decisions

American Heart Association

This Web site is dedicated exclusively to nutrition. It includes information about basic nutrition, a tailored cookbook for people with heart disease, helpful tips for dining outside the home, supermarket shopping, and tips to maintaining a healthy diet.

www.deliciousdecisions.org

Dietary Guidelines for Americans

US Department of Health and Human Services (DHHS)

These recommended dietary guidelines give authoritative advice on how good dietary habits can promote health and reduce the risk for major chronic diseases.

www.health.gov/dietaryguidelines

Division of Nutrition and Physical Activity

Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

The CDC developed this site to address the role of nutrition and physical activity in living a healthy lifestyle and reducing chronic illnesses. It serves as a resource for guidelines, fact sheets, and other types of publications on topics related to nutrition and physical activity. This site also provides an interactive body mass index (BMI) calculator and information about obesity prevention.

www.cdc.gov/nccdphp/dnpa

Food and Nutrition Information Center

US Department of Agriculture (USDA), Agricultural Research Service (ARS)

This center collects and disseminates information on food and human nutrition. It contains dietary guidelines, the food guide pyramid, links to various databases, additional resources, and much more.

www.nal.usda.gov/fnic

Healthfinder

US Department of Health and Human Services (DHHS)

This award-winning federal Web site serves as a key resource for finding the best government and nonprofit health and human services information on the Internet.

www.healthfinder.gov

Just Move.org

This online fitness center provides information regarding physical fitness, as well as an exercise diary, links to other health and fitness resources, and recommendations for getting the greatest benefit from physical activity in daily life.

www.justmove.org

Mayo Clinic

The Mayo Clinic Web site contains up-to-date information and interactive tools that include health management programs, health decision guides, a personal health scorecard, and various health centers that address food and nutrition, fitness and sports medicine, women's health, and men's health.

www.mayoclinic.com

MEDLINEplus® Health Information

US National Library of Medicine and the National Institutes of Health (NIH)

This Web site contains information for both health professionals and consumers. MEDLINEplus has extensive information from the National Institutes of Health and other trusted sources on more than 600 diseases and conditions. It also lists hospitals and physicians, a medical encyclopedia and a medical dictionary, health information in Spanish, extensive information on prescription and nonprescription drugs, health information from the media, and links to thousands of clinical trials.

<http://medlineplus.gov>

National Health Information Center (NHIC)

US Department of Health and Human Services (DHHS)

NHIC is a health information referral service that helps health professionals and the general public answer health-related questions and locate organizations or other reliable resources that are best able to answer their questions.

www.health.gov/nhic

National Library of Medicine

National Institutes of Health

Contains an extensive list of information, patient materials, and interactive on-line learning tools from top organizations. Consumers can search topics on nutrition, weight loss and dieting, and obesity.

www.nlm.nih.gov

Nutrition.gov

Provides access to all online federal government information on nutrition, healthy eating, physical activity, and food safety.

www.nutrition.gov/home/index.php3

Nutrition Education for New Americans Project

Georgia State University

Its purpose is to assist low-income immigrants, refugees, and children to learn about healthy eating practices. Using the US Department of Agriculture food pyramid as its focus, the materials, handouts, and programs, available in many different languages, are designed to include both traditional ethnic foods as well as American foods.

<http://multiculturalhealth.org>

ObesityHelp.com

This Web site contains an array of information and resources on obesity and bariatric surgery. It also connects patients, surgeons, hospitals, physicians, and others in the fight against obesity.

www.obesityhelp.com

Overweight and Obesity

Office of the Surgeon General

This site contains the report *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, as well as information on topics concerning obesity including health consequences and weight advice. It also lists several resources for additional information on nutrition, physical activity, and weight loss.

www.surgeongeneral.gov/topics/obesity

Partnership for Healthy Weight Management

This partnership is a coalition of representatives from science, academia, the health care profession, government, commercial enterprises, and organizations whose mission is the promotion of sound guidance on strategies for achieving and maintaining healthy weight. Its Web site contains information on weight loss, BMI, and brochures that can be downloaded or ordered for free. The following brochures are available:

- *Weight Loss: Finding a Weight Loss Program That Works for You*
- *Setting Goals for Weight Loss*
- *Voluntary Guidelines for Providers of Weight Loss Products or Services*. The guidelines suggest that commercial programs have full disclosure on program content and goals, staff qualifications, risks associated with the product or program, program costs, and outcome information on weight loss and maintenance and provide a checklist that consumers can use to make educated decisions about commercial weight loss programs.

www.consumer.gov/weightloss

President's Council of Physical Fitness and Sports

The Council's goal is to promote, encourage, and motivate Americans of all ages to become physically active and participate in sports. Its Web site provides useful information on the importance of physical activity as well as publications or guidelines on fitness, nutrition, health, and sports.

www.fitness.gov

Spotlighthealth.com

This site provides awareness programs that empower and encourage consumers to make informed health care decisions. Spotlight Health also publishes a free newsletter about morbid obesity.

www.spotlighthealth.com

Tufts University Nutrition Navigator

The Tufts University Nutrition Navigator is an online rating and review guide. Navigator is designed to help Web users find accurate nutrition information quickly.

<http://navigator.tufts.edu/>

United States Food and Drug Administration (FDA)

The FDA offers information, various publications, and links to additional resources on topics that include dietary supplements, food labeling and nutrition, medical devices, and drugs.

www.fda.gov

General information and how to use the food label.

www.cfsan.fda.gov/~dms/lab-gen.html

Consumer nutrition and health information.

www.cfsan.fda.gov/~dms/lab-cons.html

Weight Control Information Network

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

The network disseminates science-based information on obesity, weight control, and nutrition to the general consumer. It also offers various types of fact sheets, and publications on weight loss.

www.niddk.nih.gov/health/nutrit/win.htm

Organizations

American Academy of Family Physicians

The AAFP is one of the largest national medical organizations, representing more than 94,300 family physicians, family practice residents, and medical students nationwide. Family practice is the medical specialty that provides continuing and comprehensive health care for the individual and the family. The AAFP Web site includes articles, reference information, and guidelines that pertain to the treatment of obesity. The organization recently released a guide for family physicians to help their overweight patients and launched a 10-year fitness initiative called *Americans in Motion*.

www.aafp.org

American Cancer Society

The American Cancer Society is a nationwide, community-based voluntary health organization. Its Web site features detailed information on various topics that address cancer treatment, prevention, early detection, and more. It also offers various support programs and services to cancer patients, survivors, and loved ones.

www.cancer.org

American College of Sports Medicine

This organization advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine. A guideline for aerobic activity, a tool for calculating heart rates, and other information regarding physical activity are available on its Web site.

www.acsm.org

American Council on Exercise

The American Council on Exercise (ACE) is dedicated to improving standards of the fitness industry and encouraging all segments of society to enjoy the benefits of exercise. It presents a wealth of information on topics dealing with physical activity and exercise including cardiovascular exercise, flexibility, strength and resistance training, and supplements. It also provides tools for locating health clubs as well as ACE certified personal trainers and other types of fitness experts.

www.acefitness.org

American Diabetes Association

The American Diabetes Association is the nation's leading nonprofit health organization that provides research, advocacy, and information on various topics regarding diabetes and healthy living. It also presents opportunities to become involved in volunteer organizations, advocacy efforts, different outreach and support groups, events and fundraisers, and much more.

www.diabetes.org

American Dietetic Association

The nation's largest organization of food and nutrition professionals serves the public by promoting optimal nutrition, health, and well-being. Resources for information on food and nutrition as well as a referral service that links consumers with registered dietetic professionals are available on its Web site.

www.eatright.org

American Heart Association

This organization is dedicated to reducing disability and death from cardiovascular diseases and stroke. Its comprehensive Web site presents detailed information on topics regarding heart disease and health as well as numerous health tools such as the cardiovascular disease risk assessment tool, exercise diary, and the body mass index (BMI) calculator for the general consumer.

www.americanheart.org

American Institute of Cancer Research

This cancer charity fosters research on diet and cancer prevention and educates the public. The organization offers recipes for healthy dishes, a nutrition hotline, and a free CancerResource informational program that helps patients and their families understand more about cancer, its treatment, and the resources available to help them in overcoming this disease.

www.aicr.org

American Obesity Association

The goal of the American Obesity Association is to combat the condition and consequences of obesity. Its comprehensive Web site communicates information about obesity, including prevention, treatment guidelines, research, and advocacy updates as well as a list of prevention and wellness programs.

www.obesity.org

American Society for Bariatric Surgery

This professional medical society includes bariatric surgeons and allied health professionals. The Web site provides useful information about bariatric surgery, as well as a rationale for surgical treatment of morbid obesity.

www.asbs.org

American Society of Bariatric Physicians

This professional medical specialty society includes licensed physicians who offer specialized programs in the treatment of obesity and its associated conditions through bariatric medicine. Its Web site contains up-to-date information and news in the field of obesity treatment and medical weight loss.

www.asbp.org

American Stroke Association

The American Stroke Association is the division of the American Heart Association that focuses on reducing disability and death from stroke through research, education, fundraising, and advocacy. Its comprehensive Web site includes information related to the impact of a stroke, effects of a stroke, and its risk factors. It offers a wide variety of news, publications, and resources for consumers.

www.strokeassociation.org

Association for Morbid Obesity Support

This association offers resources and peer support related to morbid obesity and weight loss surgery. Its Web site includes an interactive movie, multimedia weight loss surgery tutorials, plastic surgery and nutrition forums, a photo gallery with before and after pictures, an information library, and directories for bariatric professionals and hospitals.

www.obesityhelp.com/morbidobesity

Calorie Control Council

The Calorie Control Council Web site provides a wealth of information for consumers on topics such as weight loss, the caloric content of foods, and healthy recipes. Interactive tools including the calorie and body mass index calculators are also available.

www.caloriemcouncil.org

Center for Science in the Public Interest

The Center for Science in the Public Interest is a nutrition advocacy organization that educates the public. Its Web site offers information on health, nutrition, and diet with a section devoted to obesity. The obesity section includes 10 tips for staying lean, a list of diet books along with reviews and comments, information on policies designed to reduce obesity, and more.

www.cspinet.org

Council on Size and Weight Discrimination

The Council on Size and Weight Discrimination is a not-for-profit, advocacy group for consumers that works to change people's attitudes about weight, especially in areas of medical treatment, job discrimination, and media images. It also presents information and guidelines on how to become active in fighting weight discrimination.

www.cswd.org

International Food Information Council

The International Food Information Council addresses food safety and nutrition with obesity and weight management as one of its foci. Its Web site provides access to various publications including booklets and brochures that are consumer friendly.

www.ific.org

National Association to Advance Fat Acceptance (NAAFA)

NAAFA works to eliminate discrimination based on body size and provide fat people with the tools for self-empowerment through public education, advocacy, and member support. NAAFA's Web site, brochures, newsletters, special interest groups, and conferences provide information on health, legal issues, and the progress of the size acceptance movement. Specific resources available on the site include guidelines for health care providers, facts about hypertension, and myths about weight loss and fat people.

www.naafa.org

National Eating Disorders Organization

This not-for-profit organization works to prevent eating disorders and provides treatment referrals to those suffering from anorexia, bulimia, and binge-eating disorders, as well as those concerned with body image and weight issues.

www.nationaleatingdisorders.org

National Mental Health Association

The National Mental Health Association is the country's oldest and largest nonprofit organization that addresses all aspects of mental health and mental illness. It works to improve the mental health of Americans through advocacy, education, research, and service. The Web site contains mental health information, an advocacy resource center, and an online bookstore, as well as programs in mental health, prevention, and recovery.

www.nmha.org

North American Association for the Study of Obesity (NAASO)

NAASO is a scientific society dedicated to encouraging research on the causes and treatment of obesity and to keeping the medical community and public informed of new advances. Information on obesity, along with a list of links to additional resources, is available on its Web site for the general public.

www.naaso.org

Oldways

This nonprofit organization organizes nutrition science into consumer-friendly health promotional tools, including the four healthy eating pyramids that were developed jointly with the Harvard School of Public Health and other institutions. This set of unique dietary guides is based on worldwide dietary traditions including Asian, Latin American, Mediterranean, and vegetarian diets to promote good health.

www.oldwayspt.org

Selected commercial weight loss programs

Source: Jackson D, Kushner RF. Commercial programs. In: *Evaluation and Management of Obesity*. DH Bessezen and RF Kushner, eds. Philadelphia, Pa: Hanley & Belfus, Inc.; 2002: 47–52.

Weight Watchers® (www.weightwatchers.com)

Advantages/Disadvantages: A flexible, long-term program that can be followed easily if food journaling and point counting (each food item has a points value, depending on the food's number of calories, grams of fat, and grams of fiber) are done diligently.

Best for patients who are interested in group counseling/support, want a structured food plan with daily record keeping, and have enough time to self-select and prepare their own meals.

Jenny Craig® (www.jennycraig.com)

Advantages/Disadvantages: Pre-prepared foods make the first stages easy and convenient to follow; however, the transition to “real” foods and weight maintenance can be difficult.

Best for patients who are interested in individual weekly counseling sessions (in the center or over the phone), want the convenience and structure of pre-prepared calorie-controlled meals, and can afford the start-up and weekly food costs.

TOPS®: Take Off Weight Sensibly (www.tops.org)

Advantages/Disadvantages: A support group with weight loss incentives; no official structured nutrition plan/diet is supported or followed by members.

Best for patients who are interested in group support/accountability with little dietary structure.

Overeaters Anonymous® (www.overeatersanonymous.org)

Advantages/Disadvantages: A support group with weight loss incentives; no official structured nutrition plan/diet is supported or followed by members.

Best for patients who are interested in group support/accountability with little dietary structure.

Nutrisystem.com® (www.nutrisystem.com)

Advantages/Disadvantages: Pre-prepared foods make the first stages easy and convenient to follow; however, the transition to “real” foods and weight maintenance can be difficult. There is no direct personal contact.

Best for patients who are interested in individual Internet counseling sessions, want the convenience of pre-prepared calorie controlled meals, can afford weekly food costs, and do not need personal contact (program is via the Internet.)

Internet weight loss programs designed by registered dietitians

www.Fitday.com

Focus on food and activity tracking/journaling tools.

www.Dietwatch.com

Comprehensive site with meal plans, shopping lists, meditation room, and message boards.

www.Cyberdiet.com

Owned by dietwatch.com/very similar content and services.

www.eDiets.com

Focus on individualized and personalized eating plans with a recipe club, shopping lists, and chef.

www.Shapeup.org

Non-for-profit site has meal plans and nutrition information and facts.



Figure 4.9

Learning about Serving Sizes

Starch 1 serving = 80 calories

- 1 Slice Whole Grain Bread
- 1/3 c. Cooked Pasta
- 1/3 c. Cooked Rice
- 1/4 Whole Wheat Bagel
- 1/2 English Muffin/Bun/Pita
- 1 Tortilla (7 inch)
- 1/2 c. Cooked Cereal
- 3/4 c. Cold Cereal
- 1/4 Lg. Potato
- 1/2 c. Sweet Potato
- 3 c. Popcorn, Unbuttered
- 1/2 c. Corn/Peas
- 6 Crackers (saltine type)

Fruit 1 serving = 60 calories

- 1 small Fruit (orange, apple, etc.)
- 1/2 c. Cut Fruit
- 1/2 c. Fruit Juice
- 1/4 c. Dried Fruit

Vegetable 1 serving = 25 calories

- 1 c. Raw
- 1/2 c. Cooked
- 1/2 c. Tomato or Vegetable Juice

Protein 1 serving = 35-100 calories

- 1 oz. Cooked Meat, Poultry or Fish
- 1/2 c. Beans, Peas, Lentils
- 1 Egg or 2 Egg Whites
- 1/4 c. Egg Substitute
- 1 oz. Low Fat Cheese
- 1/4 c. Low Fat Cottage Cheese
- 1/2 c. Tofu
- 1 oz. Water Packed Salmon or Tuna
- 1 T. Peanut Butter (all nut butters)

Dairy Protein 1 serving = 90-120 calories

- 1 c. Low Fat or Nonfat Milk
- 1 c. Low Fat Yogurt
- 1 c. Nonfat or Low Fat Buttermilk
- 1 c. Nonfat or Low Fat Soy Milk (calcium enriched)

Fat 1 serving = 45 calories

- 1 tsp. Oil, Butter, or Margarine
- 1 T. Regular Salad Dressing
- 2 T. Low Fat Salad Dressing
- 3 T. Low Fat Sour Cream
- 1.5 T. Low Fat Cream Cheese
- 2 T. Avocado
- 8 Olives
- 6 Nuts
- 1 T. Seeds
- 1 slice Bacon

Recommendations for a well-balanced diet

A healthy diet is *low in calories* and has a *good balance* between the different food groups. Follow these recommendations to help balance your diet.

- Eat at least five to nine servings of fruits and vegetables per day.
- Eat 25 to 30 grams of fiber per day (from fruits, vegetables, beans, whole grain breads, pastas, and cereals).
- Choose whole grains instead of refined, processed carbohydrates.
- Drink at least 64 ounces of water each day.
- Eat at least two servings of low-fat dairy each day (low-fat milk, cheese, etc).
- Choose more low-fat sources of protein (such as skinless chicken, turkey, and soy products) while choosing leaner cuts of beef and pork.
- Eat fish at least two times per week.
- Limit sodium intake to 2,400 milligrams per day or less.

Strategy for treatment of overweight and obesity

Evaluate your patients for current and potential health risks related to weight (Booklet 2)

- Measure body mass index (BMI)
- Measure waist circumference
- Assess for presence/extent of suspected comorbid diseases

Talk to your patients about weight loss (Booklet 3)

- Explain the importance of weight loss
- Assess your patients' readiness to make behavior changes
- Work with your patients to establish realistic treatment goals

Help your patients manage weight through dietary management (Booklet 4)

- Collaborate on strategies for reducing calories and balancing the diet
- Recommend weight loss programs and resources as needed
- Follow up with your patients to monitor progress and provide support

Help your patients manage weight through physical activity (Booklet 5)

- Collaborate on strategies for increasing physical activity in the daily lifestyle
- Recommend physical activity programs and resources as needed
- Follow up with your patients to monitor progress and provide support

If indicated, help your patients manage weight through pharmacotherapy (Booklet 6)

- Determine whether your patients are candidates for pharmacotherapy at this time
- If pharmacotherapy is an option, help your patients make and carry out treatment decisions
- Monitor your patients for weight loss and medication side effects

If indicated, help your patients manage weight through surgery (Booklet 7)

- Determine whether your patients are candidates for bariatric surgery at this time
- If surgery is an option, help your patients and their bariatric team make and carry out treatment decisions
- Manage your patients post-operatively

Optimize your communication and counseling style (Booklet 8)

- Establish an effective patient–physician partnership
- Help your patients obtain skills for self-management
- Be sensitive to anti-fat bias and approach the topic of weight sensitively

Optimize your office environment (Booklet 9)

- Be more sensitive to your patients' needs by adapting office practices and the waiting room configuration
- Set up your office with the equipment needed to assess and manage your patients
- Facilitate patient care through a team approach

Adapted from Serdula MK, Khan LK, Dietz WH. Weight loss counseling revisited. *JAMA*. 289;1747-1750:2003.