When it already has hit 90 degrees and you're dreading wearing summer clothes, especially a bathing suit, because of winter holiday food transgressions, you know you're in trouble.

You're not alone. Two-thirds of U.S. adults are overweight, and one-third are obese (at the high end of the overweight scale), the Centers for Disease Control and Prevention reports.

So you turn to your doctor for help in losing weight. Your doctor wants to be supportive, but feels some new tools are needed to help you reach your goal. Now what?

Judith S. Gordon, associate head for research in the **Department of Family and Community Medicine** [1] at the **UA College of Medicine â€“ Tucson** [2], was lead investigator on a study that is part of the solution to the problem of how patients and their physicians can work together to help achieve weight loss goals.

The study, conducted at the department's two outpatient clinics, found that while the clinics' doctors, nurses and other medical staff are doing a good job of monitoring their patients' weight, they would like some new tools to help their patients get their weight to where it should be. The study, while small, offers new insight into how to confront the nation's escalating obesity epidemic.

"The obesity epidemic is complex, and requires a multilevel approach," says **Gordon** [3]. "We need to combine public policy (and) community-based and individual level interventions to combat this problem.

"Primary care practitioners can play an important role in motivating and assisting their patients to live healthier lives. But we need to find new ways to make this encounter both effective and feasible."

Previous studies have shown that nearly 50 percent of primary care office visits do not include documenting patients' weight. The Department Family and Community Medicine practitioners are doing better than that. More than 90 percent say they weigh patients at every visit, and document weight in patients' charts.

The study also found that two-thirds of practitioners discuss weight-loss strategies with their patients. And 92 percent said they would like new strategies for helping their patients understand the health risks of weighing too much.

"Our practitioners are doing a good job, but it would help to discuss more strategies," Gordon says. "For example, most patients don't know that getting a good night's sleep is really important to regulating weight. We want people to have less 'screen time' â€” time in front of the TV, or the computer."
"And we want families to eat meals together. They eat more slowly because there’s conversation going on, and it models good behavior for kids.

"A patient may live in a place where they don’t feel it’s safe to go out and walk," she explains. "We need to evaluate social and environmental influences on patients' behavior."

Co-investigators with Gordon were Randa Kutob, with the Department of Family and Community Medicine, and Cynthia Thomson, with the UA Mel and Enid Zuckerman College of Public Health [4].

Department of Family and Community Medicine residents — doctors who are continuing training for three years after medical school — also were part of the research team, an example of the department's strong emphasis on research by doctors at all career levels.

Family medicine residents conducted the survey at the department's two outpatient clinics; compiled the survey results into a poster for presentation at national research meetings; and created a packet of local and national resources for patients, including information on Weight Watchers meetings, YMCA programs, local farmers’ markets, phone help lines, where to get food stamps, and so on. Third-year resident David Byron is continuing with the project by conducting training sessions for physicians. One positive development, he notes, is that local farmers' markets are starting to accept food stamps, so that low-income families can purchase fresh fruits and vegetables, which are essential to healthful eating.

The researchers' next goal is to obtain funding to develop the new tools that doctors and nurses say they want, and test how well the tools work. Part of their plan is to build the tools into the clinics’ electronic medical records system.

One example: an automatic reminder to doctors to assess patients' body mass index — a calculation based on height and weight that provides a more accurate assessment than just weighing patients.

Another option: visual graphs to show patients how their weight has changed over time; what their risk is for heart disease, diabetes and other health issues; and how their risk would change if they lost weight or continued to gain.

"Our practitioners want to address obesity. We have residents who are enthusiastic about improving clinical practice, and we have researchers in our department who can collaborate with other departments, assess the intervention — in this case the survey — and provide feedback to our physicians to help them improve patient outcomes," Gordon says.

"This is all very exciting to us, because it's the kind of applied clinical practice research that Family and Community Medicine is so well-suited to conduct."

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