

Integrating A Focus on Overweight and Obesity in Clinical Practice: Practical Suggestions

The U.S. Preventive Services Task Force found good evidence to support assessment of Body Mass Index (BMI, weight in kilograms divided by the square of height in meters) of all adults when primary care visits occur. The task force recommended that if BMI is greater than 30, healthcare providers should arrange for, or provide, intensive counseling about nutrition and physical activity.¹

Measuring BMI

Accurate BMI measurement requires an office system that supports regularly obtaining accurate heights and weights (e.g., shoes off, stadiometer, calibrated scale) and includes one of the easy-to-use tools to calculate and record the BMI (e.g., table, wheel, website, PDA, or by hand calculator). Making room for these measurements in the routines of a busy primary care practice requires special attention to staff orientation and the scheduling of intake procedures.

As a practice routinely begins to document BMI for all of its patients, it is important to plan or identify appropriate patient follow-up recommendations depending on the results obtained from these measures. One very simple office protocol is shown in Table 1, but this can be modified to a practice's particular level of counseling ability and local resources.

Introducing Brief, Targeted Counseling about Nutrition and Physical Activity

With access to the Internet, a great place to start is the newly redesigned website: www.eatsmartmovemorenc.com. This site includes an entry portal that takes one to a site for professionals that includes a drop-down menu of downloadable, ready-to-use tools. There are several handouts for patients that provide practical strategies to address each target behavior in the Eat Smart Move More program. Office staff could prepare a few packets ready for specific issues, or customize packets that will best fit specific patient populations. Although handouts by themselves are not likely to be effective, they do facilitate discussion of a patient's motivation to make changes and focus on one or two behaviors that they may be most successful at changing. If available time does not allow for personalized messages at each visit, it may be best to focus on one behavior at a time for several weeks, and simply discuss that issue with all patients, with a goal over a

Table 1.
Basic Office Protocol Based on Patient BMI Calculation

BMI Result	Action Plan
Underweight BMI < 18	<ul style="list-style-type: none"> • Communicate the BMI result, • Schedule follow up for further work-up as indicated
Healthy 18 < BMI < 25	<ul style="list-style-type: none"> • Communicate the BMI result, • Reinforce healthy behaviors
Overweight BMI = 25-30	<ul style="list-style-type: none"> • Communicate the BMI result, • Provide introductory counseling, • Plan follow up
Obese BMI > 30	<ul style="list-style-type: none"> • Communicate the BMI result, • Schedule any appropriate lab work, • Plan follow-up for more intensive counseling or refer for further intervention

year of reaching many patients with different, but important, messages.

Another way to reinforce behavior change messages is the "Big Five Prescription Pad" available as a customizable pdf from the tools menu. (Figure 1) This tool can be used as a take-home prescription for patients to emphasize the behaviors discussed, or perhaps to contract with them on 1-3 behaviors on which they may agree to focus after the visit. The key is not to overwhelm the patient with what may appear to be expectations of sweeping changes that must be made all at once, but support them in the idea they can target their efforts to selected issues.

Additionally, a computer for patient education use in the office can be an advantage, and it can be set to this site for easy patient access.

More ideas

If the goal is to provide more than the simple handouts discussed above, an individualized, but still brief, tool is "Starting the Conversation," available for a modest price through NC Prevention Partners (www.ncpreventionpartners.com). This tool can be completed by the patient while waiting for the provider. The tool helps illustrate to both patient and provider which behaviors may be problems and provides suggestions as to how to support the behavior change which can be reinforced by the provider. Therefore, this easy to use, brief, "handout" also serves as an interactive, individualized counseling tool.

Figure 1.
Example Blank "Big Five Prescription" Pad, modifiable PDF available at www.eatsmartmovemorenc.com/

REFERENCES

1. US Preventive Services Task Force. Screening for obesity in adults: Recommendations and Rationale. *Ann of Intern Med* 2003;139(11):930-932.
2. Miller WR, S Rollnick. *Motivational Interviewing Preparing People for Change*. 2nd Edition. New York: The Guilford Press, 2002.

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