

**Title:**

Working With the Obese Client: Helping Achieve Lifestyle Changes to Meet Their Weight Loss Goals

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**Session Title:**

Evidence-Based Practice Poster Session 2

**Slot (superslotted):**

EBP PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM

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EBP PST 2: Saturday, 29 July 2017: 2:45 PM-3:30 PM

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**Keywords:**

health promotion, motivational interviewing and obesity

**References:**

Annesi, J., Johnson, P., McEwen, K., Annesi, J. J., Johnson, P. H., & McEwen, K. L. (2015). Changes in self-efficacy for exercise and improved nutrition fostered by increased self-regulation among adults with obesity. *Journal Of Primary Prevention, 36*(5), 311-321. doi:10.1007/s10935-015-0398-z

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Resnicow, K., McMaster, F., Bocian, A., Harris, D., Yan, Z., Snetselaar, L., & ... Wasserman, R. C. (2015). Motivational Interviewing and Dietary Counseling for Obesity in Primary Care: An RCT. *Pediatrics, 135*(4), 649-657. doi:10.1542/peds.2014-1880

Simpson, S. A., McNamara, R., Shaw, C., Kelson, M., Moriarty, Y., Randell, E., & ... Hood, K. (2015). A feasibility randomised controlled trial of a motivational interviewing-based intervention for weight loss maintenance in adults. *Health Technology Assessment, 19*(42), 1-378. doi:10.3310/hta19500

**Abstract Summary:**

The central issue to achieving and maintaining weight loss is changing one's behaviors. Change theory and motivational interviewing provide tools and techniques in helping clients meet weight loss goals. In

this retrospective analysis, evaluation of a collaborative, client-centered approach was used helping clients achieve their identified weight loss goals.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Discuss core principles of change theory and motivational interviewing in health promotion.	Change theory-1. getting ready 2. starting the process 3.ready, set, go 4. been there, done that. Motivational interviewing-1. partnering with the client 2. guiding the patient through the process of change
Describe the impact of using a motivational approach to facilitate weight loss in obese clients	How does it work. Starting where the client is. What does the client want? Collaborative goal setting
Identify 3 ways to address resistance in clients what are ambivalent to behavioral change.	Patient perspective. What worked and what didn't

**Abstract Text:**

**Background and Significance:**

Obesity is an epidemic in the United States and worldwide. In the United States, 35% of adults are considered obese and 20-30% of the populations is estimated to have non-alcoholic fatty liver disease (NAFLD) as a result of obesity. There is no current cure, but the literature shows lifestyle modifications for weight loss as the accepted standard of care. The assumption in this study was that participants expressed the desire be healthy and make positive changes in their life. Change theory considers the motivation for change during various stages. Motivational interviewing addresses the process of guiding clients through change.

**Purpose:**

The purpose of this analysis was to evaluate the use of change theory principles incorporating motivational interviewing on weight loss in obese clients.

**Methods:**

This was a retrospective analysis of data from self-selected obese clients from May 2015 to June 2016. A total of 34 clients met the inclusion criteria of BMI greater than 30 and less than or equal to 40. Routine lab tests of liver function tests, CBC, lipid panel, and a Fibroscan to evaluate liver stiffness were performed at baseline, 6 months, and 12 months. The Nurse Practitioner saw the client every 3 months or more frequently as the client requested or condition of health warranted. Nutritional counseling was provided individually with a Registered Dietician for 30 minutes monthly. Exercise was also encouraged. Both providers utilized motivational interviewing to assist the client to achieve their weight loss goals. Categorical variables were analyzed with descriptive statistics and paired t-tests to evaluate changes in BMI, weight, ALT AST, and liver stiffness. The participant data was retrieved over a year time period.

**Results:**

Between May 2015 and June 2016, 34 patients were identified with a diagnosis of obesity-32 females with a mean age of 47 years and 2 males with a mean age of 35 years. The etiology of obesity from the client's perspective was overeating, stress, poor dietary habits, lack of exercise, and stress of

everyday life. The initial laboratory values indicated a mild increase in liver injury tests. The combined initial average weight was 220.5 pounds (range was 175-250 pounds) and at 12 months decreased to 190.9 pounds. Waist circumference was initially 39.7 inches collectively and decreased to 37.9 inches. BMI was initially 36.2 and decreased to 34.21 collectively over 12 months. There was significance in weight, waist circumference and BMI over 12 months( $p=.001$ ).

All 34 clients were interviewed individually at 6 months and 1 year for program feedback. Collectively the themes that emerged were 1) the importance of a nutritionist guide how to eat better through portion size and healthy food choices; 2) how to say no; and 3) the tools to help continue on this journey. Clients found the once per month visits with the nutritionist and weighing in was too infrequent. Suggestions made by the clients included 1) weekly weights to increase accountability; 2) included a walking exercise program to receive encouragement and support from others; and 3) continue to have availability of the Nurse Practitioner for questions and concerns.

The dietician discussed monthly the food intake and caloric expenditure of the patient. Though most studies have used a balanced diet with caloric restriction, we focused on the food pyramid and healthy choices of complex carbohydrates and a decrease in fats. Each month the patient would bring in their diet and it was reviewed with the dietician. Suggestions were made for improvement, discussion of exercise patterns and again ways to increase exercise throughout the day. We choose to start small and increase as tolerated.

#### Conclusion:

Obesity is identified as a risk factor for the top five causes of death in the United States-cardiovascular, diabetes, cancer, stroke and kidney disease. Lifestyle modification has been repeatedly shown to achieve modest long-term weight loss. It is critical to identify factors contributing to and maintaining obesity status. Obesity can be moderated or controlled by "behavior change". However, changing a client's dietary habits is daunting. Motivational interviewing principles have been successfully used within clinical settings, having a profound potential impact on cardiovascular disease, diabetes, and hypertension.

Most people have the desire to lose weight, and we encouraged them with various suggestions. When a client is allowed to talk, providers actively listen, and reflecting back with what they have heard, there is no more than three minutes to the encounter. Partnering with clients to achieve a meaningful weight loss and investigating novel methods of achieving and maintaining weight loss can we hope to change the tide.

The client's states motivation is a key factor to success. Contact with providers and a nutritionist provides a structure which the client finds helps with motivation.