

**Another Diet for Lorraine –
Weight Management in the Overweight Patient**

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**Student Guide
February, 2002**

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Learning Objectives

1. Identify the emotional and social consequences of obesity.
2. Recognize own attitude(s) toward obese persons.
3. Explain how genetics, diet, physical activity, and weight history affect the development of obesity.
4. Determine the scientific basis and efficacy of popular fad diets.
5. Calculate BMI and correctly classify overweight/obesity using NHLBI guidelines.
6. List 4 common medical complications associated with obesity.
7. Describe the criteria used to determine the role of medications and surgery in the management of obesity.
8. Outline a healthy weight loss regimen that includes modifications in diet, physical activity, and behavior.
9. Identify 4 behavioral strategies that are effective in weight loss.
10. Describe the role of the primary care physician in the management of obesity.

Instructions for Students

Homework for Tuesday, February 5, 2002:

1. Prior to reading the case or the readings, complete the 2-page questionnaire that follows. This is not a test – its purpose is to stimulate you to consider your attitude toward individuals who are overweight/obese.
2. Read Part 1 of the case and the first required reading (Wadden TA, Wingate BJ. Compassionate treatment of the obese individual. In: Brownell KD, Fairburn CD (eds), *Eating Disorders and Obesity: A Comprehensive Handbook*, Guilford Press, New York, 1995, pp. 417-421). Answer the discussion questions that follow Part 1. (For additional information, check out some of the websites listed on the last page.)
3. Read Part 2 of the case and the second required reading (Wing RR, Hill JO. Successful weight loss maintenance. *Ann Rev Nutr* 2001; 21: 323-341). Answer the discussion questions that follow Part 2.
4. Review *The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults* published by the NHLBI. You will use this resource to develop a treatment plan for Lorraine in class.

Wednesday, February 6, 2002

8-9:15 a.m. Discussion of Parts 1 and 2 of the case.

9:15-3:00p.m. Computer sessions at FAHC and Dana Library.

You will have 2 assignments related to this case that you will complete during your computer sessions:

1. In the session at FAHC, you will use HISSPROD to find the laboratory results for Lorraine (data flow sheet included).
2. At Dana library, you will use the search engine to research the “optimal” weight loss diet for Lorraine. You will be given the name of 2 diets to examine. For each of the diets, bring back to class the following information (data collection form included): calories/day, %protein, fat, carbohydrate; any specific dietary restrictions or additions, the scientific basis of the diet, advantages and disadvantages of the diet, any potential adverse effects of the diets.

3:30-5:00 p.m.

1. Place the information that you collected about the 2 diets on the whiteboard/overhead transparency. This information will be discussed later in this session.
2. Read Part 3 of the case. Using the information obtained from your computer sessions, the NHLBI guide, and the readings discuss the questions following Part 3.
3. Develop a treatment plan for the management of Lorraine’s weight.

4. Read Part 4 of the case. How close was your plan of treatment?
Discuss the questions in Part 4 in your small groups.

CHECK YOUR KNOWLEDGE ABOUT BODY WEIGHT

Answer the following questions **True OR False (T or F)**

- ____ 1. Fat is inherently unhealthy.
- ____ 2. The fact that thousands of people lose weight every year shows that those who remain fat consciously or unconsciously choose to do so.
- ____ 3. If the average thin person ate like the average fat person, she or he would become fat.
- ____ 4. Most overweight individuals are less motivated and less productive than their thinner counterparts.
- ____ 5. Most overweight individuals lie about their intake of food.
- ____ 8. If fat people feel oppressed, they always have the option of losing weight.
- ____ 9. Doctors are experts on obesity, its causes and cures.
- ____ 10. Being fat is evidence of a weak will or character.
- ____ 11. Fat people benefit from unsolicited dietary advice even if they don't ask for it.
- ____ 12. There is something abnormal about individuals who find fat people sexually attractive.
- ____ 13. Many people are fat because of emotional problems stemming from too little love either during childhood or at the present time.
- ____ 14. It has been proven that weighing more than one's actuarial ideal causes early death.

PONDER YOUR ATTITUDES TOWARD FAT

AND FAT PEOPLE

1. How do you feel when you see a fat woman in a halter, swim suit or short skirt or going braless?
2. Would you feel comfortable going out to lunch with a 300 pound friend?
3. Are thin and 'normal' weight individuals smarter than morbidly obese individuals?
4. When you see fat people grocery shopping or eating out do you examine what they are buying or eating? If so, why? Do you do this with normal weight individuals?
5. How often do you consider your own weight? What would it mean to you to gain 10 lbs?
6. Have you ever complained of your five extra pounds or a small bulge in the presence of a person fatter than you? What motivated you?
7. If two people of equal qualifications and demeanor, applied for the position of nurse in your office, one was 66" and 132 lbs. and the other was 66" and 210 lbs., would their weight impact your decision on who to hire? Discuss.
8. You have been working with a patient on weight loss with a BMI of 34 kg/m². She has type II Diabetes. Initially she did well, but she has not lost any weight for 3 visits. What are you thinking/feeling?

Originally Published in 1974 by the Fat Underground,
Los Angeles, California USA

www.eskimo.com/~largesse/Archives/FU/questions.html

Part 1

Lorraine woke up feeling angry, tired and discouraged, wondering if her visit to the doctor today was really worth the effort. She was certainly glad to be taking the day off from work though. She was fed up with being passed over once again for that promotion to regional sales – maybe she should start looking elsewhere for a job. She just didn't understand it – she had been in telephone sales for 10 years and she knew she could be successful as a traveling salesperson. Hadn't she always gotten very positive performance reviews each year? What was it that kept them from giving her the job? Was it really her weight? Yes, she had to admit, she was 'fat', but how did that change her ability to sell? She had tried many times to lose the weight, but she always gained it back, and then some... Oh well, maybe the doctor would have some new pill or some other easy solution for weight loss – hadn't she seen an ad on TV about some new medication for weight loss and then, there was that article in the paper about surgery for 'morbidly obese' (ugh) people. Regardless, she was just so tired and had no desire to do anything and she feared that her diabetes was back, so she better get out of bed and go.

Discussion Questions

Identify some of the emotional and social consequences of obesity experienced by Lorraine in this case.

What is your own attitude toward obese persons? What adjectives come to mind when you are asked to describe someone is overweight/obese?

What steps can practitioners take to insure that individuals who are overweight are treated respectfully in their practice setting?

Are there specific laws that prohibit discrimination against individuals who are obese? In legal terms, is obesity considered a medical disability?

Part 2

Lorraine just turned 40 and has been relatively healthy, although a few years ago the doctor did tell her that her blood sugar was high. He suggested that she lose some weight. (Easy for him to say!) She had always been big. Both her mother and father were tall and “big-boned” (mother is 5’8 and weighs 185 lbs; father is 6’2 and weighs 250 lbs). She was 68” at age 14 and weighed 170 lbs. In high school, she was very active, playing field hockey, but once she graduated and stopped playing, her weight had steadily increased. She had tried off and on for many years to lose weight – she probably tried every fad diet that was known. In college, when her weight got to 200 pounds, she went on the Slim Fast diet. She lost 25 lbs in 3 months and managed to keep it off until she stopped buying the shakes. After graduation, her weight gradually increased, and at age 28, she weighed 250 lbs! Since then, she has yo-yo’d between 200 and 250 pounds, trying nearly every fad diet available. Last year, when the doctor told her about the high blood sugar, she went on one of those low carbohydrate, high protein diets. After 4 months, she had lost 25 lbs – but it was hard to keep on this diet. You really got tired of eating all of that meat and lettuce! Her blood sugar did come down though ...

Discussion Questions

How do genetics, diet, physical activity and environment influence the development of obesity?

What information in Lorraine’s history suggests that she is/was at risk for developing obesity? What can you learn from her weight history?

Instructions for Students

You will have 2 assignments related to this case that you will complete during your computer sessions this morning:

1. In the session at FAHC, you will use HISSPROD to find the laboratory results for Lorraine (data flow sheet follows).
2. At Dana library, you will use the search engine to research the “optimal” weight loss diet for Lorraine. You will be given the name of 2 diets to examine. For each of the diets, bring back to class the following information: calories/day, %protein, fat, carbohydrate; any specific dietary restrictions or additions, the scientific basis of the diet, advantages and disadvantages of the diet, any potential adverse effects of the diets.

Data Flow Sheet for Laboratory Findings

Fasting blood glucose	_____
HgbA1C	_____
Lipid Profile	
Total cholesterol	_____
Triglycerides	_____
HDL	_____
LDL	_____

Potential Diets for Lorraine

Diet #1 _____

Kcal/d _____ %pro/fat/cho _____

Restrictions/additions _____

Advantages _____

Disadvantages _____

Scientific basis _____

Adverse effects _____

Diet #2 _____

Kcal/d _____ %pro/fat/cho _____

Restrictions/additions _____

Advantages _____

Disadvantages _____

Scientific basis _____

Adverse effects _____

Part 3

At the doctor's office, Lorraine weighs in at 235 lbs (Ht 5'8). Her waist circumference is 38 inches. Blood pressure is 145/95 and a fasting glucose is _____ mg/dl. A HgbA1C is _____ and a fasting lipid profile is TC____, TG _____, HDL _____ and LDL _____. She knows these numbers aren't the best – her dad has had diabetes for 10 years and last year he had angioplasty for a heart blockage. He is on medications for both blood sugar and cholesterol. Her mother's blood pressure is also high and she takes a water pill for this. The doctor asks her a lot of questions about her lifestyle, job, friends, sleep habits , etc. Of course, he starts talking about losing weight - big surprise! Haven't I tried everything out there?

Discussion Questions

Calculate Lorraine's BMI and correctly classify her as overweight or obese using the NHLBI guidelines.

List 4 common medical complications associated with obesity. Identify the risk factors that Lorraine has for these complications. Will losing weight alter the risk of developing any of these complications or conditions? If so, how much weight does Lorraine need to lose in order to decrease these risks?

Why did the physician ask about Lorraine's lifestyle and her interest in trying to lose weight again? How will this information help in devising a treatment plan for Lorraine?

Should Lorraine continue to attempt to lose weight? If so, what is a realistic weight goal for Lorraine? What specific recommendations can you make to Lorraine regarding how to lose weight?

What is the 'optimal' diet for weight loss ?

What are the options available to Lorraine for the management of her weight? Is she a candidate for pharmacologic treatment for her weight? for gastric bypass surgery? What are the criteria as well as the risks and benefits associated with each of these therapeutic options?

Part 4

It has been 2 months, and Lorraine has attended Dr. Rosen's behavioral weight management program for the past 6 weeks. She 's kept a food diary and now has figured out some of the triggers for her eating, and she is more aware of reasonable portion sizes. She has begun a walking program with someone from the group – they were walking along the lake, but recently, they have started 'mall walking' because of the weather. Being in the group seems to make watching what she eats easier – she doesn't feel like she is alone. She has also been evaluated for sleep apnea and the results were negative. She has lost 12 lbs and is feeling more energetic. The doctor is delighted with her progress and together they have set an initial weight loss goal of 25 lbs. She is almost half way there! The group will continue meeting weekly for another 2 months and then monthly for the next 6 months. She hopes to remain in contact with some of the other group members – it is much easier to have a buddy to keep you motivated.

Discussion Questions

Identify 4 behavioral strategies that were effective Lorraine's in weight loss. Can you name other behavioral changes that have been shown to be effective in managing body weight?

What is the role of Lorraine's primary care physician in this process? What strategies can he/she use to support Lorraine in her weight loss?

If you had to develop an exercise program for Lorraine, how would you do so? Are there any tests that you would need? How would you initiate the program? What would be the final goal (ie., time, distance, calories burned)?

Bibliography

Required Reading

Wadden TA, Wingate BJ. Compassionate treatment of the obese individual, In: *Eating Disorders and Obesity: A Comprehensive Handbook*, Brownell KD, Fairburn CD (eds), Guilford Press, New York, 1995, pp. 564-571.

Wing RR, Hill JO. Successful weight loss maintenance. *Annu Rev Nutr* 2001; 21: 323-341.

National Heart, Lung, and Blood Institute, NIH, USDHHS. *The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, NIH Publication no. 00-4084, 2000.

Recommended Reading

Freedman MR, King J, Kennedy E. Popular diets: A scientific review. *Obes Res* 2001; 9 (Supp 1), 1S-40S.

Hensrud DD. Pharmacotherapy for obesity. *Med Clin North Am* 2000; 84:463-76

Lerman RH. Obesity: An escalating problem. Part I: Addressing the genetic and environmental factors, *Cont Int Med* 1997; 9:9-19.

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Poston SCP II, Foreyt JP. Cardiovascular update: Successful management of the obese patient. *Am Family Physician* 2000; 61:3615-22

National Task Force on the Prevention and Treatment of Obesity. Long-term pharmacotherapy in the management of obesity. *JAMA* 1996; 276:1907-15

Stunkard AJ, Sobal J. Psychosocial consequences of obesity. In: *Eating Disorders and Obesity: A Comprehensive Handbook*, Brownell KD, Fairburn CD (eds), Guilford Press, New York, 1995, pp. 417-421.

Additional Resources

Brolin RE. Gastric bypass. *Surg Clin North Am* 2001; 81: 1077-95

Dickerson LM. Drug therapy for obesity. *Am Fam Physician* 2000; 61: 2131-8, 2143.

Doherty C. Vertical banded gastroplasty. *Surg Clin North Am* 2001; 81: 1097-112

Gumbiner B. The treatment of obesity in type 2 diabetes mellitus. *Prim Care* 1999; 26: 869-83

Sloane PD, Slatt LM ,et al (eds), *Essentials of Family Medicine*, 3rd ed, Williams and Wilkins, Media, PA, 1998, pp.91, 388.

U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services*, 2nd ed. Williams and Wilkins, Baltimore, 1996, chap. 1.

Internet Resources

Federal Government

National Heart, Lung and Blood Institute (NHLBI) (www.nhlbi.nih.gov)
National Institute of Diabetes and Digestive and Kidney Diseases
(NIDDK) (www.niddk.nih.gov)
Weight-Control Information Network (WIN) (www.niddk.nih.gov/health/nutrit/win.htm)
Centers for Disease Control (CDC) (www.cdc.gov)
Food and Drug Administration (FDA) (www.fda.gov)
United States Department of Agriculture (USDA) (www.nutrition.gov)
National Cancer Institute (NCI) (www.nci.nih.gov)
National Institute of Mental Health (NIMH) (www.nimh.nih.gov)

Professional Organizations

American Heart Association (AHA) (www.americanheart.org)
American Diabetes Association (www.diabetes.org)
American Dietetics Association (www.eatright.org)
American Cancer Society (www.cancer.org)
American Institute for Cancer Research (www.aicr.org)
Tufts Nutrition Navigator (www.navigator.tufts.edu)

Consumer/Lay Resources

Shape Up America (www.shapeup.org)
American Obesity Association (AOA) (www.obesity.org)
National Association to Advance Fat Acceptance (NAAFA) (www.naafa.org)
Overeater's Anonymous (www.overeatersanonymous.org)
Cyber Diet (www.cyberdiet.com)
FitDay (www.fitday.com)
Weight Watcher's International (www.weightwatchers.com)
Jenny Craig (www.jennycraig.com)

Most of the federal agencies and professional organizations have information/educational materials for consumers as well as for health professionals.