Health Promotion for Overweight or Obese Patients

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Objective

- Causes
  - Nature vs. Nurture
- Prevalence
  - 2/3 of population overweight
- Health Promotion
  - Wellness practices
- Treatments
  - Collaborative Care

prevention

wellness

Risk assessment

Health
Causes

• Increased consumption of energy-dense-- nutrient poor foods combined with reduced physical activity.
• Obesity frequently begins in childhood.
• Obese parents higher incidence of overweight children.
• Medications
  – certain antidepressants or corticosteroids.
• Metabolic syndrome
• Cushing's syndrome
• Hypothyroidism
• Food readily available
• More modern conveniences
  – Technology
  – Cars
  – Elevators
  – Fast food
No Single Cause?

• Family history, or not?
  – If one of your parents is obese, you are 3 times as likely to be obese as someone with parents of healthy weight

• The company you keep
  – Socialize with friends who overeat
  – Socialize with those who are physically active

• Why we overeat?
  – Emotional stress
  – Anxiety
  – Depression
  – Chronic pain
  – Filling voids
Definitions

- Overweight: body weight that exceeds some average for stature, perhaps age.
- Overfat: body fat that exceeds an age- and/or gender appropriate average by some amt.
- Obesity: Overfat condition that accompanies components of obese syndrome.
Obesity Trends* Among U.S. Adults
BRFSS, 1990, 2000, 2010

(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)
Our Nation’s Children

- [http://www.cdc.gov/healthyyouth/obesity/facts.htm](http://www.cdc.gov/healthyyouth/obesity/facts.htm)

- The percentage of children aged 6–11 years in the United States who were obese increased from 7% in 1980 to nearly 18% in 2010. Similarly, the percentage of adolescents aged 12–19 years who were obese increased from 5% to 18% over the same period.
Prevalence

- Review national statistics on obesity
- 33% Overweight
- 34% Obese
- 6% Morbidly Obese
- the National Health and Nutrition Examination Survey (NHANES) – 2005-2006
We are human 😊

- Several studies indicate that our field has even higher rates than the general population
- Nurses
- Nurse Educators
- Nurse Practitioners
- Advanced Practice Nurses
Survey Says..

- **Data sources:** A mailed survey to 4980 randomly selected registered nurses from one state in each of six geographic regions. Response rate was 15.5% (n= 760). Descriptive statistics were calculated for continuous variables; categorical variables were summarized with frequency counts.

- **Results:** The grand mean body mass index (BMI) of nurses surveyed was 27.2. Almost 54% were overweight or obese. Fifty-three percent of these nurses report that they are overweight but lack the motivation to make lifestyle changes. Forty percent are unable to lose weight despite healthy diet and exercise habits. Only 26% of respondents use BMI to make clinical judgments of overweight and obesity. Although 93% of nurses acknowledge that overweight and obesity are diagnoses requiring intervention, 76% do not pursue the topic with overweight and obese patients.

- **Discussion:** Many nurses provide weight-related health information to the public. These data suggest that they may benefit from continuing education on obesity and its risks. Because 76% of nurses do not pursue the topic of obesity with patients, they may benefit from education on pursuing sensitive topics during a professional encounter. Nurse practitioners may play a key role in the education of both patients and registered nurses.
Categories of Weight

- Normal: BMI 18.5 – 24.9
- Overweight: BMI 25 – 29.9
- Obese: BMI 30 – 34.9
- Severely Obese: BMI 35 – 39.9
- Morbidly Obese: BMI ≥ 40
Obese Syndrome Components

- Glucose intolerance
- Insulin resistance
- Dyslipidemia
- Type 2 diabetes
- Hypertension
- Elevated plasma leptin concentration
- Increased visceral adipose tissue
- Increased risk of CHD & some cancers
Discuss the role of the nurse in prevention and promotion of healthy lifestyles

• Caring for yourself
  – Self Study

• Nurses at the forefront
  – Health Promotion
  – Community Nursing

• Caring for patients
  – Work with patients own beliefs, culture, practices

• Motivating factors
  – How will the patient benefit
Assessment

- Assessment of weight and health risk involves using three key measures:
  - Body mass index (BMI)
  - Waist circumference
  - Risk factors for diseases and conditions associated with obesity
<table>
<thead>
<tr>
<th>BMI</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &lt; 18.50</td>
<td>Underweight</td>
</tr>
<tr>
<td>BMI &lt; 16.00</td>
<td>Severe Thinness</td>
</tr>
<tr>
<td>BMI 16.00 - 16.99</td>
<td>Moderate Thinness</td>
</tr>
<tr>
<td>BMI 17.00 - 18.49</td>
<td>Mild Thinness</td>
</tr>
<tr>
<td>BMI 18.50 - 24.99</td>
<td>Normal Weight</td>
</tr>
<tr>
<td>BMI 18.50 - 22.99</td>
<td>Lower Range</td>
</tr>
<tr>
<td>BMI 23.00 - 24.99</td>
<td>Upper Range</td>
</tr>
<tr>
<td>BMI 25.00 - 29.99</td>
<td>Overweight / Pre-Obese</td>
</tr>
<tr>
<td>BMI 25.00 - 27.49</td>
<td>Lower Range</td>
</tr>
<tr>
<td>BMI 27.50 - 29.99</td>
<td>Upper Range</td>
</tr>
<tr>
<td>BMI ≥ 30</td>
<td>Obese</td>
</tr>
<tr>
<td>BMI 30.00 - 34.99</td>
<td>Obese Class I</td>
</tr>
<tr>
<td>BMI 35.00 - 39.99</td>
<td>Obese Class II</td>
</tr>
<tr>
<td>BMI ≥ 40.00</td>
<td>Obese Class III</td>
</tr>
</tbody>
</table>
BMI Calculation

http://nhlbiupport.com/bmi/bminojs.htm
There’s a App for that 😊

- **Check your BMI online**
- **Download the iPhone application**
Waist Circumference

- Men: >102 cm (>40 in.)
- Women: >88 cm (>35 in.)
History

• When did the patient first consider himself/herself overweight?
• When were the periods of major weight gain?
• Gradual
• Milestones or significant events
• Marriage
• Birth of child
• Illness
• Employment
Detailed history

• Highest and lowest weight?
• Previous history with weight loss?
  – What method/s used?
• Current lifestyle?
  – Employment
  – Eating habits
  – Activity level
• What was your best weight?
Review of Systems

• Cardiac
  – MI, CAD, Angina, HTN, DM
• Endocrine
  – DM, Hypothyroid, Cushings
• Pulmonary
  – COPD, Apnea, Emphysema, Asthma
• GI/GU
  – IBS, PUD, GERD
ROS

- Mental Health issues
- Depression
- Anxiety
- Abuse history
- Eating dis-orders
  - Anorexia, Binge Eating, Bulimia
  - Needs thorough history
Lifespan Assessments

• Children
  – Diet
  – Activity
  – Screen time

• Geriatric
  – Depression
  – Activity intolerances
  – Neurosenory issues
Assess Medications

- Antidepressants
- Tricyclics
- Monamine oxidase inhibitors
- Antipsychotics

- Antidiabetics
- Insulin
- Sulfonylureas
- Antineoplastic
- Anticonvulsants
- Steroids
Dietary Considerations

• Diabetes
  – CHO and Protein
  – Glycemic Index

• CAD
  – Low Fat

• HTN/CHF
  – Low NA
Dietary Lifespan

• Children
  – Increase calcium
  – Increase activity

• Geriatric
  – Electrolytes
  – Calcium
  – Strength training
Gender

• Men
  – More calories
  – More protein
  – Muscle mass

• Women
  – Calcium
  – B12?
  – Vitamin D3?
  – www.healthharvard.edu
Prevention of obesity

• Choosing healthier foods (whole grains, fruits and vegetables, healthy fats and protein sources) and beverages
• Limiting unhealthy foods (refined grains and sweets, potatoes, red meat, processed meat) and beverages (sugary drinks)
• Increasing physical activity
• Limiting television time, screen time, and other “sit time”
• Improving sleep
• Reducing stress
• Harvard School of Public Health
Practice Wellness

University of California, Riverside: http://wellness.ucr.edu
Social Assessment

• Are you engaged in the process of social wellness?
• Do I plan time to be with my family and friends?
• Do I enjoy the time I spend with others?
• Are my relationships with others positive and rewarding?
• Do I explore diversity by interacting with people of other cultures, backgrounds, and beliefs?
• University of California, Riverside: http://wellness.ucr.edu
Emotional Wellness

- Are you engaged in the process of emotional wellness?
- Am I able to maintain a balance of work, family, friends, and other obligations?
- Do I have ways to reduce stress in my life?
- Am I able to make decisions with a minimum of stress and worry?
- Am I able to set priorities?
Spiritual Wellness

• Do I make time for relaxation in my day?
• Do I make time for meditation and/or prayer?
• Do my values guide my decisions and actions?
• Am I accepting of the views of others?
• University of California, Riverside: http://wellness.ucr.ed
Environmental Wellness

• Are you engaged in the process of environmental wellness?
• Do I recycle?
• If I see a safety hazard, do I take the steps to fix the problem?
• Do I volunteer time to worthy causes?
• Am I aware of my surroundings at all times?
• University of California, Riverside: http://wellness.ucr.ed
Occupational Wellness

• Are you engaged in the process of Occupational Wellness?
• Do I enjoy going to work most days?
• Do I have a manageable workload at work?
• Do I feel that I can talk to my boss and co-workers with problems arise?
• University of California, Riverside: http://wellness.ucr.ed
Intellectual Wellness

• Are you engaged in the process of intellectual wellness?
• Am I open to new ideas?
• Do I seek personal growth by learning new skills?
• Do I search for lifelong learning opportunities and stimulating mental activities?
• Do I look for ways to use creativity?
• University of California, Riverside: http://wellness.ucr.edu
Physical Wellness

- Are you engaged in the process of physical wellness?
- Do I know important health numbers, like my cholesterol, weight, blood pressure, and blood sugar levels?
- Do I get annual physical exams?
- Do I avoid using tobacco products?
- Do I get sufficient amount of sleep?
- Do I have an established exercise routine?
- University of California, Riverside: http://wellness.ucr.edu
Explore current tools and techniques for assessing obesity

- Health Risk Assessment (HRA)
- A Framework for Patient-Centered Health Risk Assessments
- The Affordable Care Act (ACA), Section 4103, requires that a health risk assessment be included in the annual wellness visit benefit authorized for Medicare beneficiaries under the Act.

http://www.cdc.gov/policy/oth/hra/
The interactive menu planner will help guide your daily food and meal choices based on 1 day's calorie allowance. It may be used in advance to plan a meal, or at the end of a day to add up total calories, as well as fat and carbohydrates consumed.

- Use the planner to track food intake
Portion Distortion

- The Portion Distortion quiz is an interactive and fun way to assess your knowledge about how today's portions compare to the portions available 20 years ago. You also will learn about the amount of physical activity required to burn off the extra calories provided by today's portions.

- **Take the quiz**

Eating Right/ Programs

• [http://www.choosemyplate.gov/](http://www.choosemyplate.gov/)
• Weight Watchers ©
  – Teaches portion control
• Jenny Craig ©
  – Prepackaged
  – High NA 😞
• Glycemic Index
  – Great for Diabetics
Weight Loss Surgery

• Last resort
• Not a shortcut
• [http://www.youtube.com/watch?v=A7qMIU7VHwA](http://www.youtube.com/watch?v=A7qMIU7VHwA)
• Most insurance companies will cover expenses if patient is morbidly obese
Criteria before surgery

- BMI of 40+
- 80 - 100lbs overweight
- Diabetes, heart disease or severe apnea
- Related physical problems that significantly employment, physical mobility or physical function

- Anaïse Ikama, Edeneth Flores, Janell Trotman, Marie Jimenez, Marjorie Johnson & Petra Ramnarine
Nutrition

- Patient have to follow a strict diet before and after bariatric surgery.

- Patient must have a nutritional consultation.
Pre-Post Operative Nutrition

• Clients are started on a puree or liquid diet 2 weeks before surgery.

• Most of the caloric intake should contain mostly of protein.

• Caffeine, soda, alcoholic and beverages that contain sugar should be avoided.
Pre-operative Nursing Care

• There are always risks with surgery, however as health care providers, we can follow steps to minimize these risks by performing physical and psychosocial assessment of the patient. The psychosocial assessment is obtained to evaluate the patient’s mood, self-esteem and emotional status.
Some of the complications for bariatric surgery

- DVT, pulmonary Embolus, pneumonia, dumping syndrome, loss of too much weight, injury to pelvic organ, and leaks from a break in the staple line, and death (1% nationwide).
Complications developed after Bariatric surgery

- Bariatric-surgery patients are at risk for developing complications related to surgery and postoperative respiratory and gastrointestinal disorders.
- According to the International Bariatric surgery registry, the leading cause of death following bariatric surgery is pulmonary embolism, anastomotic leaks and respiratory failure.
- Other complications are wound infections, incisional hernias, ulcers, bleeding, constipation, cholelithiasis, dumping syndrome, dehiscence, vitamin and nutrient deficiencies.
The role of the nurse in monitoring and managing clients in postoperative

- Typically, during the postoperative recovery period the nurse has to monitor and manage the patient to reduce complications, by positioning the patient's head at least 30 degrees semi-Fowler's position to help breathing and by reducing the weight of abdominal adipose tissue pressing on the diaphragm.

- Checking vital signs, assess for complications, and provide skin and wound care, breathing exercises using incentive spirometry.

- Assess abdominal changes in appearance of volume gastric or percutaneous drains, presence of hematemesis or melena, and persistent cough. These findings should be reported to the physician for appropriate medical intervention. (www.aafp.org).

- Also encourage early ambulation to reduce the risk of immobility.
Collaborative Care

- Patient
- Family
- Nursing
- Physician
- Psychotherapy
- Nutritional Consult
- Diabetic Education
- Gym Membership
- Model good behaviors
Summary

• Healthy Behaviors
• The role of activity
• Eating well to promote weight loss
• Weight loss programs
• Medications and supplements for obesity
• Bariatric surgeries
Thank you for your time 😊

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• www.linkedin.com/in/drlauerpfroommer
Incorporate evidence based practice guidelines in caring for obese patients.

• AHRQ

• CDC.Gov

• School Nurses Association
  • [http://www.nasn.org](http://www.nasn.org)

• Healthy People 2020