


A photograph of a man and a woman sitting at a wooden table in an office setting. The man, on the left, is wearing a dark purple button-down shirt and is gesturing with his right hand while holding a white folder. The woman, on the right, is wearing a white blazer over a dark top and is looking at the man. A laptop is open on the table between them. In the background, there are large windows with horizontal blinds.

Person-Centered Conversations: Weight Management and Type 2 Diabetes

A purple circle containing two white chevron arrows pointing to the right.

About 2 in 5 adults in the United States have obesity, which is linked to chronic diseases like type 2 diabetes, cardiovascular disease, and several types of cancer. One of the objectives of Healthy People 2030 is to increase the proportion of health care visits by adults with obesity that include counseling on weight management, nutrition, and physical activity. Healthcare professionals can benefit from strategies to have effective conversations about weight and weight management that are relevant and person-centered.

Talking about weight may be difficult for higher weight individuals. Weight bias creates

negative attitudes for people with higher weights. Using first-person language can make people with higher weights feel more comfortable during medical visits and encourages a trusting relationship with their medical providers. Evidence suggests that 21% of patients seek a new provider when they experience stigma and bias regarding their weight. For this reason, healthcare providers must address this topic with sensitivity, active listening, and non-judgmental language.



The 5As for obesity counseling and motivational interviewing are two evidenced based, person-centered strategies that can help you start the conversation about weight with your patient.

Starting the Conversation

Strategy 1: 5A’s: Ask, Assess, Advise, Agree, Assist

The 5 A’s strategy is a minimal intervention strategy that can be used as a framework for weight management counseling. This strategy promotes nonjudgmental discussion and helps explore the person’s readiness to change, while also providing information and resources to support their efforts.

ASK	ASSESS	ADVISE	AGREE	ASSIST
<p>Ask for permission to discuss weight</p> <ul style="list-style-type: none">◆ “Would it be alright if we discussed your weight?”◆ “Are you concerned about your weight’s effect on your health or your quality of life?”◆ Explore readiness for change “Are you ready to work on losing some weight?” followed by “Would it be okay if I offer some help in this area?”	<p>Assess health status, BMI, waist circumference, waist-hip ratio, root causes of weight gain and effects of weight on psychosocial functioning. Identify past successes and challenges.</p>	<p>Explain the benefits of modest weight loss along with defining what that means for the individual and the need for a long-term strategy and treatment options.</p> <ul style="list-style-type: none">◆ “Now that we have a better understanding of your situation, can I recommend a plan of action?”	<p>Respectfully negotiate, agree on weight-loss expectations, and focus on behavioral goals and health outcomes.</p>	<p>Provide education, resources, referral to appropriate providers for management, and arrange follow-up.</p>

Strategy 2: Motivational Interviewing

Motivational interviewing is a collaborative, goal-oriented approach of communication to elicit behavior change. There are four basic skills and techniques—often referred to as OARS, that are used in motivational interviewing.



OPEN-ENDED QUESTIONS

This is an important first step enabling the patient to tell their story in their own words and from their point of view.

- If you have had any experience with dieting, could you describe what that has been like?
- How satisfied are you with your current weight?
- Do you want to lose weight?
 - ◆ If yes, tell me more about it.
 - ◆ If no, tell me more about what your health goals are.
 - ◆ Tell me more about your current eating plan.

AFFIRMATIVE STATEMENTS

Recognize and support your patient's personal strengths, successes, and efforts to change.

- “Your dedication to improving your health and losing weight is really noticeable. You’ve made a lot of improvements.”



REFLECTIONS

Reflective listening confirms that the patient has been heard and validates his or her point of view.

- If client/patient has been on weight loss diets and has lost and gained weight and wants to lose weight, provider may suggest, “Long term weight loss is tough and often requires comprehensive and ongoing lifestyle intervention such as medical nutrition therapy, physical activity, and in some cases the addition of drugs and/or surgery.”
- If client/patient does not desire to lose weight and instead focuses on healthy eating or managing blood glucose, provider may suggest, “You do not want to focus on weight right now and would like to focus on other areas of self-management of your diabetes. I can refer you to an RDN and/or diabetes care and education specialist.”

SUMMARY STATEMENTS

These statements recount and clarify the patient's statements and identify specific points to act upon.

- “So, I’m hearing that you’ve struggled with weight for most of your adult life and are now starting to recognize how it is affecting your health and quality of life.”
- “Let’s discuss some strategies to develop a plan to help you address your concerns.”





Continuing the Conversation

The following conversation guide can help you continue the dialogue based on potential questions you may get.

Is There a Link Between Weight and Type 2 Diabetes?

Suggested Discussion Points

- Type 2 diabetes is a complex condition and there are many factors that can lead to type 2 diabetes.
- Being higher weight has been linked to type 2 diabetes.
- Even modest weight loss from lifestyle changes such as increasing physical activity and a healthy eating plan can help manage type 2 diabetes.

Will Losing Weight Help My Diabetes?

Suggested Discussion Points

- An eating plan combined with physical activity and behavioral therapy to lose and maintain loss of at least 5% of your body weight is recommended. For example, if you weigh 200 lbs., losing 10lbs and maintaining that weight loss can help.
- A Registered Dietitian Nutritionist (RDN), and exercise physiologist are specialists who can help you create personalized eating and activity plans. A therapist can help with mental health issues related to higher weight, stigma, and negative self-talk.

- Losing additional weight may reduce your risk of cardiovascular conditions like heart attack and stroke and can also help you reach goals for diabetes management.

Is Giving Up Eating Carbs Necessary for Me to Lose Weight and Manage My Diabetes?

Suggested Discussion Points

- No, you don't have to give up all carbohydrates to lose weight or manage your diabetes.
- There is no ideal amount of carbohydrates for people with diabetes. Knowing how different amounts of carbohydrates impact your blood glucose at meals and snacks can help you determine the right balance for you.
- The amount, type, and quality of carbohydrate is important. Foods that are higher in fiber help keep you full longer and may also reduce the impact on your blood sugar after eating.

Continuing the Conversation



I Have Heard That Some Diabetes Medications Can Help Me Lose Weight.

Suggested Discussion Points

- In addition to modifying aspects of your lifestyle such as physical activity, eating habits, and addressing mental health concerns, weight loss medication can be considered for people with type 2 diabetes and BMI $\geq 27\text{Kg/m}^2$. Would you like me to share some options?
- The U.S. Food and Drug Administration has approved medications for diabetes management that also lead to weight loss. They are called Incretins. Would you like me to explain the different Incretin medications that are available?
- Other than medications, bariatric surgery is an option for persons with diabetes. Would you like to learn more about this option?

I Am Tired of Diets, and I Don't Want to Go on Another Diet.

Suggested Discussion Points

- Would you like to talk to a RDN about a healthful eating pattern that emphasizes creating an eating plan with some of your favorite foods to improve your overall health and manage your diabetes?

- There are many eating patterns you can choose from and a RDN can help you choose the best options and portions for your cultural and personal preferences.

I've Heard That My Culture's Traditional Foods are Unhealthy, and I Should Give Them Up to Help Lose Weight and Manage My Diabetes.

Suggested Discussion Points

- Let's focus on HOW to include your cultural foods and keeping your blood sugars in target. This may mean adjusting the portions, frequency, or how the foods are cooked.
- A RDN can help you incorporate your cultural foods into your diabetes meal plan. Would you like a referral?

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