

Make Your Office Friendly For Obese

By Erik L. Goldman 1/15/00

Chicago – To help obese patients lose weight, amend your office settings and your practice patterns to encourage their efforts, Gary Foster, Ph. D. advised at the annual meeting of the American College of Chest Physicians. “If overweight patients are not comfortable in your office, they won’t come back. You can easily and unwittingly embarrass them and put them off,” said Dr. Foster, who runs an obesity treatment clinic at the University of Pennsylvania in Philadelphia.

He offered this list of recommendations for making the office friendly for the obese patient and encouraging weight loss:

- **Make environmental accommodations for obese patients.**

Replace a few waiting room armchairs with armless models or couches. Most chairs with arms are not designed for overweight people; nothing is more discouraging or humiliating to a patient than to be forced to stand in a room full of seated people simply because he or she cannot fit in the chairs. “If the office is not welcoming to obese patients, they will be reluctant to return,” he added.

- **Check the limits of the office scales and blood pressure cuffs.**

Make sure you have a scale that measures well beyond 300 pounds; many ordinary models do not. “You cannot say to someone, ‘Well, you weigh somewhere over 300 pounds,’ ” said Dr. Foster. “Imagine a blood pressure cuff that only went to 200mmHg.”

And speaking of cuffs, it is a good idea to have a large cuff for patients whose upper arm circumference exceeds the standard cuff. Again, it can be very discouraging for a patient to be too big to obtain proper blood pressure measurements, he noted.

- **Go for “acceptable,” not “ideal,” weight loss.**

The best treatments give only 10%-15% reductions. “Some of these patients want to lose 30%-35%. That simply is not going to happen,” Dr. Foster said. Remind patients that losing weight will not make them healthier, it will not give them supermodel figures, nor will it automatically improve relationships.

In terms of treatment approaches, you can minimize disappointment by helping patients define reasonable, reachable goals; the more realistic the objective, the less frustration patients will likely experience and the more satisfying and sustainable the process will be.

Don’t put undue faith in pharmacotherapy, or you will end up disappointing patients. “We do not have cures for obesity. We are better at managing it, but it is still a chronic problem. At the end of the day, patients still need to modify their lifestyle,” he said.

- **Focus on behavior modification rather than diets.**

Diet is important but not as important as identifying the thought patterns and “behavior chains” that lead to overeating. Help patients to mentally reconstruct the contexts in which overeating occurs: Does the eating arise out of boredom? Is it linked with depression? Does a minor deviation from a diet result in a feeling of failure that then precipitates a major binge?

Rigid diets are not likely to result in long-term sustainable weight loss. At their worst, diets can be extremely harmful to a patient's self-esteem by reinforcing the idea that lack of willpower is the underlying cause of obesity.

Dr. Foster urged clinicians to remember that a 500-calorie reduction in daily intake can lead to a loss of 1 pound per week and is a lot easier for patients to sustain.

Portion control is the key. "A bagel and coffee" can mean a lean 2-ounce Lender's frozen bagel or a 4-ounce dough ball from the corner deli. The caloric content – even without butter or cream cheese – varies accordingly. Rather than advocating severe, restrictive diets, help patients identify ways to trim portion sizes and calories.

- **Focus on activity levels.**

Increased activity is often more palatable than intensive exercise. Exercise won't lead to large weight reductions, but it is critical for sustaining weight loss. Look for little ways in which patients can increase their overall daily activity levels, rather than pushing intensive work-outs that will be difficult for patients to embrace.

Some examples of easy calorie burners include taking the stairs instead of the escalators; getting off the bus or train one stop early and walking; parking the car a bit farther away and walking; using the upstairs bathroom when downstairs and vice versa; and hiding all household remote control devices, so the patient must get up and move to flip the channels, open garage doors, or change CDs.

It is not bad idea to eliminate a few telephone extensions in the house as well. "Every phone extension saves you about 70 miles of walking per year," said Dr. Foster, citing a Bell Laboratories study.

"When working with these patients, don't worry so much about maximum target heart rates or things like that. Focus on the number of total minutes of activity per week, not on intensity."

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