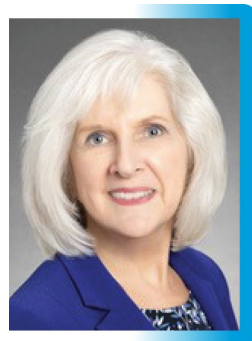


Support for Positive Outcomes with Obesity Medications



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Sponsor Disclosure

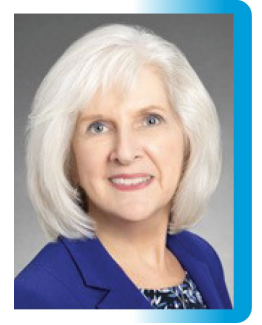
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Speaker Bio

- Linda Gigliotti , MS, RDN, CDCES, FAND has extensive experience in the clinical practice of adult weight management and multidisciplinary obesity treatment teams, having served as the Program Director of the Weight Management Program at the University of CA, Irvine for 20 years.
- She is co-editor of the *Health Professionals Guide to Obesity and Weight Management*, recently published by the Academy of Nutrition and Dietetics. Currently she serves on the Academy Foundation Board of Directors.
- Linda Gigliotti is board certified in diabetes care and education and was engaged in the development of the interprofessional Certified Specialist in Obesity and Weight Management (CSOWM) credential. In 2021 she was awarded the Medallion Award by the Academy of Nutrition and Dietetics. She is also a recipient of the Excellence in Weight Management Practice Award by the Weight Management Dietetics Practice Group in 2017 and the CA Outstanding Dietitian of the Year Award in 2018.

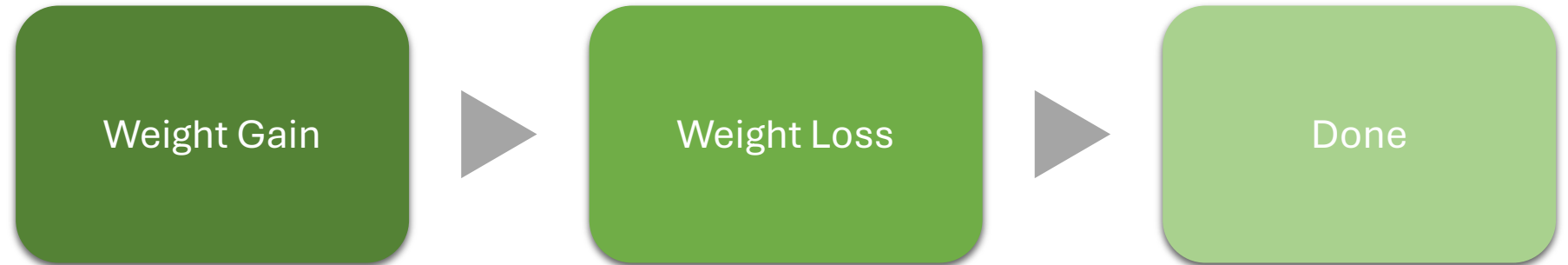
What Are Positive Outcomes?

What do we want?

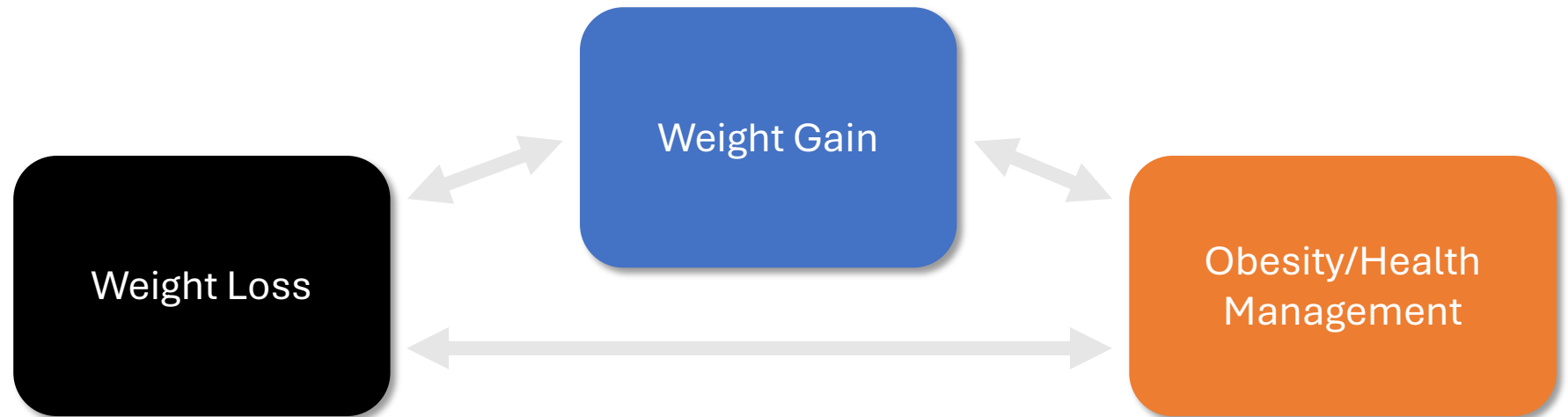
What does the patient want?

Obesity As a Chronic Disease

**OLD
PARADIGM**



**CHANGE THE
NARRATIVE**



Behavioral Counseling Priorities



**Adherence to medication
protocol**



**Practice new lifestyle
behaviors**

Barriers to Medication Adherence

Access obstacles

Cost

Medication administration

Side effects



Medication Administration

- Administration technique
 - Assessment of subcutaneous administration technique
- Titration of dose
 - Highest dose is not always the optimal dose

Gastrointestinal Side Effects

Wharton S, et al. Postgrad Med. 2022;134(1):14-19.
Warshaw H. Today's Dietitian 2023;November/December

10-30% report nausea, vomiting, constipation, diarrhea

- Leads to discontinuing in 5-10% clinical trials
- Possibly higher in real world without support?
 - Study with Type 2 diabetes- 50% discontinue

Transient but may reoccur with increased doses

Communicate with provider- med change or adjustment

- Optimal therapeutic dose for a client is not always the highest available dose.
- Less nausea with tirzepatide

Client may be hesitant to communicate fear of discontinuing

Tips to Minimize GI Side Effects

- “Start low, go slow”
- Advise patients that side effects will vary and are transient.
 - May recur when dose titrated up.
- Encourage patient to report side effects early so can advise accordingly.
- Eat smaller portions of food than usual.
 - Smaller plates, take home containers
- Eat slowly
 - Stop eating at first sign of fullness.
- Limit high fat and spicy foods.
- Stay hydrated.
- Encourage high fiber foods if constipated.
- Sip ginger or peppermint tea if nauseated.

Medication Side Effect	Nutrition Management Strategies
Nausea	Eat regularly with smaller portions than usual Eat slowly Stop at first sign of fullness Limit high fat or spicy foods Stay hydrated- Daily fluid intake of 64 oz.
Constipation	High fiber food diet with vegetables, fruits, whole grains Stay hydrated-Daily fluid intake of 64 oz. Increase physical activity; reduce sedentary behavior Consider a fiber supplement Consider a stool softener
Diarrhea	Avoid sugar alcohols Limit intake of coffee, dairy, alcohol, carbonated beverages Increase fiber intake Stay hydrated - Daily fluid intake of 64 oz.

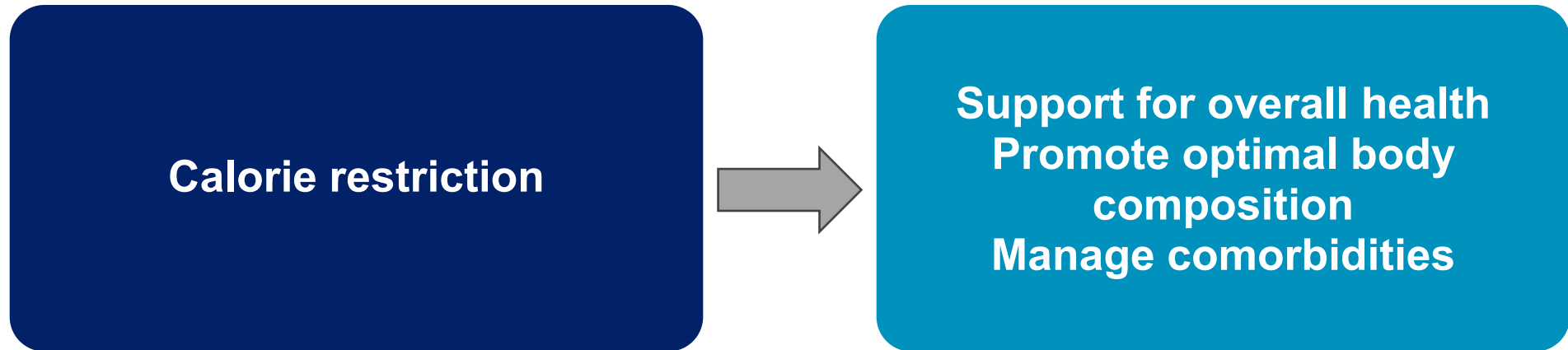
Academy of Nutrition and Dietetics. Nutrition Care Manual.
<https://www.nutritioncaremanual.org/>. 2024, in press.

Is a Healthy Lifestyle Still Needed?

Wharton S, et al. Postgrad Med. 2022;134(1):14-19.
Warshaw H. Today's Dietitian 2023;November/December

- **A Rx for medication is not quality medical obesity care!**
- Are we contributing to weight bias if we only address weight?
- STEP-1, SURMOUNT, other trials
 - Intervention was injection of incretin-based therapy **PLUS** lifestyle counseling by RDN or a similar qualified healthcare professional

Redefine the Lifestyle Message



RDN-provided Lifestyle Interventions Make a Difference

1. Morgan-Bathke M, et al. *J Acad Nutr Diet*. 2023;123(11):1621-1661.e1625.
2. Hartmann-Boyce J, et al. *Circ Cardiovasc Qual Outcomes*. 2023;16(4):e009348.
3. Mohr AE, et al. *J Clin Lipidol*. 2022;16(5):547-561.
4. Dudzik JM, et al. *Am J Clin Nutr*. 2023;118(5):892-910.

Systematic review of 62 randomized controlled trials (RCTs)¹

↓ BMI
↓ waist circumference
↓ systolic blood pressure
↑ mental quality of life
↑ percent weight loss

Counseling provided by RDNs has been shown to improve outcomes in:

dyslipidemia²

prediabetes³

hypertension⁴

Support for Nutritional Intake



Decreased appetite

Smaller portions

Eat slowly, stop eating at signs of fullness

- Hunger-Fullness Scale



Assess need for structure

Meal timing (forget to eat)

Prepared foods

Home-delivered meals



Identify stages of change

Think adapt vs. change

Micro changes > self-efficacy



Minimize loss of lean body mass

Protein intake

Nutrition-focused physical exam

What's a Healthy Food Plan?

Low-Fat	<ul style="list-style-type: none"> Reduced Risk of Diabetes 	<ul style="list-style-type: none"> Weight Loss
Very Low-Fat	<ul style="list-style-type: none"> Weight Loss 	<ul style="list-style-type: none"> Lowered Blood Pressure
Mediterranean	<ul style="list-style-type: none"> Reduced Risk of Diabetes 	<ul style="list-style-type: none"> A1c Reduction Lower Triglycerides Reduced Risk of Major Cardiovascular Events
Vegetarian/Vegan	<ul style="list-style-type: none"> Reduced Risk of Diabetes 	<ul style="list-style-type: none"> A1c Reduction Weight Loss Lower LDL-C & non-HDL-C
Low-Carb, Very Low-Carb	<ul style="list-style-type: none"> A1c Reduction 	<ul style="list-style-type: none"> Weight Loss Lowered Blood Pressure Increased LDL-C & Lowered Triglycerides
DASH	<ul style="list-style-type: none"> Reduced Risk of Diabetes 	<ul style="list-style-type: none"> Weight Loss Lowered Blood Pressure
Paleo	<ul style="list-style-type: none"> Mixed Results 	<ul style="list-style-type: none"> Inconclusive Evidence



Eating Patterns

- Mediterranean
- Vegetarian or Vegan
- Low-Fat
- Low- & Very Low-Carbohydrate
- DASH
- Paleo

What Do the Eating Patterns Have in Common?

	USDA	Mediterranean	Vegetarian	Vegan	Low-Fat	Very Low-Fat	Low-Carb	Very Low-Carb	DASH	Keto/Paleo
Dairy	✓	✓	✓		✓	✓	Cheese	Cheese	✓	
Fruit	✓	✓	✓	✓	✓	✓	Berries	Berries	✓	Berries
Vegetables	✓	✓	✓	✓	✓	✓	Leafy Green	Leafy Green	✓	✓
Beans, Peas & Lentils		✓	✓	✓	✓	✓				
Animal Protein Foods	✓	Fish	Eggs		✓	✓	✓	✓	Fish, Lean meat	Fish, Lean meat
Fat & Oils	✓	✓	✓	Some	✓	✓	✓	✓	Nuts, Oils	Avoid refined fats
Nuts & Seeds		Some	✓	✓	Some	Some	✓	✓	✓	✓
Grains	✓	✓	✓	✓	✓	✓			✓	

Medications seem to dampen “food noise.”

An opportunity to
address food behaviors




Support for Physical Activity

- Reframe the health benefits of physical activity independent of weight loss
- Reinforce the value of “moving more” to use muscles to preserve muscle mass and function
- Emphasize the importance of strength training to preserve muscle mass
- Consider body composition measurements to assess quality of weight loss
- Start low, go slow considering the ability level for those with no previous PA
- Use fitness trackers to set goals and monitor increases in physical activity
- Be aware of other comorbidities which impact PA (Glucose levels, beta blockers)

Support for Mental Health

- Address changes in body image
- Discuss unrealistic expectations
- Be prepared for changes in relationships
- Discuss modifications in the brain's pleasure centers- food, alcohol, sex
- Integrate conversations about obesity as a chronic disease
- Discuss need for long-term medication use
- Include sleep hygiene
- Monitor for eating disorders?
- Refer to behavioral health professionals - include in team

Support for Positive Outcomes

- **Accept obesity as a chronic disease**  **Comprehensive Obesity Care**
- Better Clinical Outcomes
 - More weight loss with better long-term management
 - Better risk factor improvement (metabolic health)
 - Quality of life
- Treat the whole person
 - Address the “Why?”
 - Treat the condition, not the symptom
 - Improve weight-related conditions
 - Sleep, stress, etc.
 - Accept the new you
 - Adjustments to body image
 - Bias, stigma

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