A Practical Look: Partnering with Your Provider to Discuss Obesity Medications

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Disclosures

• Professional fees
  – 3D Communications
  – Eisai
  – EnteroMedics
  – Nestlé
  – Novo Nordisk
  – Nutrisystem

• Personal biases that favor:
  – Evidence-based interventions, both prevention and treatment
  – Respect for people living with obesity
  – Critical thinking about all evidence
  – Finding a balance between consumer insights and health science
Presentation Objectives

- Discuss different types of providers and their roles
- Describe realistic expectations for providers and drugs
- Highlight the importance of knowing what you want
- Provide ideas about where to start and how to build from there
- Talk about spotting problems, myths, and misperceptions
- Review some case studies and experiences
Overcoming Obesity Takes a Team Effort

- Primary care provider
- Obesity medicine specialist
- Pharmacist
- Others
  - Dietitian
  - Surgeon
  - Clinical psychologist
  - Exercise physiologist
  - Counselor or health coach
Overcoming Obesity Takes a Team Effort

Primary care provider
- Care for the whole person
- Respects and understands medical needs
- Utilizes specialists and allied health professionals as necessary
- Might or might not understand obesity
- Includes FPs, IMs, NPs, PAs

Family Doctor, lithograph by Grant Wood / Smithsonian American Art Museum
Overcoming Obesity Takes a Team Effort

Obesity medicine specialist

• They know obesity meds
  – Board certification of knowledge and competence in obesity care

• Might or might not offer primary care
  – 74% come from primary care
  – IM, FP, OBG, Ped
  – Others include Endo, Surg, Psych, EM, Card

• A most rapidly growing specialty

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Source: American Board of Obesity Medicine
Overcoming Obesity Takes a Team Effort

Pharmacist

• Experts on drugs generally
• But rarely obesity experts
• Can help with drug coverage
Overcoming Obesity Takes a Team Effort

• Others
  – Dietitian
  – Surgeon
  – Clinical psychologist
  – Exercise physiologist
  – Counselor or health coach
Realistic Expectations Require an Understanding of Obesity

- Even most health professionals don’t understand obesity physiology
- Body weight is an intensely personal subject
- Obesity is highly stigmatized
- Most people think they must deal with obesity on their own

Sources: Tsai et al, 2017.12; Kaplan et al, 2018.01
Science Explains Obesity
As a Range of Complex Chronic Diseases

• Neuroscience tells us that the hypothalamus regulates fat mass and energy balance
• Multiple triggers
• Multiple pathways that can fail
• Rapidly growing, yet incomplete understanding

Sources: Tsai et al, 2017.12; Kaplan et al, 2018.01
Obesity Through the Lens of Weight Loss

- Scams and self-directed diets can do more harm than good
- Most people with obesity don’t consult HCPs
  - 10% consult any HCP
  - 4% consult a physician
  - ~1% who could benefit get surgery or drugs
Drugs Are an Important Part of Real Obesity Care

- Self-care is a starting point
- Options beyond that are growing
- Finding the right options requires patience
Different People Respond Very Differently to Different Options

• Obesity comes in many forms and flavors (think about cancer)
• Among proven options: Average response doesn’t matter so much as your response
• A good provider can find the options that work for you

Source: Presentation by Lee Kaplan, 30th Blackburn Course in Obesity Medicine, Treating Obesity 2017
Knowing Yourself and Your Own Priorities

- Are you listening to your body?
- Recognizing internalized stigma
- Setting aside negative voices and negative self-talk
- Advocating for yourself

Eye to Eye, photograph © TangoPango / flickr
Where to Start

- Expect respect
- Take stock of your PCP
  - What’s their understanding of obesity?
  - Do they understand obesity meds?
- Connect with a provider who understands obesity
- Tap into the best team you can assemble
Spotting Problems

• Listening: Does the provider tell or ask?
• Motivational interviewing is the mark of a competent provider
  – Empathetic listening
  – Helps a person discover what they want and why they want it

Trouble at Sea, photograph © Matthew Hartley / flickr
Spotting Problems

• Listening:
  Does the provider tell or ask?

• Tunnel vision:
  - Blaming everything on obesity
  - 100% reliance on behavior

Trouble at Sea, photograph © Matthew Hartley / flickr
Spotting Problems

• Listening: Does the provider tell or ask?
• Tunnel vision:  
  - Blaming everything on obesity  
  - 100% reliance on behavior  
• Denial about obesity science  
  - “Bariatric surgery will kill you”  
  - “Diet pills” are dangerous cheats

Trouble at Sea, photograph © Matthew Hartley / flickr
Spotting Problems

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• One size fits all
Real Life Experiences

- Blaming obesity for scoliosis
- Casual diagnosis of binge eating
- “You don’t need that drug to maintain your weight. It’s not indicated.”
- “Obesity meds don’t work because people gain weight when they stop taking them.”

—AAFP Spokesperson
A Few Things to Remember

• It takes a team
• Connecting to someone who knows obesity is the #1 priority
• Listening is the mark of a good provider
• Drugs are an important, but not magic, tool
• Actual mileage may vary
• Don’t accept nonsense

Remember the Fiat 1100? Photograph © Matthew Hartley / flickr
More Information

- [www.conscienhealth.org/news](http://www.conscienhealth.org/news)
- [Facebook.com/ConscienHealth](http://facebook.com/conscienhealth)
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