



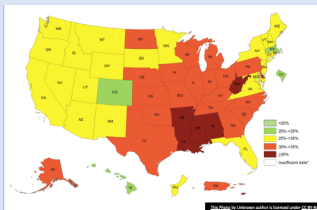
Lifestyle intervention for adult obesity: The potential for 5As tools to optimize Intensive Behavioral Therapy (IBT) outcomes through primary care.

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BACKGROUND/PURPOSE

Background: Obesity carries a high burden of morbidity and mortality in the United States. Obesity guidelines recommend behavioral therapy is utilized as a component of lifestyle interventions for weight loss management. However, the specific implementation of behavioral therapy for weight loss is lagging in the primary care setting.



Prevalence of Obesity:
39.8% of the adult US population
Hispanic & non-Hispanic African Americans are disproportionately impacted by obesity. These populations are followed by non-Hispanic Whites and Asian Americans.
(2015-2016 data)---(CDC, 2018)

3-5% weight loss is able to impart benefit (lower triglycerides, bd glucose, HgA1c, lower risk of DMII) , further weight loss will lower B/P and improve lipid profiles. (Jensen et al., 2013)

Example: 3% of 200 lbs = 6 lbs

Purpose: To identify if behavioral counseling as a component of lifestyle interventions within primary care obesity management has the potential to induce a weight loss of 3 kg (6.6 lbs) within 6 months as outlined for reimbursement by Medicare's Intensive Behavioral Therapy (IBT) policy.

PICOT: In adults with obesity, how does behavioral counseling within high intensity lifestyle interventions impact positive outcomes (weight loss of at least 3 kg) when compared to no behavioral counseling or usual care for weight loss over 6 months?

P: Population/patient - Adults with obesity

I: Intervention –Behavioral counseling as a component of High-Intensity Comprehensive Lifestyle Interventions

C: Comparison/control: Usual care or no behavioral counseling for weight loss.

O: Outcome – wt loss of at least 3 kg (6.6 lbs)

T: Time – 6 months

INTENSIVE BEHAVIORAL THERAPY (IBT)

- Intensive Behavioral Therapy (IBT) is covered for CMS Medicare patients diagnosed with obesity for face-to-face sessions with primary care providers and/or trained interventionists.
- CMS and the USPSTF both advise the 5As framework for use during IBT. (Wadden et al., 2015; Curry et al., 2018)

Intensive behavioral therapy:

- 14 face-to-face sessions lasting 15 minutes.
- 1st month weekly, successive months twice/month until 6 months.
- Additional monthly face-to-face sessions if ≥ 3 kg weight loss (6.6 lbs)

(Fitzpatrick et al., 2016; Hoerger et al., 2015)

BEHAVIORAL-CHANGE COUNSELING WITH THE 5As MODEL

Assess: BMI, Comorbidities, Readiness for change.

Advise: Educate about risks and benefits.

Agree: Agree upon weight loss as a goal and discuss options.
Agree upon SMART goals.

Assist: Use the ADAPT acronym for shared-decision making.

ADAPT: Attitude (normalize), Define (problem and biggest barriers), Alternative (create options list to conquer barriers), Predicting consequences (most realistic solution and potential barriers), Trying out solutions (setting a start date and evaluation).

Arrange: Regular follow-up with PCP for IBT; referrals to behavioral health or registered dietitians as needed

(Fitzpatrick et al., 2016)

5AsT tools developed for primary care:

- Help educate patients and guide them through the process of setting goals and the shared-decision making process.
- Flexible tools for patient specific needs
- Tools for providers

(Osunlana et al., 2015)

DIABETES PREVENTION PROGRAM –COMPARABLE LIFESTYLE INTERVENTIONS

Diabetes Prevention Program (DPP):

Behavioral counseling for 16 in person visits with registered dietitian in 6 months (1st month weekly then biweekly) then monthly for 1 year with average 7kg at 6 months; sustained at 24months. Current use: DPP lifestyle positive outcomes have been reproducible: 4 to 7kg weight loss in 6 months. DPP are typically facilitated @ YMCA: 60-90 minutes with 8-20 people in group.

MODEL-IBT trial:

- IBT only arm: IBT provided in primary care per CMS recommendations + specific caloric restriction and specific physical activity advised based on comparable Diabetes Prevention Program (DPP) goals.

- At 24 weeks (approximately 5.5 months) the IBT protocol arm resulted in ≥ 3 kg loss (CMS IBT integrated with DPP-like interventions)

(Wadden, Tsai & Tronieri, 2019)

METHODS

A literature review from 2011 to the present was conducted which was limited to scholarly and peer-reviewed articles and targeted aspects of behavioral therapy for obesity weight loss management; along with ethical, cultural and policy data related to obesity within the context of primary care.

RESULTS

2013 AHA / ACC / TOS Guideline for the Management of Overweight and Obesity in Adults: cites a high level of strong evidence to recommend behavioral therapy as a component of comprehensive lifestyle interventions for weight loss. Few trials have successfully assisted patients with obesity to lose ≥ 3 kg of weight within six months. Successful trials achieved the latter through integration of 5As-based-IBT with specific patient goals comparable to those used in the Diabetes Prevention Program (DPP).

CONCLUSION:

There is promise for further successful use of 5As-based-IBT if integrated with specific DPP-comparable lifestyle intervention goals to potentiate weight loss in the obese primary care population. Further similar trials are needed within primary care to validate these findings.

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