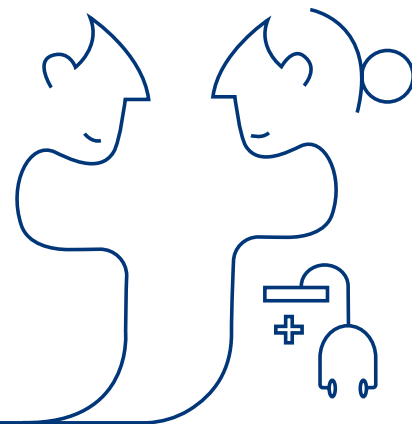


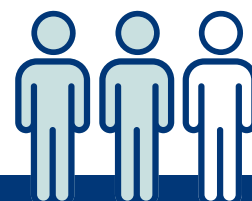
Starting the weight-management conversation

Tools for initiating effective discussions about weight



In a cross-sectional study that surveyed over 3,000 adults with a BMI ≥ 30 kg/m², two-thirds reported wanting their HCP to be involved with their weight management.¹

Several techniques are available to help you with conversations around long-term weight management.



2 out of 3 patients want HCP involved in weight management

The 5 As framework

The 5 As model provides a framework to start a conversation with your patients. Weight is a sensitive and personal topic, and discussions can be challenging for patients.²

Ask

- Ask permission to discuss weight
- Be nonjudgmental and explore readiness for change

Assess

- Assess obesity class and stage
- Assess for drivers, complications, and barriers

Advise

on obesity risks

- Explain the benefits of modest weight loss
- Explain the need for a long-term strategy
- Discuss treatment options

Agree

- Agree on realistic weight-loss expectations that focus on behavioral goals and health outcomes
- Agree on a treatment plan

Assist

- Provide education and resources
- Refer to appropriate providers
- Arrange follow-up

Sample conversation starters:

“

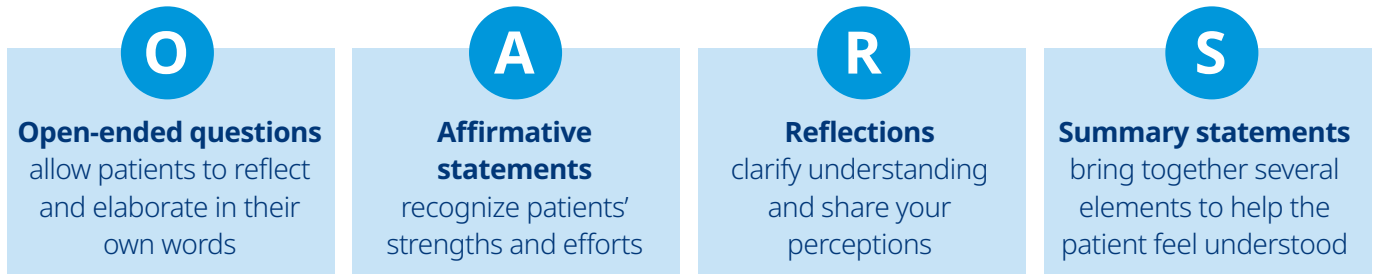
Would it be okay if we discussed your weight?”

“

You mentioned a number of health concerns that may be related to your weight. Would you like to talk about this to see if we can help?”

Motivational interviewing (MI)

The practice of MI involves a collaborative communication style to help strengthen a person's own motivation for change. This approach aims to create conversations that explore the patient's goals, needs, and preferences. The **OARS** strategy is one way to generate the intended benefits of MI.³



Create specific, realistic, and SMART goals

Goal setting can help with weight management. Collaborate with patients to identify 1-2 behaviors they are ready, willing, and able to change. Using **SMART** goals helps patients clearly define their weight-management objectives.^{4,5}

S	Specific	Focuses on a specific behavior or accomplishment
M	Measurable	Provides a framework to measure accomplishments
A	Achievable	Recognizes the time frame and resources available to the patient
R	Realistic	Remains true to the problem at hand
T	Time-bound	Describes the time frame within which the objective is to be achieved

Example goals:

- **Nutrition goal:** Four days each week (how often) I will eat fruit instead of ice cream as my evening snack (realistic and specific).
- **Physical activity goal:** Five days each week (how often) I will take a 30-minute walk during my lunch break since I don't really need a whole hour to eat (realistic and specific).

References: 1. Golden A, Dhurandhar N, Jinnett K, et al. Insights and perceptions of obesity management in people with obesity: results of the National ACTION Study. Poster presented at: Obesity Week 2016; October 31-November 4, 2016. New Orleans, LA. Poster T-P-3178. 2. Vallis M, Piccinini-Vallis H, Sharma AM, Freehoff Y. Clinical review: modified 5As: minimal intervention for obesity counseling in primary care. *Can Fam Physician*. 2013;59(1):27-31. 3. Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*, 3rd ed. New York: The Guilford Press, 2013. 4. American Diabetes Association. Setting realistic goals. Accessed April 11, 2025. <https://diabetes.org/health-wellness/weight-management/setting-realistic-goals>. 5. Centers for Disease Control and Prevention. Writing SMART objectives. Published August 2018. Accessed April 11, 2025. <https://healthandlearning.org/wp-content/uploads/2019/12/writing-SMART-objectives-CDC.pdf>



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