

Appendix 4. Behavioural therapy in the management of obesity

Experts suggest that practitioners consider the following when assessing “reduction readiness” of their patients:

- Is the patient seeking weight loss assistance? Efforts are likely to be unsuccessful if patients feel they are being forced into treatment by family, employer or physician. Patients need to recognize the need for and benefits of weight reduction and be motivated to start a weight management program.
- What events have led to wanting to do this now? In most cases, individuals have been obese for years and something has happened to make them seek weight loss assistance.
- What is the patient’s stress level and mood? Some times are better than others for initiating weight loss plans. Higher than average stresses with work, family life, or financial problems may preclude the patient focusing on weight loss.
- Does the individual have an eating disorder, in addition to obesity? About 20-30% of individuals who seek weight reduction at clinics suffer from binge eating (defined as eating an unusually large amount of food and experiencing loss of control while overeating). Being distressed by overeating differs from persons who report that they “enjoy eating” and “just eat too much”. Binge eaters usually don’t have regular meals: they snack throughout the day. The greater the patient’s distress or depression about eating or the more chaotic the eating pattern, the more need there is for psychological counseling.
- Does the patient understand the plan of treatment and think that he or she can do it? Physician and patient together should discuss and select the course of treatment and identify areas of change. Most importantly, patients need to select activities that they can perform successfully and leave with a plan to which they can adhere.
- How much weight do they expect to lose, and what benefits do they anticipate? Most obese individuals want to lose two or three times the 8-15% of body weight which is realistically possible. Modest losses can improve health complications of obesity. Progress should be measured by the achievement of these goals—which may be simple goals such as reducing pain, having more energy, sleeping better, pursuing old or new hobbies.

Adapted from ICES article, informed Plus, January 2002, 8(1) available online at www.ices.on.ca⁵⁴ For more information, see NIH/NHLBI. The Practical Guide to the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. October 2000. NIH #00-4084, available on-line at <http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm>

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