

# Beyond Numbers:

Fostering Successful Primary  
Care Obesity Management  
through the Lens of  
Cultural Humility

# Speakers

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Obesity Medicine Specialist



**Joann Martinez**

Patient Advocate & Business Owner

**Disclosures:** All speakers have no financial relationships with ineligible companies to disclose.

# Expert Advisory Panel

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Associate Professor of Family and Geriatric Medicine and Associate Program Director, Loma Linda University FMRP



**Gurpreet Padam, MD, FAAFP, DABLM**

Chief Medical Officer, Apollo Health Care Center in affiliation with UCSF Health



**Nicholas Pennings, DO, MFOMA, FACOFP, FAAFP**

Executive Director of Clinical Education for the Obesity Medicine Association and Chair and Associate Professor of Family Medicine at Campbell University School of Medicine

**Disclosures:** Dr. Jaqua has no financial relationships with ineligible companies to disclose. Dr. Padam holds stock in AstraZeneca, Lilly, Medtronic, Merck and Pfizer. Dr. Pennings is a consultant for Abbott and an independent contractor for Medifast. All financial relationships have been mitigated.

# Additional Disclosures

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## **Off-Label Medications**

This activity discusses products that are not currently approved for the indicated use by the Food and Drug Administration (FDA); the curriculum clearly indicates this fact.

## **Staff Planners**

All staff planners have no financial relationships with ineligible companies to disclose.

## **Educational Support**

This activity is supported by education grants from Novo Nordisk and Lilly.

# Learning Objectives

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- Employ evidence-based guidelines to screen for and diagnose the disease of obesity
- Apply the 5 Rs and integrate cultural humility to improve physician-patient interaction
- Apply patient-centered techniques to engage and create personalized management plans for patients with obesity
- Discuss the mechanism of action, efficacy and safety of approved pharmacotherapies and those in late-stage development for obesity
- Discuss criteria to identify patients who would benefit from a referral to an obesity specialist

# Let's Get Started!

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It's easy to participate:

Text **tealspring458** to **22333**

(just one time)

To answer a poll, text the  
answer's letter to **22333**.

(Don't click the link in the reply text)



A man with a family history of cardiovascular disease and type 2 diabetes presents for obesity treatment. Which of the following is recommended as part of an assessment for obesity?

Measure percent body fat to determine eligibility for treatment options

0%

Perform genetic testing to identify inherited causes of obesity

0%

Identify past popular diets he has tried and his response to them

0%

Check fasting cortisol to screen for Cushing's syndrome

0%

**A 44-year-old Southeast Asian woman with T2D and obesity is adamant about not exercising in a gym environment. Which of the 5R's of cultural humility is most appropriate here?**

Reflection – try to increase the patient's self-awareness of her health issues

0%

Respect – the patient's autonomy in her decision

0%

Regard – emphasize that she should place a higher priority on her health

0%

Relevance – explain the benefits of exercise on weight and diabetes

0%

Resiliency – complement her on the strength of her convictions

0%



During a routine visit, a patient presents with a significant weight gain since his last visit and now has a BMI of 36. He has had multiple previous weight loss attempts. What is the best way to initially address his weight gain?

Provide him with a diet and exercise plan based on national guidelines

0%

Ask him how he feels about his current weight and BMI

0%

Suggest weight loss medication

0%

Refer him for weight loss surgery since he has been unable to lose weight through other means

0%

Your patient has been taking a GLP-1 agonist for 14 months and is now at her goal weight. She is tolerating the medication although she experiences occasional hunger. What is the appropriate action to take regarding her medication?

Stop the medication

0%

Decrease the dose

0%

Continue medication at the same dose

0%

Continue medication at a higher dose

0%

Switch to another medication for maintenance

0%

## Which of the following statements best reflects the role of a multidisciplinary approach in the management of obesity?

It is only effective when services are offered within the same office

0%

It is necessary before putting patients on anti-obesity medications

0%

Significant weight loss with a multidisciplinary team is required before a patient can be referred for bariatric surgery

0%

It should be used when patient needs exceed provider comfort level

0%

# Patient Experience

# Patient Experience

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## Then

- Lack of energy
- Depression
- Gallstones, joint pain
- Didn't know where to begin

## Now

- Positive attitude
- Active lifestyle
- Energy for kids, positive modeling
- Less pain
- Great medical team

# Understanding Obesity

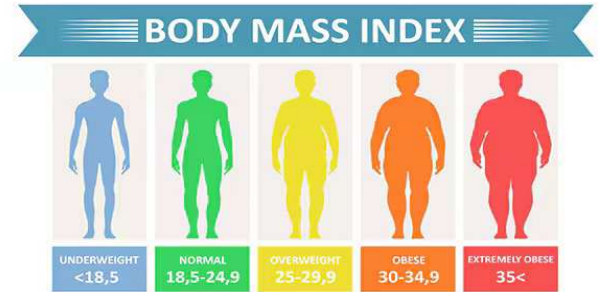


About BMI  
cdc.gov

**A disease,  
not a personal failure**

**Every body is unique**

**BMI doesn't tell  
the whole story**



<https://obesitymedicine.org/blog/why-is-obesity-a-disease/>  
[https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)

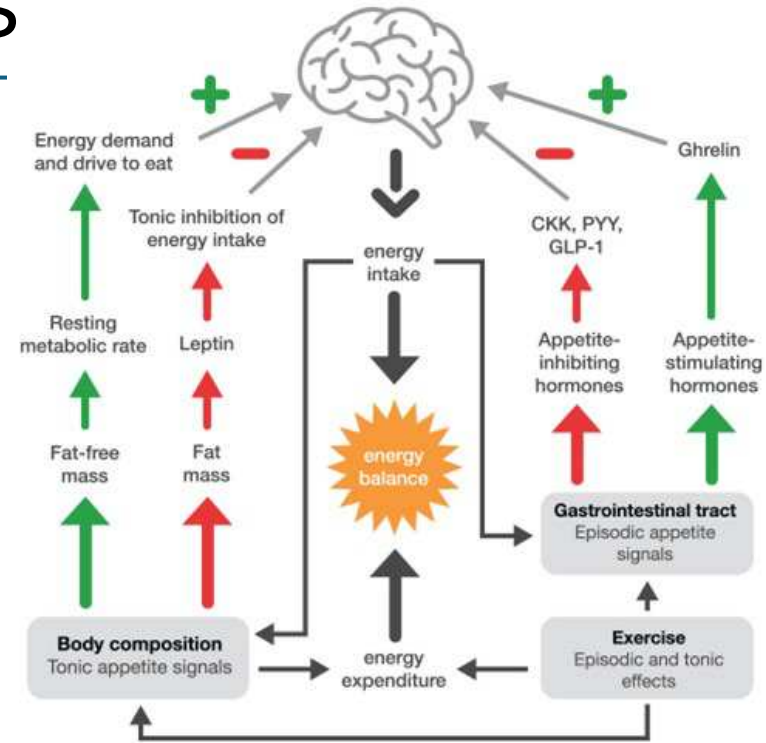
# Appetite Regulators

## Satiety hormones:

- Leptin
- Glucagon-like peptide 1 (GLP-1)
- Cholecystokinin (CCK)
- Peptide YY (PYY)
- Glucose-dependent insulinotropic polypeptide (GIP)

## Hunger hormones:

- Ghrelin
- Neuropeptide Y (NPY)
- Orexin



Moris JM, Heinold C, Blades A, Koh Y. Nutrient-Based Appetite Regulation. *J Obes Metab Syndr*. 2022;31(2):161-168. doi:10.7570/jomes22031 | <https://www.gbhealthwatch.com/Science-BodyWeight-Appetite-Satiety.php>

# Metabolic Adaptation

Challenge of maintaining long-term weight loss due to hormonal alterations

Changes persist for at least 12 months post-weight loss, facilitating weight regain

Resulting increased appetite and reduced energy expenditure

Need for long-term treatments targeting appetite regulation

## Long-Term Persistence of Hormonal Adaptations to Weight Loss

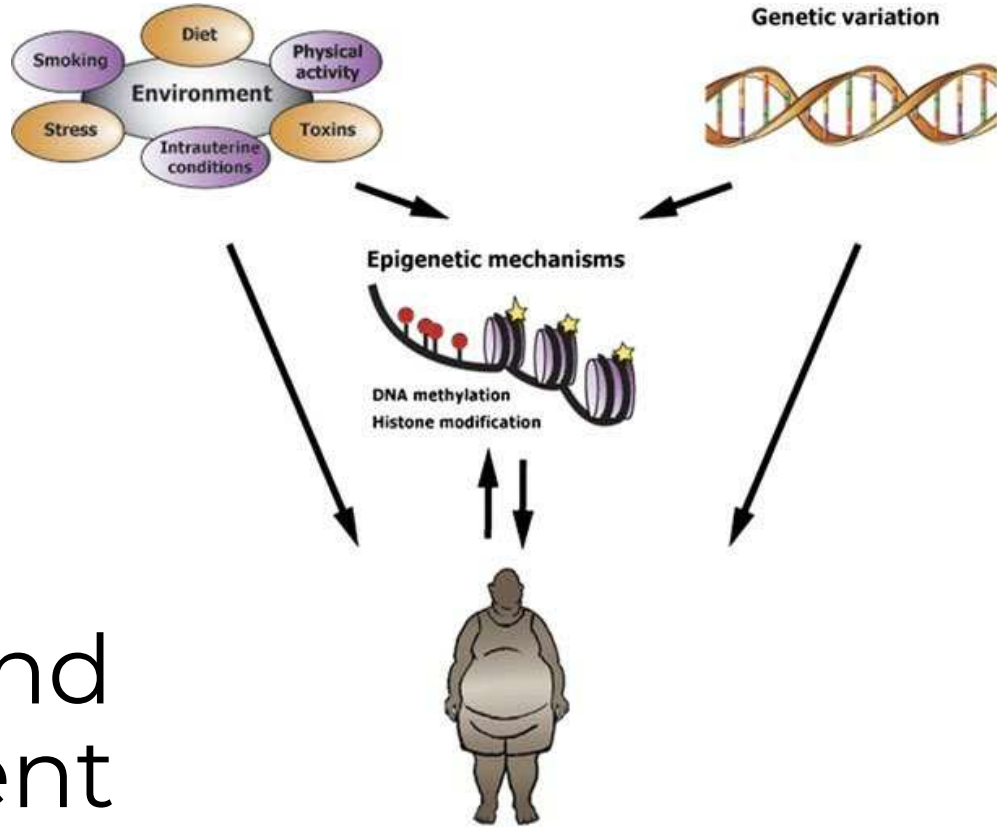
**Authors:** Priya Sumithran, M.B., B.S., Luke A. Prendergast, Ph.D., Elizabeth Delbridge, Ph.D., Katrina Purcell, B.Sc., Arthur Shulkes, Sc.D., Adamandia Kriketos, Ph.D., and Joseph Proietto, M.B., B.S., Ph.D. [Author Info & Affiliations](#)

Published October 27, 2011 | N Engl J Med 2011;365:1597-1604 | DOI: 10.1056/NEJMoa1105816 | [VOL. 365 NO. 17](#)



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# Genetics and Environment

<https://www.cdc.gov/genomics/resources/diseases/obesity/index.htm>

# Patient Evaluation

# Patient Evaluation



OMA Clinical Practice  
Statement on  
Evaluation

History

Physical Exam

Lab Tests



2023 Obesity Algorithm E-Book from the Obesity Medicine Association. Burridge K, Christensen SM, Golden A, Ingersoll AB, Tondt J, Bays HE. Obesity history, physical exam, laboratory, body composition, and energy expenditure: An Obesity Medicine Association (OMA) Clinical Practice Statement (CPS) 2022. *Obes Pillars*. 2022;1:100007. Published 2022 Jan 10. doi:10.1016/j.obpill.2021.100007

# Communication & Behavioral Change

# The Patient Perspective

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## Watch for

- Language
- Bias
- Assumptions
- Judgement

## Embrace

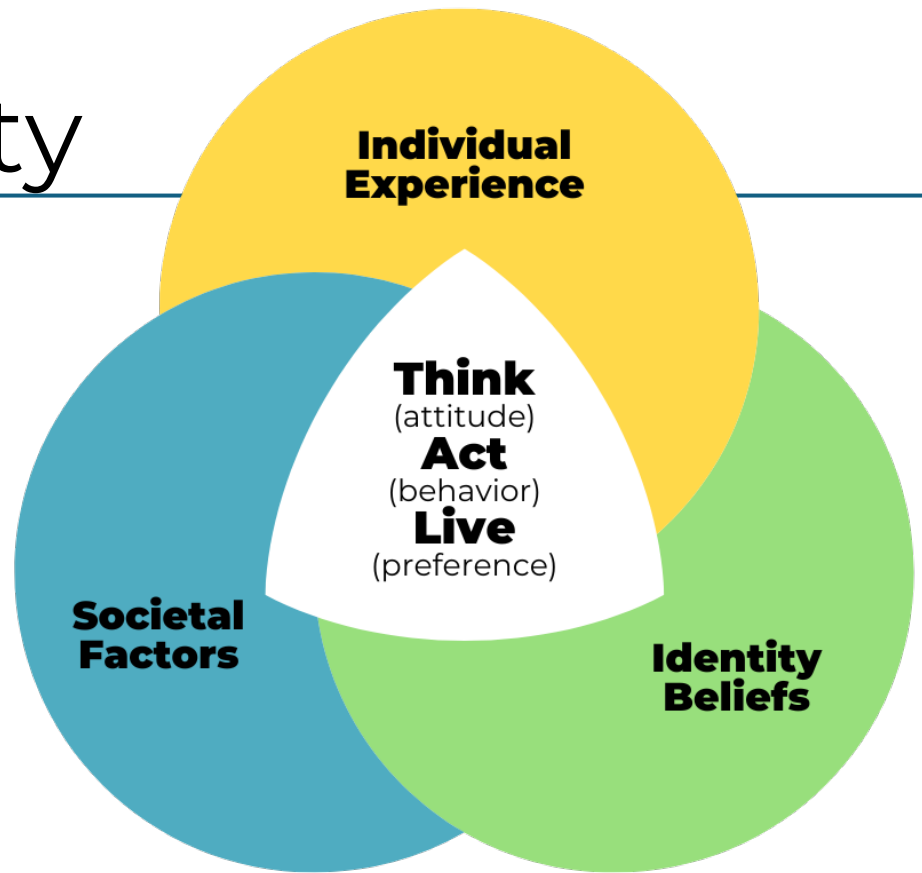
- Connection
- Trust
- Understanding
- Support
- Compassion

# Cultural Humility

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More about  
Cultural Humility



Masters C, et al. Addressing Biases in Patient Care with The 5Rs of Cultural Humility, a Clinician Coaching Tool. J Gen Intern Med. 2019 Apr;34(4):627-630. doi: 10.1007/s11606-018-4814-y. Epub 2019 Jan 8. PMID: 30623383; PMCID: PMC6445906.

# The 5 Rs of Cultural Humility



**REFLECTION** - To examine one's own biases, assumptions, and actions in order to enhance self-awareness and improve cultural competence.

**RESPECT** - To treat individuals with dignity, honor their autonomy, and acknowledge their worth as unique human beings.

**REGARD** - To recognize and value the cultural identities, beliefs, and perspectives of others.

**RELEVANCE** - To ensure that interactions, interventions, and recommendations are meaningful and appropriate within the cultural context of the individual.

**RESILIENCY** - To foster strength, perseverance, and adaptability in both oneself and others, particularly in the face of challenges and adversity within diverse cultural settings.

Masters C, et al. Addressing Biases in Patient Care with The 5Rs of Cultural Humility, a Clinician Coaching Tool. J Gen Intern Med. 2019 Apr;34(4):627-630. doi: 10.1007/s11606-018-4814-y. Epub 2019 Jan 8. PMID: 30623383; PMCID: PMC6445906.

# Words Matter: Terms & Shared Decisions

## Do Say:

Weight, BMI, Unhealthy Weight, Overweight, Excess Weight, Higher Weight, Heavy, Curvy, Gaining too much weight, Too much weight for your health

## Don't Say:

Fat, Morbidly Obese, Obese, Extra-Large



Language Matters  
Obesity Canada

Physician Centered	Patient Centered
You gained weight since our last visit	How do you feel about your current weight and BMI? I've noticed a change in your weight/BMI since our last visit. Would you like to explore potential strategies to address that in way that is manageable for you?
You need to lose weight	I understand that discussing weight can be sensitive. Based on your goals and preferences, would you be interested in exploring some personalized recommendations?
You need stop eating that	I'm interested in learning what foods you typically enjoy so we may brainstorm how can I best support you in making changes you envision to improve your health.

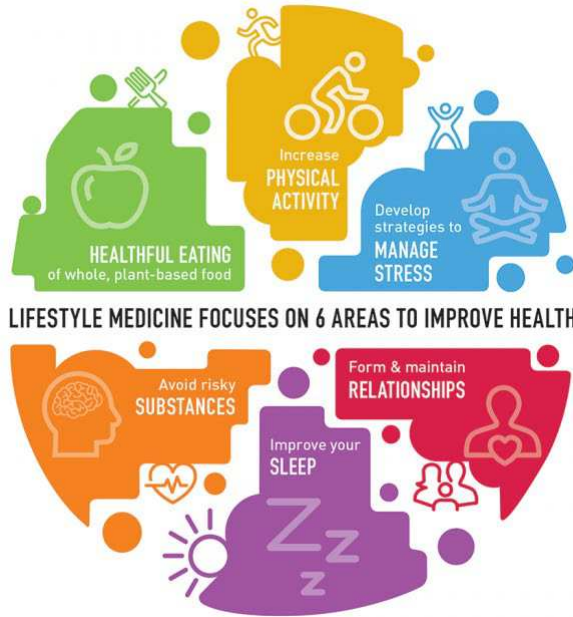


# Treatment Considerations

# Personalizing Care



Intro to  
Lifestyle Medicine



**eat healthy**  
**keep moving**  
**sleep well**  
**be present**  
**stay calm**  
**love people**

<https://lifestylemedicine.org/overview/>  
<https://www.smithcare.life/blog-2/blog-post-title-one-6yb93-fep7e-6afe5-yz2tx>

# Pharmacotherapy

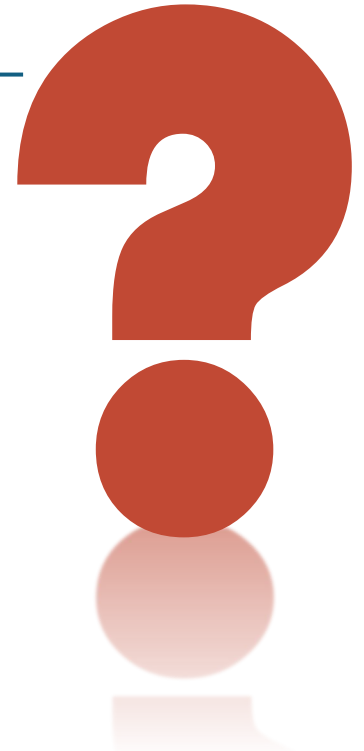
# Indications for Use of Anti-Obesity Medications (AOMs)

Treatment	BMI Category (kg/m <sup>2</sup> )					
	<25	25-26.9	27-29.9	30-34.9	35-39.9	≥40
Diet, Physical Activity, & Behavioral Therapy	+	+	+	+	+	+
Pharmacotherapy			+*	+	+	+
			w/ comorbidities			
Bariatric Surgery					+*	+
					w/ comorbidities	

# Why Use Anti-Obesity Medications (AOMs)?

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- AOM's reduce hunger and are associated with a negative energy balance
- Controlling obesity improves adiposity related diseases
  - Improve glucose metabolism
  - Lower blood pressure
  - Lower triglycerides
  - Reduce liver steatosis
  - Improve obstructive sleep apnea
  - Reduce osteoarthritis pain
  - Improve depression
  - Improve mental health



Bays, *Obesity Pillars*, 2022

# Pharmacotherapy

## Long-Term Use

- Orlistat (Xenical, Alli)
- Phentermine/topiramate ER (Qysmia)
- Bupropion/naltrexone (Contrave)
- Liraglutide (Saxenda)
- Semaglutide (Wegovy)
- Tirzepatide (Zepbound)
- Setmelanotide (Imcivree)

## Short-Term Use

- Phentermine (Adipex)
- Phendimetrazine (Bontril)
- Diethylpropion
- Benzphetamine

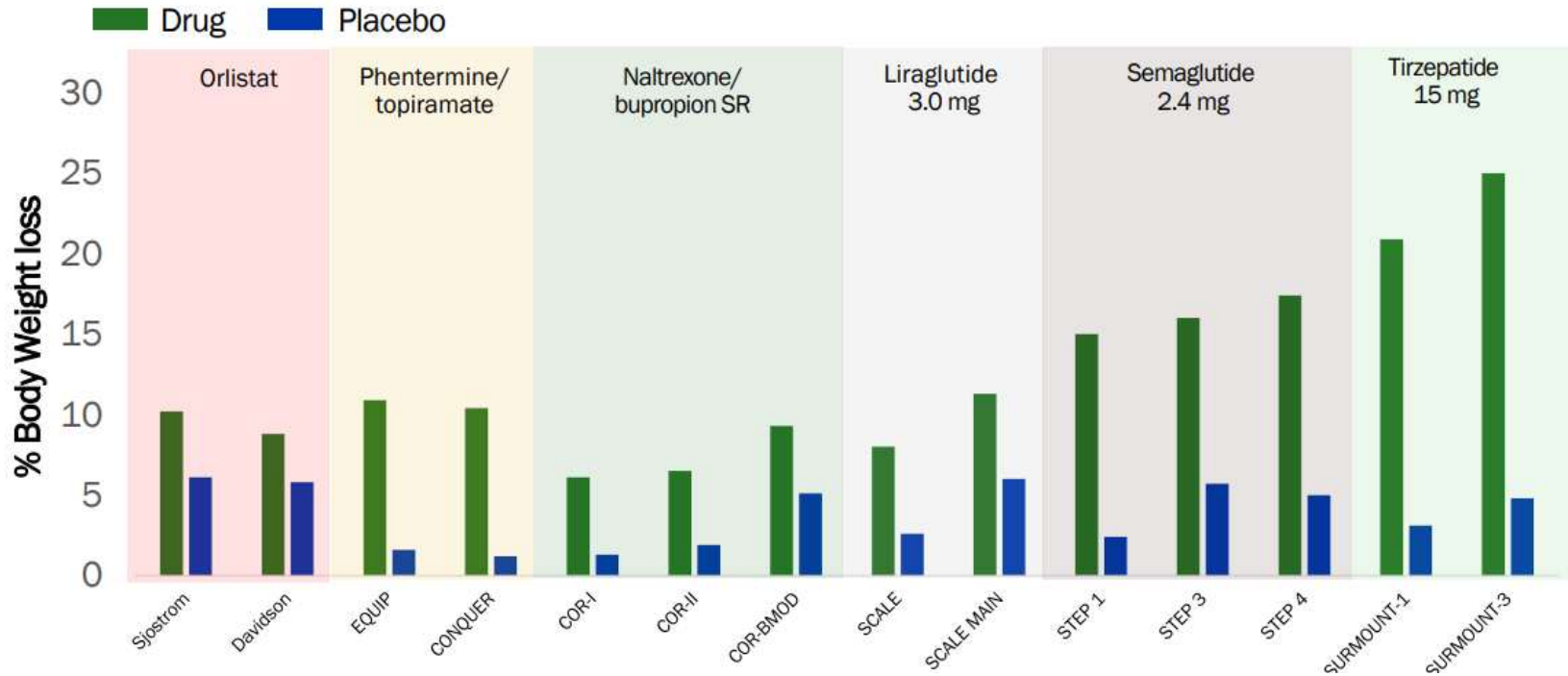
## Off-Label

- Metformin
- Topiramate (Topamax)
- Phentermine (>12 wks)
- Naltrexone (ReVia)

# AOM's Indicated for Long-Term Use

Medication	Phentermine/ Topiramate ER 3.75/23 →15/92mg	Bupropion/ Naltrexone 90/8mg 1 qD→2BID	Liraglutide 0.6mg→3.0mg	Semaglutide 0.25mg→2.4mg	Tirzepatide 2.5mg→15mg
Dosing, Route	Daily – Oral - Sched IV Cont.	Twice daily Oral	Daily Injectable	Weekly Injectable	Weekly Injectable
Minimum Age	12 years	18 years	12 years	12 years	18 years
Contra- indications	CVD, Glaucoma, Uncont. HTN Hyperthyroidism	Seizure disorder, Glaucoma, Opioid use, Uncont. HTN	H/o MEN2 Personal or FH of medullary thyroid cancer	H/o MEN2 Personal or FH of medullary thyroid cancer	H/o MEN2 Personal or FH of medullary thyroid cancer
Side Effects	Paresthesia, Dysgeusia, Palp. Dry mouth	N/V/D/C, Headache, Insomnia	GERD N/V/D/C Hypoglycemia	GERD N/V/D/C Hypoglycemia	GERD N/V/D/C Hypoglycemia
Reported weight loss	9-10%	5-6%	7-8%	15-16%	22-23%

# Percent Weight Loss (Drug vs Placebo)



Sjostrom L, et al. Lancet. 1998;352(9123):167-172; Davidson MH, et al. JAMA. 1999;281(3):235-242; Allison DB, et al. Obesity (Silver Spring). 2012;20(2):330-342; Gadde KM, et al. Lancet. 2011;377(9774):1341-1352; Greenway FL, et al. Lancet. 2010;376(9741):595-605; Apovian CM, et al. Obesity (Silver Spring). 2013;21(5):935-943; Wadden TA, et al. Obesity (Silver Spring). 2011;19(1):110-120; Pi-Sunyer X, et al. N Engl J Med. 2015;373:11-22; Wadden TA, et al. Int J Obes (Lond). 2013;37(11):1443-1451; Wilding JPH, et al. N Engl J Med. 2021;384(11):989-1002; Wadden TA, et al. JAMA. 2021;325(14):140-1413; Rubino D, et al. JAMA. 2021;325(14):1414-1425; Jastreboff AM, et al. N Engl J Med. 2022;387(3):205-216; Wadden TA, et al. Nat Med. 2023;29(11):2909-2918.



# Off-Label Medications for Weight Mgmt

Medication	Phentermine (>12 wks) IR 8mg ER - 15mg, 30mg, 37.5mg	Metformin IR or ER 500-2000mg/d	Topiramate IR - 25mg - 100mg/d
Dosing, Route Schedule	Daily, Oral IV - Controlled	Daily, Oral	Daily, Oral
Minimum Age	17 years	10 years (For T2D)	17 years
Contra- indications	CVD, Glaucoma, Uncont. HTN Hyperthyroidism	eGFR<30, DKA, Metabolic Acidosis, Lactic Acidosis	Pregnancy (teratogen)
Side Effects	Palpitations, Dry Mouth, Constipation, Dizziness	Diarrhea, Abdominal Pain, Nausea, Vit B12 def., Bloating	Memory difficulty, Dysgeusia, Paresthesia Nephrolithiasis, Glaucoma
Reported Weight Loss	5-10%	Approx. 2%	Limited data

# Future of Anti-Obesity Medications

Mechanism	Medication	Route	Study	Weight Loss
GLP-1 RA	Semaglutide	Oral	OASIS – Phase 3	17.4%
GLP-1 RA/Amylin RA	CargriSema	SC	REDEFINE – Phase 3	
GLP-1/Glucagon RA	Survodutide Pemvidutide Cotadtide Efinopegdutide	SC	SYNCRONIZE – Phase 2 MOMENTUM – Phase 2	14.9%
GLP-1/GIP/Glucagon RA	Retatrutide	SC	TRIUMPH – Phase 2	24.2%
GLP-1 sm. molecule RA	Orforglipron	Oral	ATTAIN – Phase 2	14.7%
Monoclonal AB blocks activin pathway	Bimagrumab	IV	Phase 2	

# Avoid Weight Promoting Medications

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## Anti-depressants

Paroxetine  
Mirtazapine

## Neuropathic Agents

Gabapentin  
Pregabalin

## Diabetes

Insulin  
Sulfonylureas

## Anti-Psychotics

Olanzapine  
Risperidone

## Other

Metoprolol  
Glucocorticoids

## OTC

Diphen-  
hydramine

# Tips for Prescribing AOMs

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- Medications are used in **conjunction** with lifestyle change
- **Monitor** for adequate nutrient intake & excessive calorie restriction
- Consider co-morbid conditions and **patient preferences** when selecting an AOM
- AOM's are **contraindicated with pregnancy and breastfeeding**
- There is **wide individual variability** of response to AOM's
- **Consider alternative medication** if there is <5% weight loss after 12 weeks at maximum dosage

# More Tips

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- Obesity is a **chronic disease** requiring long-term treatment
  - AOM's are for both **weight loss** phase & **maintenance** phase
  - Patients & PCPs should expect AOM's to be used **long-term**
- **Monitor patients** on AOM's frequently
  - At least **monthly** until on a stable dose
  - Consider **downward dose titration** for weight loss beyond treatment goal or excessive appetite suppression
- Know your **state regulations**

# When to Refer

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- Identify experienced support services in your community
  - Dietitians
  - Trainers or physical therapists
  - Behavioral therapists
  - Sleep specialists
  - Pharmacist
- Refer to an obesity medicine specialist when patient needs exceed your experience or comfort level.
- Refer patients to bariatric surgery when there is an inadequate response to lifestyle and medication therapy

# Bariatric surgery

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Most insurance covers for:  
BMI 34.9 - 40 *with comorbidities*  
anyone with BMI  $\geq 40$

## **\*ASMBS & IFSO recommendations:**

\*BMI 30-34.9 with comorbidities,  
Anyone with BMI  $\geq 35$ , and  $\geq 27.5$   
for Asian populations

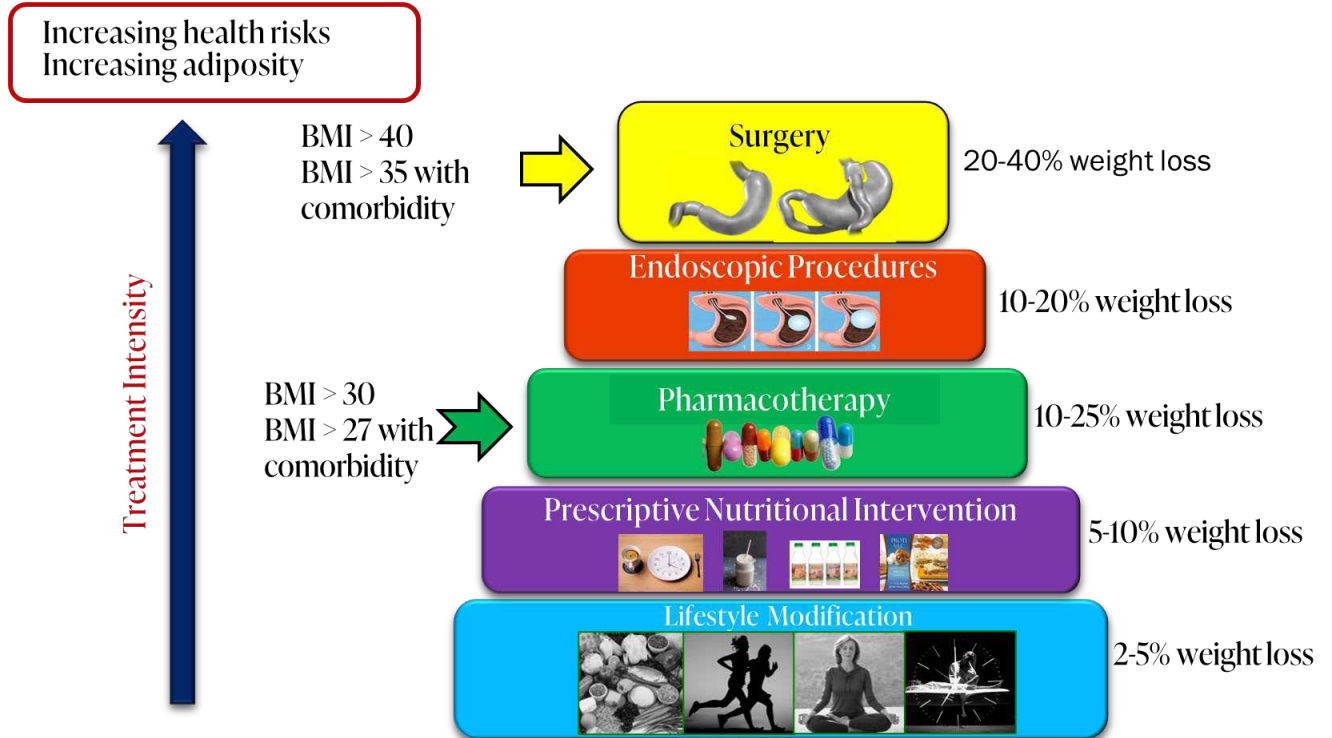
Laparoscopic Gastric Band

Sleeve Gastrectomy

Roux-en-Y

Duodenal Switch

The intensity of intervention should align with the severity of obesity



1. O'Neil PM, Birkenfield AL, McGowan B, et al. A randomized, phase II placebo-and active-controlled dose-ranging study of semaglutide for treatment of obesity in subjects without diabetes. Presented at the 100<sup>th</sup> Annual Meeting of The Endocrine Society, Chicago, Illinois; March 18, 2018. Abstract OR12-5 | [2. Lancet](#). 2011 Oct 22; 378 (9801): 1485–1492 | [3. JAMA Surg](#). 2016 Nov 1;151(11):1046-1055 | 4. Obesity (Silver Spring). 2011 Jan; 19(1): 110-120 | [5. Obesity \(Silver Spring\)](#). 2019 Jan; 27 (1):75-86



A man with a family history of cardiovascular disease and type 2 diabetes presents for obesity treatment. Which of the following is recommended as part of an assessment for obesity?

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0%

Perform genetic testing to identify inherited causes of obesity

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0%

Check fasting cortisol to screen for Cushing's syndrome

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**A 44-year-old Southeast Asian woman with T2D and obesity is adamant about not exercising in a gym environment. Which of the 5R's of cultural humility is most appropriate here?**

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0%

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0%

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Relevance – explain the benefits of exercise on weight and diabetes

0%

Resiliency – complement her on the strength of her convictions

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During a routine visit, a patient presents with a significant weight gain since his last visit and now has a BMI of 36. He has had multiple previous weight loss attempts. What is the best way to initially address his weight gain?

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0%

Ask him how he feels about his current weight and BMI

0%

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Refer him for weight loss surgery since he has been unable to lose weight through other means

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Your patient has been taking a GLP-1 agonist for 14 months and is now at her goal weight. She is tolerating the medication although she experiences occasional hunger. What is the appropriate action to take regarding her medication?

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Continue medication at a higher dose

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Switch to another medication for maintenance

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## Which of the following statements best reflects the role of a multidisciplinary approach in the management of obesity?

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0%

It is necessary before putting patients on anti-obesity medications

0%

Significant weight loss with a multidisciplinary team is required before a patient can be referred for bariatric surgery

0%

It should be used when patient needs exceed provider comfort level

0%

# Key Points

Please  
Complete the  
Evaluation



- Reflect on the impact of stigma and bias
- Culturally aware communication is key
- Every patient is different – personalize care
- Incorporate lifestyle change into care plans
- Utilize AOMs in weight loss
- “Treat or Refer”



# Ready for More?



Join an online study group



Live, case-based conversation



Group study with faculty guidance



5.0 AAFP / AMA PRA Category 1  
*Credit™* / AOA credits

# Evaluation

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Thank you for taking a moment to share your thoughts about this session.





Please  
Complete the  
Evaluation



Thank You!  
Questions?

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## General

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## Cultural Humility

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