

Introduction

- The goal is to improve patient outcomes by promoting behavior change and weight loss in the management of obesity
- Using the 5 A's: Assess, Advise, Agree, Assist, Arrange ⁶

Background

Overweight & obesity: Categorized by body mass index (BMI)

Body Mass Index (BMI)

- 25.0 to < 30 (overweight)
- 30.0 or higher (obese)

Obesity:

- Major risk factor for multiple comorbidities ^{1, 8}
- A chronic disease that affects millions of Americans and people worldwide thus interfering with quality of life ^{5, 7}
- A major risk factor of preventable premature death ^{7, 8, 9}

Significance

Impact of obesity: Why care?

- Increasing prevalence & incidence^{1, 4, 9}
 - It is estimated that almost half of all U.S. adults will be obese by 2030
- Reduced life expectancy^{2, 3, 8}
 - 9 to 13 years of life lost in those with a BMI of 35 or greater
- Costly disease¹
 - In 2008 the medical cost of obesity in the U.S. was estimated at \$147 billion
- Societal impacts^{1, 10}
 - Discrimination
 - Lower wages
 - Higher employer insurance premiums
 - Depression
 - Low self-esteem
 - National productivity

Clinical Question

How does implementing the 5 A's: Assess, Advise, Agree, Assist, Arrange framework promote behavior change and weight loss in overweight and obese adults?

Results

Significant results in weight loss and behavior change for overweight and obese adults

- Weight** showed a **significant decrease** over 8 weeks ($p < 0.001$)
 - ❖ Participants lost an average of 8.96 ± 5.68 pounds
- BMI** showed a **significant decrease** over 8 weeks ($p < 0.001$)
 - ❖ Participants had an average decrease in BMI of 1.45 ± 1.00 points

At least half of the participants (53.8%) reached the weight reduction goal of at least 5% of their initial body weight.

Behavior changes had significant increase in: minutes of exercise, servings of fruits & vegetables, cups of water, tracking, sleep quality improved, minutes of stress reduction techniques

Table 1. Sample Summary

	Total N=13
Age (mean ± sd)	50.0 ± 13.1
Sex - female	8 (61.5)
Initial weight	225.0 ± 47.1
Initial BMI	36.0 ± 7.7
Initial BMI category	
Overweight	3 (23.1)
Obese	10 (76.9)

N (%) or mean ± sd

Table 2. Outcomes

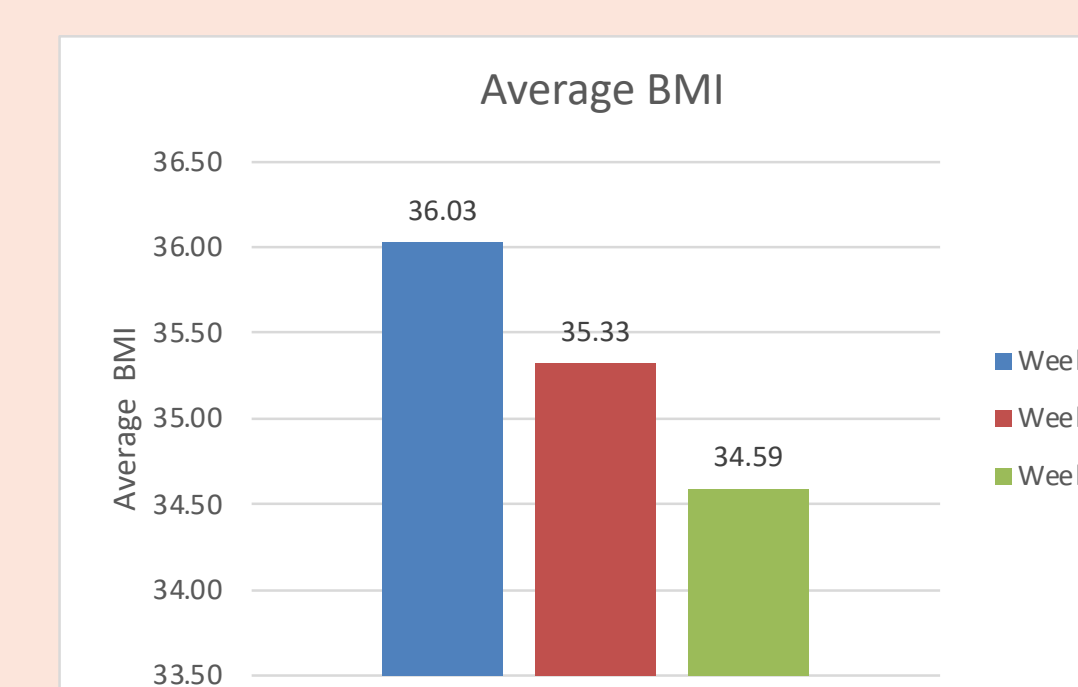
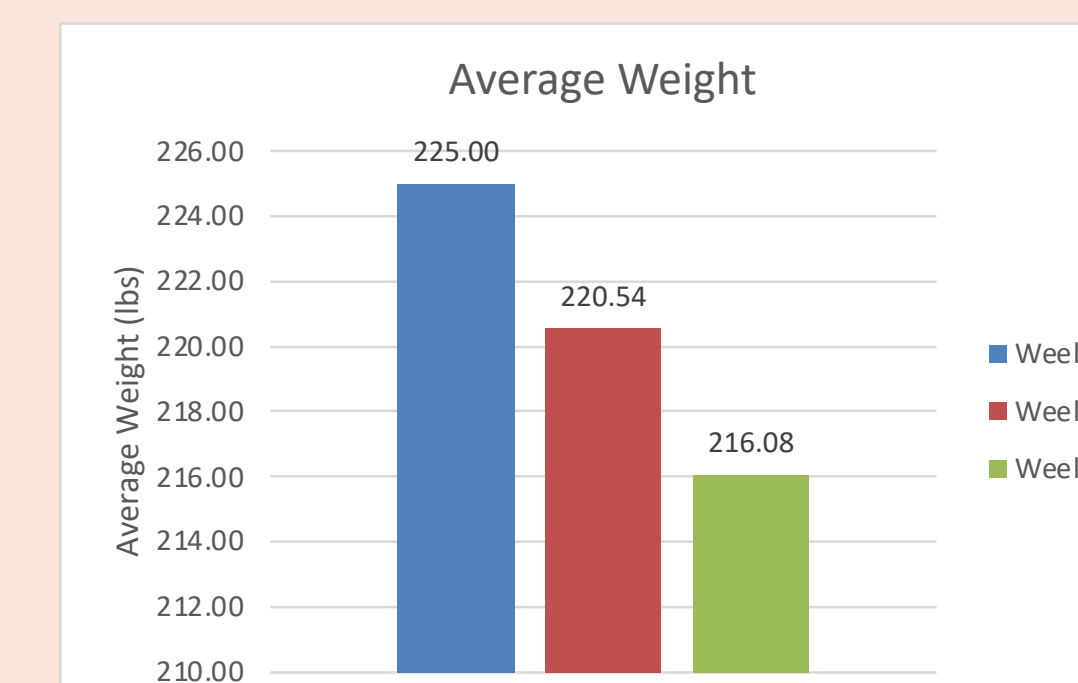
	Total N=13
Webinars attended	
7	8 (61.5)
8	5 (38.5)
Weight loss	8.96 ± 5.68
BMI reduction	1.45 ± 1.00
Weight reduction >5%	7 (53.8)

N (%) or mean ± sd

Table 3. Behaviors

	Week 1	Week 4	Week 8	change over study (p-value)
Goal setting	7 (53.8)	13 (100)	11 (84.6)	0.018
Goal met	5 (38.5)	11 (84.6)	8 (61.5)	0.121
Physical activity (mins)	69.23 ± 76.6	165.0 ± 45.8	323.9 ± 283.8	<0.001
Fruit and vegetables (servings)	17.4 ± 11.9	40.3 ± 12.6	45.4 ± 15.4	0.002
Water (cups)	38.0 ± 29.1	52.4 ± 26.3	53.7 ± 22.5	0.015
Utilized tracking	5 (38.5)	13 (100)	13 (100)	<0.001
Days used tracking	1.7 ± 2.3	5.2 ± 1.5	5.2 ± 1.6	<0.001
Utilized stress reduction	5 (38.5)	11 (84.6)	11 (84.6)	0.002
Stress reduction (mins)	60.8 ± 124.5	448.5 ± 974.2	482.7 ± 954.4	0.003
Sleep quality				0.048
Worse than usual	3 (23.1)	0 (0)	15.4 (2)	
About the same	9 (69.2)	10 (76.9)	3 (23.1)	
Better than usual	1 (7.7)	3 (23.1)	8 (61.5)	

N (%) or mean ± sd



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References



Contact Information

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Thank you for your great contribution and involvement in this quality improvement project

Methodology

➤ Design

- QI project, longitudinal study, quantitative and qualitative data

➤ Sample

- Purposeful and Snowball sampling, up to 80 English speaking adults between 18 and 70 years old, overweight & obese, with an email
- 1 MD & 1 Registered Dietician

➤ Setting

- A bariatric center (2 offices): suburban Monmouth & Ocean county, NJ

➤ Measures

- Implementing the 5 A's framework during the webinars once a week for 8 weeks
- Collect the Weight & Behavior Data Tracking questionnaire 3 times

Measurable Outcomes

- Weight loss & behavior change after an 8 week period

Tools/Instruments:

- Weight & Behavior Data Tracking questionnaire

➤ Data Analysis

- Descriptive statistics & quantitative analysis

Discussion/Implications

Practice:

- Will continue to use 5 A's framework at the project site
- Make use of the 5 A's in other healthcare settings

Patient Care/Quality & Safety:

- Delivering quality health care to all – addressing obesity as a disease
- Promoting modest weight loss reduces many obesity complications

Policy:

- Can start with nursing care: assessment of obesity, consults for nutritionist and weight loss counseling
- Propose better education about obesity management for healthcare providers and proper reimbursement for obesity-related services

Economy:

- Proper management of obesity may decrease medical costs, personal finances, and national health expenditure

Limitations

- Small sample size
- Short study period
- Design – no exclusions (Hx of weight loss surgery), webinar setting is less patient-centered, self-reported data collection