Wake Forest®
School of Medicine

Weight Management in Underserved Populations

Assumptions for Case 1

- Rural setting
- Limited access to prescription medications
- Limited access to high end grocery stores
- Limited access to safe spaces for exercise

Case 1

Mr. R is a 45 y.o. HM who presents with concerns about his increasing weight today

- He reports gaining 20# in the past 6 months
- He has tried cutting back on food intake with little success
- He has an active job, and notes that the pedometer he got from work says he gets about 10-12k steps per day

Case 1: Mr. R and 20# weight gain

Medical history

- Non-alcoholic fatty liver
- Pre-diabetes (A1c= 6.2%)
- Hypertension
- Schizoaffective disorder

Case 1: Mr. R and 20# weight gain

Review of current behaviors

- Key questions for assessing dietary behaviors?
- Key questions for assessing physical activity?

Other areas of concern?

Case 1: Mr. R and 20# weight gain

Key Findings

- High proportion of meals are restaurant meals
- New atypical antipsychotic medication prescribed 8 months ago
- Limited leisure time physical activity (LTPA)

Case 1: Mr. R and 20# weight gain

Opportunities

- Shifting restaurant meals to home meals: Average calorie content for meal at non-chain restaurants =1,205 kcal
  - *J Acad Nutr Diet. 2016;116:590-598.*
- Focusing on reducing carbohydrate intake: pre-diabetes and further insulin resistance associated with antipsychotic
- Education on increasing LTPA: doesn’t require gym membership to get active outside of work

Assumptions for Case 2

- Inner city resident
- Access to good medical benefits

Case 2

Ms. S is a 55 y.o. AAF who presents for routine follow up of her T2DM

- Her HbA1c is continuing to rise, now up to 7.9%
- She reports taking her diabetes medications consistently
- She has gained 10# in the past 6 months; BMI is now 34 kg/m^2
- High levels of stress at work

Case 2: Ms. S and increasing A1c

Medical history

- On max dose metformin and DPP IV inhibitor
- Elevated triglycerides
- Post-menopausal

Case 2: Ms. S and increasing A1c

Review of current behaviors

- Key questions to understand what factors influence food choices?
- How do you assess her understanding of the relationship between her worsening glycemic control and her body weight?

Case 2: Ms. S and increasing A1c

Key Findings

- She attributes most of her weight gain to going through menopause
- She doesn’t think that losing weight is going to make a difference; she can’t get to a normal BMI– she would be “too skinny; I won’t look right”
- When stressed, appetite and preference for sweets and carbs increases

Case 2: Ms. S and increasing A1c

Opportunities

- Education on link between intake and weight
- Body image perceptions among AAF
  - Being healthy does not mean achieving “normal” BMI
- Impact of weight reduction intervention on A1c (including pharmacotherapy)

Assumptions for Case 3

- No barriers to medical care
- Patient is well informed and seeking your medical opinion

Case 3

Mrs. W is a 45 y.o. AAF who presents for help with severe obesity

- She has considered herself to be “heavy” most of her life
- She is currently at her highest weight (BMI 47 kg/m^2)
- She was successful with fen/phen, but has otherwise been unsuccessful maintaining weight loss more than a few months with a variety of commercial weight loss efforts

Case 3: Mrs. W and severe obesity

Medical history

- 3 pregnancies, with last one complicated by gestational diabetes and weight retention
- Hypertension, well controlled
- Daytime somnolence; never tested for OSA

Case 3: Mrs. W and severe obesity

Review of current behaviors

- Meals are sporadic, often missing breakfast and/or lunch. Large dinner meals
- Multiple unplanned snacks once she arrives home through bedtime
- Binge eats 2-3 times per month
- Recently started walking 2 times per week; 30 minutes covers 1 mile

Case 3: Mrs. W and severe obesity

- What is the best treatment option for this patient?
  - What informs your recommendation?
- She has read that with various treatments African Americans lose less weight, on average, than non-Hispanic whites.
  - She wants to know if this is true for your recommendation?