Primary Care & Weight Management

Vol. 1, No. 2 • June 2000

Building a healthier future

Contents

Roche

Published by Medical Economics magazine with an educational grant from Roche Pharmaceuticals

A supplement to
Medical Economics
THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

With obesity, we'll pay attention, or pay the price

The inexorable Aging of America, its graying Baby Boomers in the vanguard, is bound to have profound effects on our health care system. The trade-off for longer lifespans will be a significant increase in those living with chronic diseases such as hypertension, heart disease, and diabetes. Some observers predict virtual epidemics of age-related ailments such as Alzheimer's disease and "elderly depression." They warn that the nation's clinicians had better be prepared to deal with the sheer numbers of people needing attentive care as well as the complexity of their conditions.

The comforting news is that the state of the art—in preventive medicine as well as active treatment—is more advanced than ever and getting more attention than ever, at least in public health circles. Healthy People 2010, the new millennium's answer to Healthy People ▶

What makes a weight loss program successful?

Physicians can learn some lessons from this medically based commercial weight loss program. The first step is to build a therapeutic bond with the patient. The next is to recognize that even modest success in weight loss efforts can bring significant health benefits.

Lindora Medical Clinic, headquartered in Costa Mesa, CA, is a network of 32 weight loss clinics throughout Southern California. It was founded in 1971 by Marshall Stamper, a family physician whose mother suffered and died from obesity-related diseases. Stamper had seen his mother struggle long and hard with her weight and its complications; he decided to build a program in his own practice that could help people in similar situations. Out of this office-based endeavor grew the Lindora effort.

Peter Vash, MD, MPH

The clinics are founded on medical principles; each facility is staffed by RNs or LVNs and supervised by either a licensed physician or nurse practitioner. Over the past three decades, more than 100,000 clients have gone to Lindora to learn—in the organization's catch phrase—to be "Lean for Life." Or, as Lindora's president, Cynthia Graff, summarizes it, "Eat better, move more, stress less."

Medical Economics *Editor Jeff Forster spoke with Lindora's executive medical director, Peter Vash, to gain some insights for physicians in office-based practice who want to help their patients lose weight.*

The philosophy

The Lindora program focuses on weight loss not so much as a goal but as an ongoing process that enables the person to take charge of his or her eating behavior. "If you leave our clinic and all you've learned to do is lose weight," says Vash, "you're going to regain it. We try to give patients tools they can use to make a genuine change in the way they live. If they don't change their lifestyle, they'll be right back where they started."

Lindora's efforts to establish a comprehensive weight control program involve a couple of

key concepts:

➤Help patients understand that obesity is a medical disease, but one with a definite behavioral component. Vash calls it a "complex biopsychosocial disorder" greatly influenced by genetic, environmental, and psychological factors, one that calls for long-term individual therapy by medical professionals.

"We know how people get fat," says Vash. "For most, it's simply high calorie intake and low energy output. The more difficult question is *why* people get fat." Fewer than 10 percent of obese people, he notes, have an underlying metabolic cause for their excess weight. "Obese people don't eat just because they're hungry; anyone who talks only about calories is missing the boat. They eat because food is used as a means of coping with certain stresses in their lives."

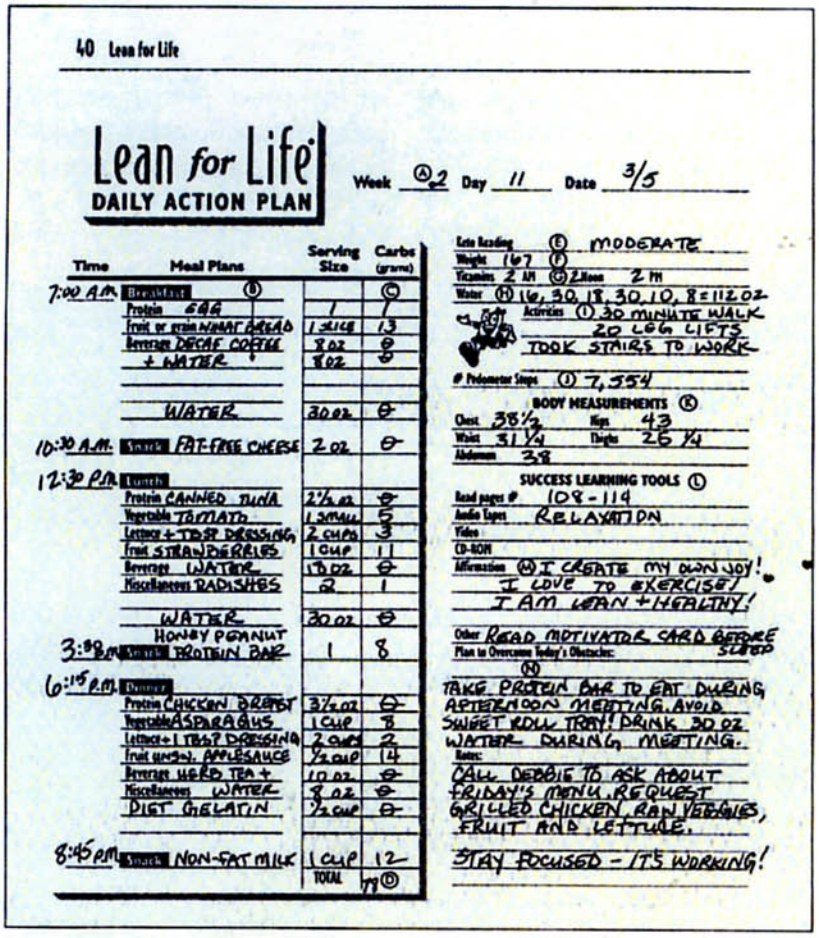
Stamper, Lindora's founding father, felt that overweight and obese people often used denial and rationalization to explain their condition. The clinic tries to break through those defensive barriers and help patients develop alternative coping mechanisms without the use of food. "If we can understand what's driving their eating behavior, we can educate them to take the steps to make changes," Vash says.

For example, a working mother who is feeling highly stressed juggling her job and home life might be eating a lot of high-carbohydrate foods both before and after dinner. A food diary—which all Lindora patients are advised to keep—will help to pinpoint that behavior. "We'll try to help her understand that eating may make her feel better but isn't helping her with, say, time management, which is the real source of her stress," Vash says.

➤Build a strong, supportive therapeutic bond that avoids fingerpointing and criticism when patients fail. Physicians often feel stymied and frustrated in their efforts to help patients lose weight successfully, but the disease is as frustrating for the patient as it is for the physician. Doctors may blame the patient for not being compliant, sending a message that says, in effect, "You'd be successful and thin if you'd only do what I ask you to do."

Peter Vash, executive medical director of the Lindora program, confers with a patient. "Physicians need to be viewed as patient advocates," Vash says. "We need to convey hope."

"Our challenge as clinicians," Vash says, "is to avoid that kind of a rift and establish and nurture a strong therapeutic bond. If we can do that, we can help overweight and obese patients



40 Lean for Life

Lean for Life DAILY ACTION PLAN

Week A 2 Day 11 Date 3/5

Time	Meal Plans	Serving Size	Carbs (grams)
7:00 A.M.	Breakfast B		C
	Protein EGG	1	1
	Fruit or grain WHEAT BREAD	1 SLICE	13
	Beverage DECAF COFFEE	8 oz	0
	+ WATER	8 oz	0
	WATER	30 oz	0
10:30 A.M.	Snack FAT-FREE CHEESE	2 oz	0
12:30 P.M.	Lunch		
	Protein CANNED TUNA	2½ oz	0
	Vegetable TOMATO	1 SMALL	5
	Lettuce + TOSS DRESSING	2 CUPS	3
	Fruit STRAWBERRIES	1 CUP	11
	Beverage WATER	15 oz	0
	Miscellaneous RADISHES	2	1
	WATER	30 oz	0
3:00 P.M.	Snack HONEY PEANUT PROTEIN BAR	1	8
6:15 P.M.	Dinner		
	Protein CHICKEN BREAST	3½ oz	0
	Vegetable ASPARAGUS	1 CUP	8
	Lettuce + 1 TBSP DRESSING	2 CUPS	2
	Fruit UNSW. APPLESAUCE	½ CUP	14
	Beverage ICED TEA +	10 oz	0
	Miscellaneous WATER	8 oz	0
	DIET GELATIN	½ CUP	0
8:45 P.M.	Snack NON-FAT MILK	1 CUP	12
		TOTAL	M D

Lean Reading E MODERATE
Weight 167 F
Vitamins 2 AM G 2 Noon 2 PM
Water H 16, 30, 18, 30, 10, 8 = 112 oz
Activities I 30 MINUTE WALK, 20 LEG LIFTS, TOOK STAIRS TO WORK
Pedometer Steps J 7,554
BODY MEASUREMENTS K
Chest 38½ Hips 43
Waist 31¼ Thighs 26¼
Abdomen 38
SUCCESS LEARNING TOOLS L
Read pages # 108-114
Audio Tapes RELAXATION
Video
CD-ROM
Affirmation M I CREATE MY OWN JOY! I LOVE TO EXERCISE! I AM LEAN + HEALTHY!
Other READ MOTIVATOR CARD BEFORE SLEEP
Plan to Overcome Today's Obstacles: N
TAKE PROTEIN BAR TO EAT DURING AFTERNOON MEETING. AVOID SWEET ROLL TRAY! DRINK 30 OZ WATER DURING MEETING.
Notes:
CALL DEBBIE TO ASK ABOUT FRIDAY'S MENU. REQUEST GRILLED CHICKEN, RAW VEGGIES, FRUIT AND LETTUCE.
STAY FOCUSED – IT'S WORKING!

Keeping a food journal is an important part of the treatment plan. It helps patients track their progress and rededicate themselves to ongoing goals.

weather many of the emotional storms they are bound to go through, enable them to see how they have misused food, and help them develop other coping mechanisms.

"We let patients know that we're aware of their frustration, especially with failed attempts at weight loss. We also let them know that they are most likely eating for reasons other than physiologic ones. That opens up a real bridge. The staff can then ask, 'Are you depressed about things? Are you stressed? Are you using food because you have too much going on in your life?' Just helping them to verbalize feelings—instead of expressing those feelings through eating—is a big step forward. It gives the clinician something to talk about."

How the program is structured

The Lindora program is sold in 10-week sessions; eight weeks of a weight loss regimen is followed by two weeks of stabilization to allow for fluid and electrolyte shifts and to help reduce so-called "dieter's fatigue" and boredom.

The goal is the same one stated by the North American Association for the Study of Obesity—to lose 1 percent of total weight per week. "We want to make sure that people lose weight safely and effectively. We don't confuse thinness with health," says Vash. "Someone who has lost a lot of weight isn't necessarily healthy—in fact she may be quite unhealthy."

Enrollees have a session with the supervising physician or NP, which entails a full history, physical exam, and laboratory workup. They're screened for underlying conditions such as thyroid disorders, Cushing's disease, and obesity-related comorbidities (diabetes, fatty liver, hypertension, dyslipidemia). Based on the findings, some patients are told that now is not the time to embark on a weight loss regimen. This might include patients with hepatitis or unstable angina, those with a history of drug abuse or addiction, and people who are psychologically unstable or have unrealistic expectations about weight loss.

"We want to help as many people as we can," notes Vash, "but we also recognize that some may need other types of medical attention first. We've seen people with profound hypothyroidism—extremely elevated TSH levels—and people with severe hepatitis who

are fatigued and bloated. We refer them back to their primary care physician."

About 80 to 85 percent of the patients are female, ranging in age from 18 to 70, who need to lose anywhere from 20 pounds to 200 or more. Each of the 32 clinics may see 100 people a day. About 800 new patients a month, or nearly 10,000 new patients a year, come to Lindora.

The program is built upon basic dietary principles, emphasizing reduced total caloric intake and the use of low-fat foods, with moderate amounts of carbohydrate and protein. "We don't believe in going to extremes, up or down, with carbs and proteins," Vash notes. The staff also emphasizes, promotes, and encourages a regular pattern of physical activity and equips each participant with a pedometer.

Typically, patients come in five days a week, Monday through Friday, for brief visits. A nurse screens a urine sample for evidence of ketosis. Patients are weighed on an electronic scale that measures to the tenth of a pound. They are evaluated, counseled, and complimented on any progress achieved. The nurse reviews the food journal to gain an understanding of any recent shifts in weight.

Urinary ketones serve as a barometer of the body's response to weight loss efforts. "We let people know that if they are burning fat they'll have mild

Unlocking the problem: The physician is key

"In order to establish a therapeutic bond, patients who are trying to lose weight must have a sense that we're on their side," says Vash. "We need to be viewed as patient advocates—empathetic, supportive, and nonjudgmental. We need to offer more than platitudes. It's important for us to say, 'Yes, you have a problem, but we understand your plight. Now let's see if we can come up with a structured plan to help you out.' We try to convey a sense of hope."

"Once they've bought into that, the clinician can put down his pencil, look the patient in the eye, and say, 'I know you're frustrated, I know you're angry and bitter about this whole process. Let's take a hiatus and agree to work as a team. If I throw the ball and you don't catch it, we don't score.' If you can get to that level, you're halfway there."

One of the shortcomings of current approaches to obesity, Vash feels, is that physicians don't follow up with patients as frequently as they might. "It's often not enough to see someone every 2-3 months or even every month. A short visit once a week is workable for a busy physician, and it doesn't take a major time commitment to make an impact. Studies suggest that frequent physician interactions, as short as 5-7 minutes each, can be as effective for weight loss as hourly classes with behaviorists."

If the physician is regarded highly by the patient, five minutes of quality time can make a big difference. In that space of time a doctor might glance over the food diary, compliment the patient on weight lost, and provide continued encouragement.

"The last thing a patient wants," Vash says, "is a sheet of paper and instructions to 'Go do this, and come back when you're successful.' It's like telling an alcoholic, 'Look, you drink too much. Just stop drinking and you won't be drunk.'"

"We're trying to make the treatment of obesity a scientific discipline, but one that makes use of the real art and charismatic nature of medicine to make a behavioral change," Vash says. "The stumbling block has been that people look at obesity as a disease in the classic sense. It's not like CHF, where a patient can take a drug and actually feel better, or a lump that can be removed by a surgeon. This is a chronic, lifelong disorder. In order to get from one side of the chasm to the other, patients need a bridge—one they can build together with their physician."

How patients fare

Lindora clinics conducted a study of more than 7,000 of its patients over a two-year period. The average age was 40; the average starting weight was 188 pounds; 90 percent were female.

At the end of six months, 53 percent of those in active treatment had lost more than 10 percent of their body weight. After 12 months, 43 percent had lost that much; and at 24 months, 36 percent had lost more than 10 percent of body weight.

Peter Vash, Lindora's executive medical director, says, "These encouraging results suggest that programs that offer patients frequent and focused follow-up visits can be successful."

ketosis," Vash says. "Ketosis is in effect the 'smoke' of fat metabolism. A little ketosis lets people know they are in a fat-burning mode."

After eight weeks of a weight loss program, the two-week cool-down period is designed to stabilize the current weight and perhaps slightly increase food intake and variety so the patient doesn't feel deprived. Those who are so inclined—and many are—can then sign up for another 10-week session.

Each session costs about $1,000—that covers the initial history, physical, and lab workup, the program materials (books, pedometer, etc.) and 50 visits (five days a week for 10 weeks). Insurance programs generally won't provide coverage for obesity per se, but reimbursement can often be obtained if the patient's personal physician refers a patient to Lindora, prescribing weight loss as a component for treatment of diabetes, hypertension, hyperlipidemia, or other weight-related disorder.

Helping patients find the motivation

"We stress that it took a while to gain weight, and it will take a while to lose it," says Vash. "It's like climbing a mountain; you walk half a mile, look up, and see that you still have a long way to go. But it's important to remember that you have started on the journey. Sometimes as you climb that mountain, you need to establish a base camp and wait out a blizzard. Eventually, with enough discipline, you reach your destination."

The staff makes an effort to convey the message that weight loss will vary with individual circumstances. Someone who weighs 250, for example, will be able to lose weight faster than someone who's 180. "We try to explain the physiology of weight loss," says Vash. "The weight loss that occurs in the early phases is motivating and uplifting, but it's mainly fluid. Then comes the harder part—actually burning fat.

"If a patient pays a visit and there is either no weight loss or an actual weight gain, we try to problem-solve as a team," Vash says. "We don't say, 'You're not losing weight, that's bad.' Rather, 'What can we do? Why do you think this happened? Let's look at the issues. How can we be successful together?'

"We provide a lot of support even when people gain weight, as long as they're not engaging in truly destructive behavior. Overall, we try to recognize that obesity is a chronic disease that requires long-term medical treatment and behavioral intervention."

Dealing with the ups and downs of weight loss

The reasons for unsuccessful weight loss are as complex as they are varied, ranging from depression and anxiety to carbohydrate craving and emotionally induced eating. The staff works to help patients control three causes of craving—physiologic, psychologic, and environmental. Some women, for example, crave carbohydrates about a week before the onset of their menstrual cycle, staying up late at night bingeing on cake, ice cream, cookies, or carbohydrates. The cravings seem to start and end suddenly. The educational objective here is to help the person understand that the craving will go just as suddenly as it came