

# The importance of weight management and exercise: Practical advice for your patients

📌 Helping patients make lasting lifestyle changes can have important effects on their overall health and wellness

Q&A With Linda D. Bradley, MD

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Over the past 3 decades, the prevalence of overweight and obesity has increased dramatically in the United States. A study published in 2016 showed the age-adjusted prevalence of obesity in 2013–2014 was 35% among men and 40.4% among women.<sup>1</sup> It comes as no surprise that increased reliance on inexpensive fast foods coupled with progressively more sedentary lifestyles have been implicated as causative factors.<sup>2</sup>

With the rise in obesity also has come an attendant rise in related chronic diseases, such as type 2 diabetes mellitus and cardiovascular disease. Women who are obese are also at risk for certain women's health conditions, such as polycystic ovary syndrome, breast cancer, and endometrial cancer.



Dr. Bradley is Professor of Surgery and Vice Chair of Obstetrics and Gynecology at the Women's Health Institute, and Director, Center for Menstrual Disorders, Fibroids, and Hysteroscopic Services, Cleveland Clinic, Cleveland, Ohio. Dr. Bradley serves on the OBG MANAGEMENT Board of Editors.

*Dr. Bradley reports that she has received research or grant support from and is a consultant and speaker for Bayer, is a speaker for Smith & Nephew and Teva, serves on the scientific advisory board for Boston Scientific, is a consultant for Karl Storz, and has received royalties from UpToDate and Elsevier.*

It is clear that curbing this public health crisis will require concerted efforts from individuals, clinicians, and policy makers, as well as changes in societal norms. OBG MANAGEMENT recently caught up with wellness expert Linda D. Bradley, MD, who shared in her latest book, "Us! Our Life. Our Health." Our Legacy," some practical strategies clinicians can use to help their patients manage their weight and prevent or reverse chronic diseases.

**OBG MANAGEMENT:** In your book you describe Jane, a patient who was severely overweight and who had low self-esteem.<sup>3</sup> You took 2 hours to convince Jane to talk about her clinical problems. That was clearly a heroic intervention on your part as the physician. What advice do you have for time-strapped clinicians who have patients who may need to begin to address physical ailments?

**Dr. Bradley:** I think it is important for us not to lecture our patients. I could list all of the things that patients should or could do to prevent or even reverse disease states, in terms of eating right and exercising, but I think motivational interviewing is a more productive approach to elicit and evoke change (see "Principles and practice of motivational interviewing"). I used to preach to my

**TABLE Stages of readiness for change<sup>4</sup>**

Precontemplation	"I won't be able to lose weight." "I can't find the time to work out."
Contemplation	"I want to lose weight."
Action	"I'm joining a support group and seeing a nutritionist."
Maintenance	"I'm eating healthy every day."
Relapse	Return to undesired behavior

patients. I would say, "You know, if you stay at this weight, you're going to get diabetes, you're going to increase your breast cancer risk, you're going to have abnormal bleeding, you're not going to be able to get pregnant," and so on. It is easy to slip into that in the 7 minutes that you have with your patient, but to me, that is not the right way.

With motivational interviewing, our interactions with patients are shaped by:

- asking
- advising
- assisting
- arranging.

We begin by asking permission: "Do you mind if we talk about your weight?" or "Can we talk about your level of exercise?" Once the patient has granted permission, we ask open-ended questions and use reflective listening: "What I hear you saying is that you are concerned you will not be able to lose the weight," or "It sounds like you don't like to exercise, but you are worried about the health consequences of that."

I find these skills useful for addressing anything from smoking to drinking to weight management to excessive shopping—any extreme behavior that is affecting a patient negatively. When a patient is not ready to talk about her clinical problems or make changes, I let her know my door is always open to her and that I have many resources available to help her when she is ready (TABLE).<sup>4</sup> In those cases, I might say something like, "I have many patients who really don't want to talk about this when I first ask them, but I just want you to know, Mrs. Jones, that I want you to succeed and I want you to be healthy. We have a team approach to taking care of all of you, and when you are ready, we are here to help."

It is important to provide practical advice to patients—including how much to exercise, the importance of keeping a food journal, and determining a goal for slow, safe weight loss—and provide resources as necessary (such as for Weight Watchers, nutrition, and dieticians). Each day we have more than 30 opportunities to select foods to eat, drink, or purchase. Have a plan and advise your patients do the same. Recommend patients

## Principles and practice of motivational interviewing

Utilizing motivational interviewing to help patients identify thoughts and feelings that contribute to unhealthy behaviors—and replacing those thoughts and feelings with new thought patterns that aid in behavior change—has been shown to be an effective and efficient facilitator for change. By incorporating the following principles of motivational interviewing into practice, clinicians can have an important impact on the prevention or management of serious diseases in women<sup>1</sup>:

- Express empathy and avoid arguments. "I know it has been difficult for you to take the first step to losing weight. That is something that is difficult for a lot of my patients. How can I help you take that first step?"
- Develop discrepancies to help the patient understand the difference between her behavior and her goals. "You have said that you would like to lose some weight. I think you know that exercise would help with that. Why do you think it has been hard for you to start exercising more?"
- Roll with resistance and provide personalized feedback to help the patient find ways to succeed. "What I hear you saying is your work schedule does not allow you time to work out at the gym. What about walking during lunch breaks or taking the stairs instead of the elevator—is that something you think you can commit to doing?"
- Support self-efficacy and elicit self-motivation. "What would you like to see differently about your health? What makes you think you need to change? What happens if you don't change?"

### Reference

1. American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 423: Motivational interviewing: a tool for behavioral change. *Obstet Gynecol.* 2009;113(1):243-246.

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**Overweight and obesity are associated with increased risk of at least 13 different types of cancer**

**About 55% of cancers diagnosed in women are overweight- and obesity-related**

\*In postmenopausal women.

Source: Steele CB, Thomas CC, Henley SJ, et al. Vital signs: Trends in incidence of cancers associated with overweight and obesity—United States, 2005–2014. Centers for Disease Control and Prevention. [https://www.cdc.gov/mmwr/volumes/66/wr/mm6639e1.htm?s\\_cid=mm6639e1\\_e](https://www.cdc.gov/mmwr/volumes/66/wr/mm6639e1.htm?s_cid=mm6639e1_e). Published October 3, 2017. Accessed November 28, 2017.



**Consistent diet and exercise changes can help prevent disease, including the types of cancer that are associated with overweight and obesity**

cook their own meals. Suggest weight loss apps. Counsel them to celebrate successes, find a buddy (for social support), practice positive self-talk (positive language), and plan for challenges (travel, parties, working late) and setbacks, which do not need to become a fall. Find an activity or exercise that the patient enjoys and tell them to seek professional help if needed.

**OBG MANAGEMENT:** You mention in your book that 70% to 80% of people now in hospitals are there because of diseases preventable through lifestyle choice. What are the women’s health conditions on that list?

**Dr. Bradley:** About 86% of the health care dollars spent in the United States are due to chronic diseases, and chronic diseases are the leading cause of death and disability in

the country.<sup>5</sup> The most common chronic diseases—cardiovascular disease, hypertension, type 2 diabetes, colon cancer, depression, dementia, cognitive problems, higher rates of fractures—all have been associated, at least in part, with unhealthy food choices and lack of exercise. That applies to breast cancer, too.

The good news is, we can prevent and even reverse disease. As Hippocrates said, let food be thy medicine and medicine be thy food. We have all seen success stories where consistent exercise and dietary changes definitely change the paradigm for what the disease state represents. A multiplicity of factors affect poor health—noncompliance, obesity, smoking—but when we begin to make consistent, healthy changes with diet and exercise, this creates a sort of domino effect.

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## 10 healthiest behaviors

In the book *Us! Our Life. Our Health. Our Legacy*,<sup>1</sup> co-authored by Dr. Bradley and her colleague, Margaret L. McKenzie, MD, the authors highlight the 10 healthiest behaviors to bring about youthfulness and robust health:

- Walk at least 30–45 minutes per day most days of the week.
- Engage in resistance training 2–3 days per week.
- Eat a primarily plant-based diet made up of a variety of whole foods.
- Do not smoke.
- Maintain a waist line that measures less than half your height.
- Drink alcohol only in moderation.
- Get 7–8 hours of sleep most nights.
- Forgive.
- Have gratitude.
- Believe in something greater than yourself.

### Reference

1. Bradley LD, McKenzie ML. *Us! Our life. Our health. Our legacy*. Las Vegas, Nevada: The Literary Front Publishing Co., LLC; 2016.

**OBG MANAGEMENT:** You discuss chronic illness as preventable, manageable, and reversible. Where do you see the women's health clinician's role in the management of reversal?

**Dr. Bradley:** I think we need to get to the root cause of these clinical problems and provide the resources and support that patients need to reverse or even prevent these diseases. Clinicians need to become more aware—be an example and a role model. Our patients are watching us as much as we are watching them. Together, we can form good partnerships in order to promote better health.

**OBG MANAGEMENT:** Do you encourage your patients to write a wellness contract?

**Dr. Bradley:** I think when you are about to be a change agent for your body and become what I call the best version of yourself, you can have these great ideas, but you need to turn those ideas into actions and make them consistent. And we know that is difficult to do, so I do try to have patients write down specific goals, their plan for achieving them, and list the reasons why it is important for them to reach their goals. That gives them something tangible to look at when the going gets tough. It is also important to work into the contract

ways to reward positive behaviors when goals are met, and to plan for challenges and setbacks and how to get back on track.

I also encourage patients to document their progress and learn how to make quick adjustments when necessary to get back on track. Another important element involves setting milestones—by what date are you going to reach this goal? Like any other contract, I have my patients date and sign their wellness contracts. I also encourage them to visualize what their new self is going to look like, how they will feel when they reach their goal, what they will wear, and what activities they will engage in.

**OBG MANAGEMENT:** Do you think that physicians have a role in educating their patients on food labels and dietary intake?

**Dr. Bradley:** I do, but the amount of nutrition education that most of us get in medical school is minimal to nonexistent and not practical. As physicians, we know that food is health, exercise is fitness, and that our patients need both of them. We also know that we did not get this information in school and that our education was more about treating disease than preventing disease. Many of us were not trained in robot surgery either, because it did not exist. So what did we do? We took classes, attended lectures, read books, and learned. We can do the same with wellness. There are many courses around the country. We have to begin to relearn and reteach ourselves about health, nutrition, and exercise and then pass that information on to our patients—be a resource and a guide. We should be able to write a prescription for health as quickly as we can write a prescription for insulin or a statin.

I also bring up portion distortion with my patients. The National Institutes of Health has resources on their website (<https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.html>) that include great visuals that show portion sizes 20 years ago and what they are now. For instance, 20 years ago a bagel was 3 inches and 140 calories; today's bagel is 6 inches and 350 calories (plus whatever toppings are

added). I tell that to my patients and then explain how much more exercise is needed to burn off just that 1 bagel.

### **OBG MANAGEMENT: Epigenetics: Do patients know about it?**

**Dr. Bradley:** They may not know that term directly, but I think people understand that you have the potential to pass on poor lifestyle

and/or health issues related to how things are when you are in utero and later in life. It gets back to letting people know to be healthy in pregnancy and even pre-pregnancy, and that includes one's emotional state, physical state, and spiritual state. We are what we are in our mother's womb. Getting the best start in life starts with a healthy mom, healthy dad, and a healthy environment. 🚫

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#### **References**

1. Flegal KM, Kruszon-Moran D, Carroll MD, et al. Trends in obesity among adults in the United States, 2005 to 2014. *JAMA*. 2016;315(21):2284–2291.
2. Sturm R, An R. Obesity and economic environments. *CA Cancer J Clin*. 2014;64(5):337–350.
3. Bradley LD, McKenzie ML. *Us! Our life. Our health. Our legacy*. Las Vegas, Nevada: The Literary Front Publishing Co., LLC; 2016.
4. American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 423: Motivational interviewing: a tool for behavioral change. *Obstet Gynecol*. 2009;113(1):243–246.
5. Centers for Disease Control and Prevention. Chronic disease overview. <https://www.cdc.gov/chronicdisease/overview/index.htm>. Updated June 28, 2017. Accessed November 3, 2017.