



# Reader Feedback

## Primary Care Providers Need Help Motivating Obese Patients to Lose Weight

I read with interest Dr. Felicetta's editorial regarding the obesity epidemic, which appeared in the February 2008 issue on page 17. I believe a big part of the problem is that most physicians have not been trained to be good motivators.

Physicians value being liked by patients, and many patients don't want to hear from anyone, including their physician, that they are obese. Moreover, processes to engage obese patients have not been inculcated into our practices, the way they have for tobacco use disorders. In my own practice, I have developed a template that utilizes approaches that have an evidence base for efficacy. For instance, data indicate that a self-regulation program based on daily weight measurement is more effective, especially when delivered face-to-face, than quarterly newsletters in helping people who have lost weight to maintain their weight loss.<sup>1</sup> Finally, I agree with Dr. Felicetta that state and federal taxes can play a role in further encouraging people to avoid unhealthy behaviors, and I submit there should be a user tax on soft drinks, similar to that for alcohol and tobacco products.

Although I am sympathetic to the plight of the endocrinologist facing the challenges of evaluating obese patients, I am confident that primary care phy-

sicians see many more obese patients than endocrinologists. I recommend that clinicians from both disciplines collaborate on strategies to lessen this burden on our patients, society, and our own workloads.

—David A. Nardone, MD  
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### REFERENCE

1. Wing RR, Tate DF, Gorin AA, Raynor HA, Fava JL. A self-regulation program for maintenance of weight loss. *N Engl J Med.* 2006;355(15):1563–1571.

The author responds:

*Dr. Nardone makes some excellent points. It is certainly true that the problem of looking too hard for metabolic causes of obesity is hardly confined to endocrinologists. Indeed, because there are many more primary care providers than endocrinologists, most patients with weight problems are managed by the former rather than the latter. And it also is often true that we providers very much want to be liked by our patients, which sometimes leads us to do things that are not truly in the patients' best long-term interests—such as soft pedaling the need for participating in more physical activity and eating fewer calories.*

*I also am pleased that Dr. Nardone shares my belief that society needs to get serious about the obesity epidemic by implementing taxes and fees that will encourage our patients and citizens alike to select wholesome and nutritious foods. Obesity and its deleterious health consequences are such overarching public health issues that we really need to move forward with an aggressive program of incentives and disincentives on a broad societal level. ●*

—James V. Felicetta, MD  
Editor-in-Chief

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