

Patient-clinician communication about weight loss

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The worldwide prevalence of obesity has more than doubled between 1990 and 2022, with over 890 million adults living with obesity in 2022.¹ International guidelines recommend that clinicians offer weight loss support to their patients living with obesity, and effective communication from clinicians is associated with patient weight loss.² Clinicians and patients think these conversations are important, and clinicians who do not specialize in treating obesity want to know how to introduce and offer support and treatment for weight loss.³

Overall, conversations should be grounded in an understanding that obesity is a complex, chronic relapsing condition, and the patient is not to blame or at fault.³ Clinicians should avoid perpetuating weight stigma and bias in their language, including avoiding the term ‘obese’.³ Throughout conversations, clinicians should communicate with respect, empathy, without judgment, and in a person-centered matter.³

The following specific techniques have been shown to support brief, effective, and well-received conversations about weight loss.² Table 1 provides examples generated from conversation analysis of real UK patient-clinician encounters.

Initiate communication about weight loss gently

Evidence from 237 recorded consultations showed that gentle initiation of communication about weight loss supported more positive and well-received conversations.⁴ This may be achieved by forecasting upcoming discussion of weight, rather than initiating the conversation abruptly. Clinicians can mention a time when weight, or a condition relevant to weight, was discussed previously; speak slowly; provide ‘meta-assessments’ which pre-emptively assess the conversation (e.g. “this might be a bit of an awkward conversation”); and ‘soften’ communication by using qualifiers to present weight loss as achievable, rather than insurmountable (e.g. “did you know that if you did lose a *little bit* of weight...”).⁴

When a patient does not wish to talk about weight loss, acknowledging the legitimacy of the response, and accepting the patient’s decision is the most effective approach.⁵ In a conversation analysis of

primary care interactions, attempting to convince patients to talk about weight was unsuccessful and led to patients becoming angry and frustrated.⁵

Tailor weight loss communication to what is relevant for the patient

Clinicians should tailor conversations and avoid making assumptions about what is important to a patient, what patients know (or do not know), and what actions they have previously taken regarding their weight, all of which have been found to be received negatively.^{6,7} Presenting weight loss as personalized and relevant for each patient can support positive discussions. Evidence shows that this can be achieved through ‘referencing back’⁴ where a clinician raises something relevant to the patient from earlier in a consultation (e.g., “we’ve been talking about your back, and one of the things that could really help your back, is to lose some weight”). Another way to tailor information to individual patients is to ask questions and personalize responses to the patient’s answers. For example, this could include asking if a patient has tried a specific approach, exploring their perspective on its acceptability, and then recommending or advising approaches a patient has identified as relevant and acceptable. These question-answer formats create a collaborative conversation which often results in positive responses from patients.⁸ [Using these approaches,](#) ~~the~~ conversation is likely to link directly to what individual patients find important [using these approaches.](#)

Communicate positively and emphasize the benefits of weight loss

~~Communicating positively and emphasizing the benefits of weight loss, rather than the harms of obesity, is more effective and better received. Focusing on harms of obesity can be demotivating, evoking feelings of blame and stigma,³ and may lead to patients to become upset or angry.² In contrast, c~~ [Communicating positively and emphasizing the benefits of weight loss, rather than the harms of obesity, is more effective and better received.](#) ~~In contrast, An~~ analysis of recorded consultations showed that focusing on the benefits of weight loss was well-received by patients, associated with a greater likelihood of accepting referrals for treatment (absolute risk difference, 0.45

[CI, 0.34 to 0.56]) and increased weight loss at one year follow-up (adjusted difference, -3.60 kg [CI, -6.58 to -0.62 kg]).² Positive communication can be achieved by highlighting the specific anticipated benefits of weight loss for the patient, including ‘optimistic projections’ and using explicitly positive words and tone of voice throughout the conversation (e.g., “weight loss could *positively* help...”).

When possible, offer specific treatment, rather than advice only

A study of 159 recorded family practice consultations showed that clinicians often inadvertently communicated scientifically unsupported advice about weight loss.⁹ Almost all consultations included vague and abstract advice, provided without ‘reason, justification, or evidence’⁹ to explain how to implement the suggested changes, or how these changes might support weight loss (e.g. “make sure you have a low fat, low sugar, high fiber diet. Little of it, lots of exercise and see how you go”).⁹ A third of advice given was **factually** ‘superficial’, and unlikely to be effective (e.g, “I would advise you to look at ways of changing your lifestyle a bit”), often including ‘eat less and move more’ messaging. This approach may imply that a patient lacks knowledge of simple actions they should take or may have already taken, resulting in negative reception from patients.⁶ ~~To~~ **To avoid providing unhelpful and unscientific advice** ~~provide helpful, evidence-based advice about weight loss~~, clinicians can access information and training through The Strategic Centre for Obesity Professional Education (<https://www.worldobesity.org/training-and-events/scope>).

Patients are more likely to lose weight when offered definitive **weight loss program treatment, rather than advice**. For example, in a 2016 trial, 1882 patients with obesity were offered either a referral for weight loss support or advice at the end of a consultation.¹⁰ Support involved recommending a behavioral weight loss program, offering referral, and providing an appointment for a specific program. At 12 months, among participants offered support, 25% achieved at least 5% weight loss and 12% lost at least 10% of their body weight. In contrast, in the advice alone group, only 14% of participants achieved at least 5% weight loss and 6% lost at least 10% of their body weight. Analysis of the

consultations showed that clinicians appeared more effective when they communicated clearly and positively about available treatment programs, provided information about where and how they could be accessed, and stated their cost.¹¹ It is important to avoid communicating a high ‘patient activity burden’ (e.g., “you’ll need to work hard, and lose a significant amount of weight”), and instead to emphasize the immediate next step (e.g., “please do go to the first session”).

~~New~~ ~~Other~~ treatments are available for obesity, including anti-obesity medications ~~and bariatric surgery, and bariatric surgery,~~ although there is currently no direct evidence on how these are best communicated. ~~The principles above may apply for clinicians discussing referral to comprehensive obesity treatment programs that offer anti-obesity medications~~ ~~The principles above may apply for clinicians discussing these therapeutic alternatives:~~ endorse the value of treatment over self-directed weight loss in a positive manner and make a clear offer clarifying relevant patient considerations.

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Communication techniques

Communication examples

Initiate communication about weight loss gently

1. Mention a time when weight, or a condition relevant to weight, has been discussed previously	“I know we have talked about weight before...”
	“Earlier you mentioned a bit about your weight, and you’ve also been talking about your back...”
2. Soften language	“Did you know that if you did lose <i>a little bit</i> of weight...”
	“With your blood pressure being a bit borderline it may be that if you could <i>lose a bit of weight</i> that will even bring it down, so it won't even be borderline anymore”
3. Incorporate meta-assessments	“This might be a bit of an awkward conversation...”

Tailor communication to what is relevant for the patient

4. Referencing back	“You mentioned earlier about being on steroids for a long while, and now you've developed diabetes, and the high blood pressure. So all of those things will be helped with weight reduction really.”
	“So I think getting weight down would be of good benefit, particularly because of the problem we've been discussing...”
5. Ask questions and tailor responses	“How do you feel about that option?”
	“How does that sound?”
6. Accept a patient’s response	“Nope, Not interested? Okay, that’s fine.”
	“You don't feel as though you want to do that at the moment? Okay that's fair enough.”

Communicate positively and emphasize the benefits of weight loss

7. Include optimistic projections for the future	“It may be that losing some weight will bring your blood pressure down.”
	“And if you get weight down, you know, the outlook is often better for things like blood pressure....blood pressure would get easier to control if you get your weight down.”
8. Use explicitly positive words	“Because we’ve got the option to offer you..well <i>good opportunity</i> to offer you...”
	“This will <i>positively help</i> ...”
9. Use a positive tone of voice	“I would very much encourage you to take up the opportunity...”
	“ <i>Excellent.</i> ”

When possible, offer specific treatment, rather than advice only

10. Clearly state the treatment options available	“We can offer you a referral to one of the commercial weight loss programs in this area”
	“I can refer you to a dietician”
11. Provide detail on where and how treatment can be accessed	“They’ll be local.”
	“...available in this area.”
12. State the cost	“And so it would be free for a twelve week course.”
13. Emphasize the next step	“... so if you want to go and talk to the receptionist at the front desk, she can organize that with you.”

Table 1: Specific communication examples to incorporate

Examples are adapted from real recorded clinical interactions, collected as part of the BWeL study⁷.