

Promoting Success In Weight Loss Journey



Presented by:

Dr. Golmehr Sajjady MD, FRCPC, ABIM, Dip ABOM, Dip ABLM

Diplomate of the American Board of Obesity Medicine

Diplomate of the American Board of Lifestyle Medicine

Internal Medicine Specialist, Obesity Specialist

Director of Aspire Bariatric and Lifestyle Clinic

Objectives:

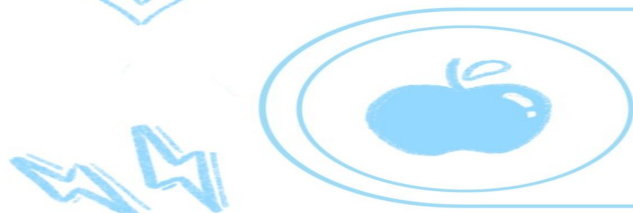
- ▶ **A review of through obesity assessment**
- ▶ **Treatment options**
- ▶ **How to access a specialized obesity assessment**
- ▶ **How multidisciplinary chronic kidney disease clinic can assist with ongoing management**

I Want To Talk To You About **OBESITY**



Obesity is a **chronic disease**

Recognized by the World Health Organization and Canadian Medical Association and defined as a prevalent, complex, progressive and relapsing chronic disease, characterized by abnormal or excessive body fat (adiposity), that impairs health.



Obesity is **not simple**

How an individual develops obesity and how they will respond to interventions involves a complex interaction of genetic, biological, environmental and behavioural factors. Simple approaches will not solve complex problems.

Eating less and moving more is **not a cure** alone

Like any chronic disease, behaviour around nutrition and exercise are an important supplement to chronic disease management, but not the treatment itself.

There are **evidence-based** treatments available

The three pillars of obesity management include Cognitive Behavioural Therapy, Pharmacotherapy and Bariatric Surgery.




There are comprehensive **Clinical Practice Guidelines** available

obesitycanada.ca/guidelines

How can we work **together?**



Health History:

- ▶ Weight history, weight-loss efforts
 - ▶ Physical activity and exercise habits
 - ▶ Eating patterns and appetite control
 - ▶ Stress levels
 - ▶ Past medical history
 - ▶ Medication
 - ▶ Sleep
 - ▶ Family's health history
- 



General Physical Exam:

- ▶ This includes measuring height; checking vital signs, such as heart rate, blood pressure and temperature
- ▶ Examining heart, lungs and abdomen.



Measuring Waist Circumference:

- ▶ Fat stored around the waist, sometimes called visceral fat or abdominal fat, may further increase the risk of heart disease and diabetes.
- ▶ Women with a waist measurement (circumference) of more than 35 inches (89 centimeters) and men with a waist measurement of more than 40 inches (102 centimeters) may have more health risks than do people with smaller waist measurements.



BMI Formula:

➤ **Weight (in kilograms) divided by height squared (in meters), expressed as kg/m².**

• **Formula: Weight (kg)/[height (m)]²**

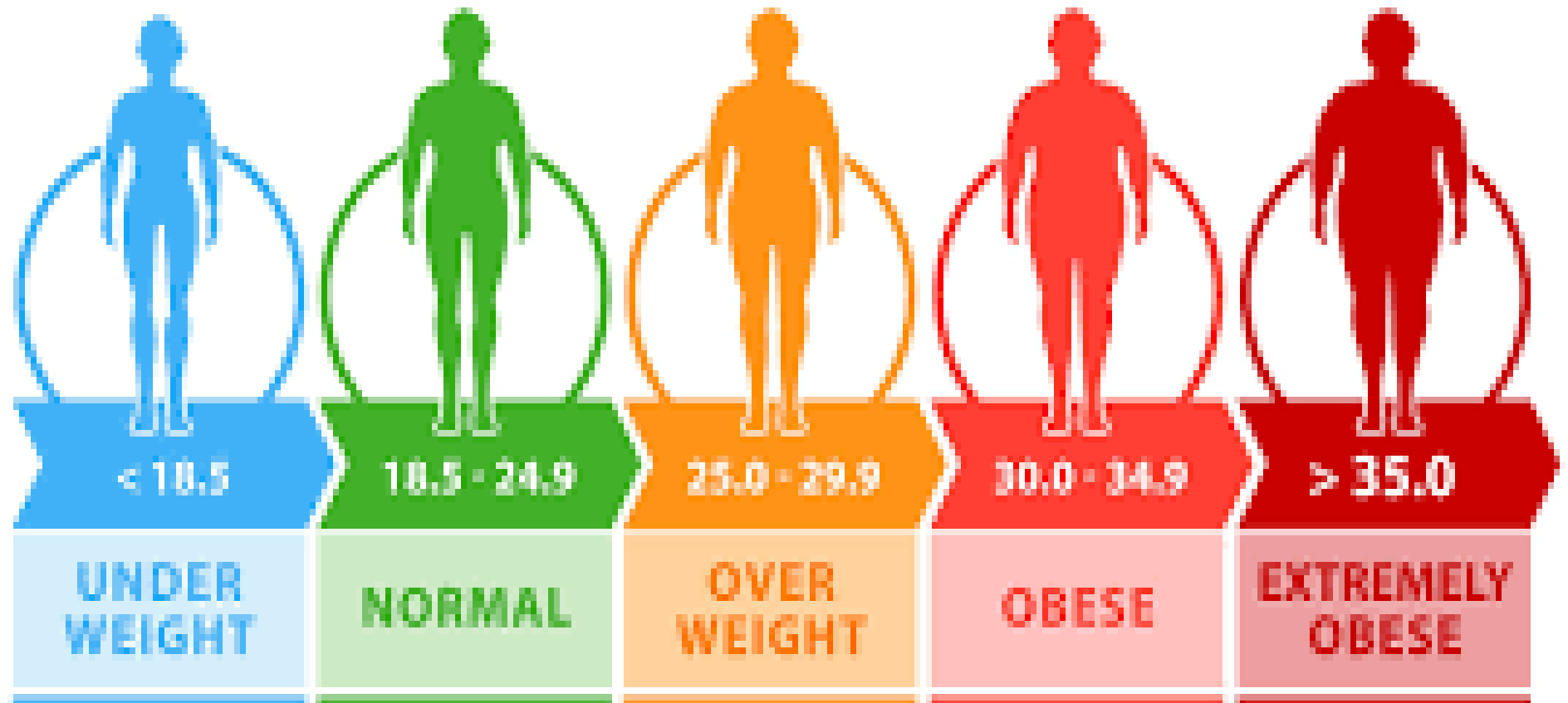
• **Example:**

Weight =92 kg and Height= 1.78 m

• **Calculation:** $92 / (1.78)^2 = 92 / 3.17 = 29$

• BMI=29

BODY MASS INDEX **BMI**





Waist circumference	BMI category		
	Normal 18.5–24.9 kg/m ²	Overweight 25–29.9 kg/m ²	Obese class I 30–34.9 kg/m ²
Men: < 102 cm Women: < 88 cm	Least risk	Increased risk	High risk
Men: ≥ 102 cm Women: ≥ 88 cm	Increased risk	High risk	Very high risk

Treatment Options :

How Is Obesity Treated?

**Dietary changes—
what and how much**

Exercise

**Behavior modification
addressing willpower
and emotional eating**

**Prescription drugs, like
Xenical and Contrave**

**Bariatric surgery,
like gastric bypass**

**Healthcare
professionals like
dietitians and
obesity specialists**

verywell

The infographic features a central illustration of a man and a woman boxing. The man is on the left, wearing a purple tank top, green shorts, and orange boxing gloves. The woman is on the right, wearing a pink tank top, yellow shorts, and pink boxing gloves. They are both smiling and in a boxing stance. Surrounding this central image are six circular icons, each representing a different treatment option. The background is a gradient of purple and pink.



Nutrition:

➤ Dietary Changes:

Reducing calories and practicing healthier eating habits are vital to overcoming obesity.

➤ Feeling Full On Less:

Foods such as desserts, candies, fats and processed foods contain a lot of calories for a small portion. In contrast, fruits and vegetables provide a larger portion size with fewer calories.

➤ Making Healthier Choices:

Make overall diet healthier, more plant-based foods, such as fruits, vegetables and whole grains. emphasize lean sources of protein, such as beans, lentils and soy and lean meats.



Exercise and Activity:

- ▶ People with obesity need to get at least 150 minutes a week of moderate-intensity physical activity to prevent further weight gain or to maintain the loss of a modest amount of weight.



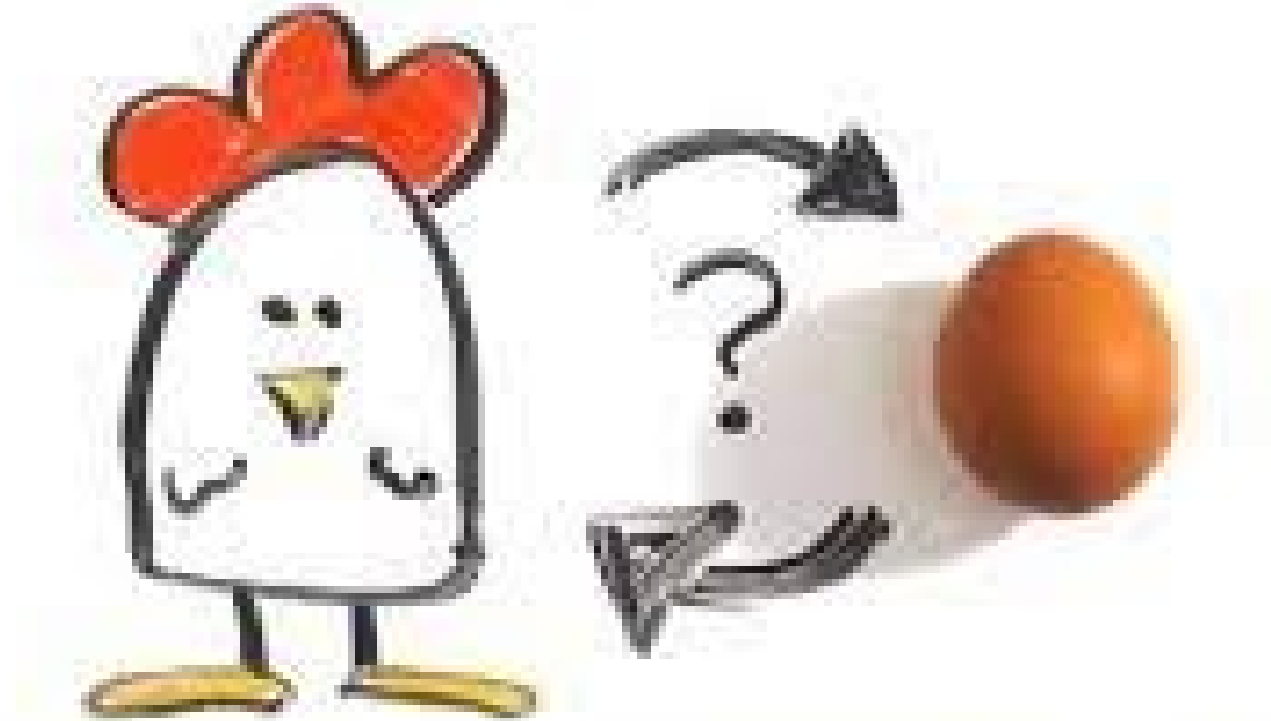


Counseling:

- ▶ Talking with a mental health professional can help address emotional and behavioral issues related to eating.
- ▶ Therapy can help you understand learn healthy ways to cope with anxiety. understand eating triggers, and cope with food cravings.



"THE CHICKEN - OR - THE CHICKEN EGG"



"LA POULE - OU - L'OEUF DE LA POULE"

Weight-Loss Medications:





Who is eligible for pharmacotherapy :

- ❖ BMI ≥ 30 kg/m² .
- ❖ BMI ≥ 27 kg/m² with adiposity-related complications .
- ❖ Should be in conjunction with medical nutrition therapy, physical activity and psychological interventions .

Contrave® (Naltrexone and Bupropion):

Combines low doses of naltrexone, a medication commonly used to manage alcohol and opioid dependency, and bupropion, an atypical antidepressant that's also prescribed for smoking cessation. These medicines work on two separate areas of the brain that are involved in controlling eating (hunger and cravings).



Saxenda® (liraglutide):

- GLP-1 (or glucagon-like peptide-1) is a hormone that is found naturally in body that has effects on appetite and food intake. Saxenda® is a GLP-1 therapy that is similar to the natural GLP-1 found in your body. Saxenda® is thought to help patients lose weight by decreasing appetite and the amount you eat.
- Studies with Saxenda® have also shown that it may also improve other health factors beyond weight, including waist circumference, blood sugar, blood pressure and cholesterol levels. Saxenda® comes in a prefilled pen that you can use to self-inject



Bariatric Surgery:



- ▶ Weight-loss surgery limits the amount of food you're able to comfortably eat or decreases the absorption of food and calories. However, this can also result in nutritional and vitamin deficiencies.
- ▶ Bariatric surgery is one tool used to treat morbid obesity. It is not a cure.
- ▶ To achieve and maintain weight loss, significant and permanent lifestyle changes are required and include healthy eating habits, regular physical activity, behavioral changes and stress management.



- ▶ With appropriate patient selection, education and follow up, bariatric surgery can offer sustainable weight loss (20% to 30% reduction) with substantial reductions in morbidity and mortality (40% to 89%, respectively) and significant improvements in mental health and quality of life.



The following questions help to determine if a patient is eligible to have surgery:

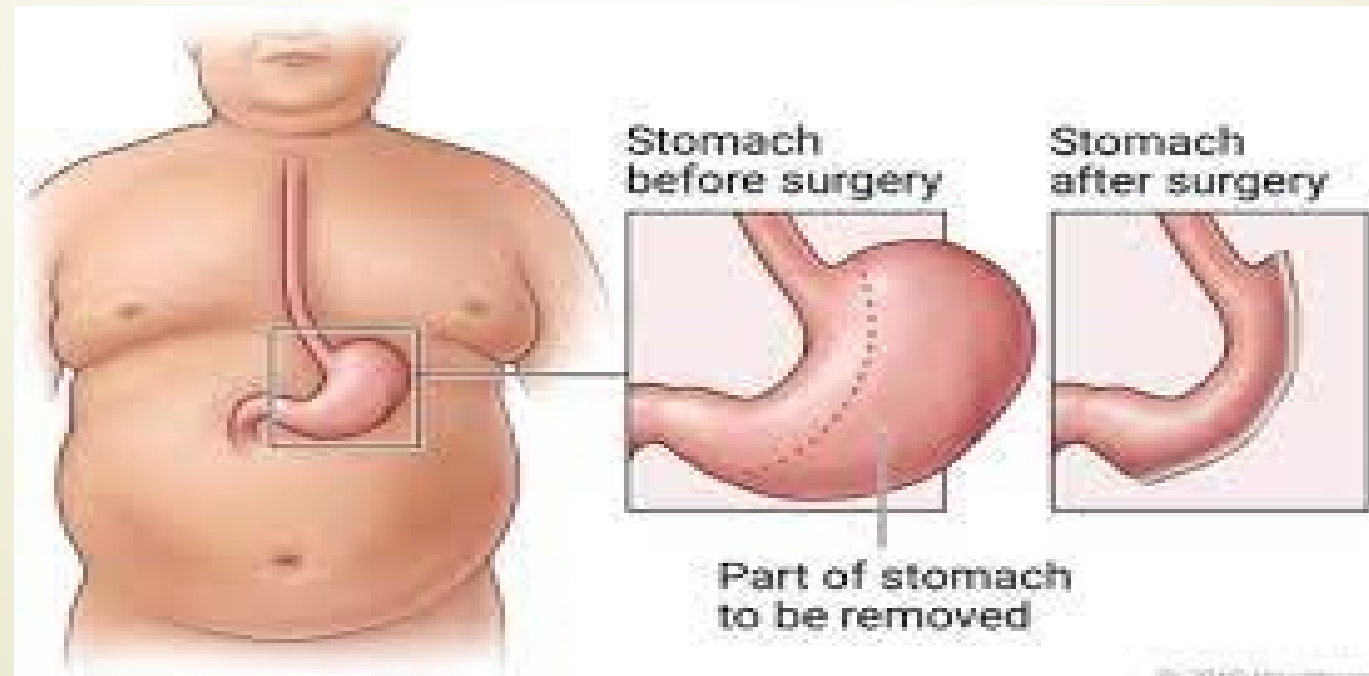
- ❖ Are you over 18 years of age and under 65 years of age?
- ❖ Do you have a BMI greater than 40, or a BMI greater than 35 with one of the following?
 - ❖ Heart disease
 - ❖ High blood pressure
 - ❖ Sleep apnea
 - ❖ Diabetes
 - ❖ Degenerative joints
- ❖ Have you tried several methods to lose weight and were unsuccessful? (Diet, Activity, Medications, Counseling)
- ❖ Are you ready to make significant and permanent lifestyle changes?

Patients who are not eligible for Bariatric Surgery:

- ❖ Age > 65.
- ❖ Smoking (Must be smoke-free for 6 months prior to starting program).
- ❖ Active substance use.
- ❖ Unstable mental health such as bulimia, suicidality, mood lability, major neurocognitive disorders, or other psychiatric illness that can affect a patient's ability to cope with the potential challenges after bariatric surgery (require 18 months mental health stability).
- ❖ Medical problems that increase risk for elective surgery.
- ❖ Inability to follow directions or comply with recommendations.

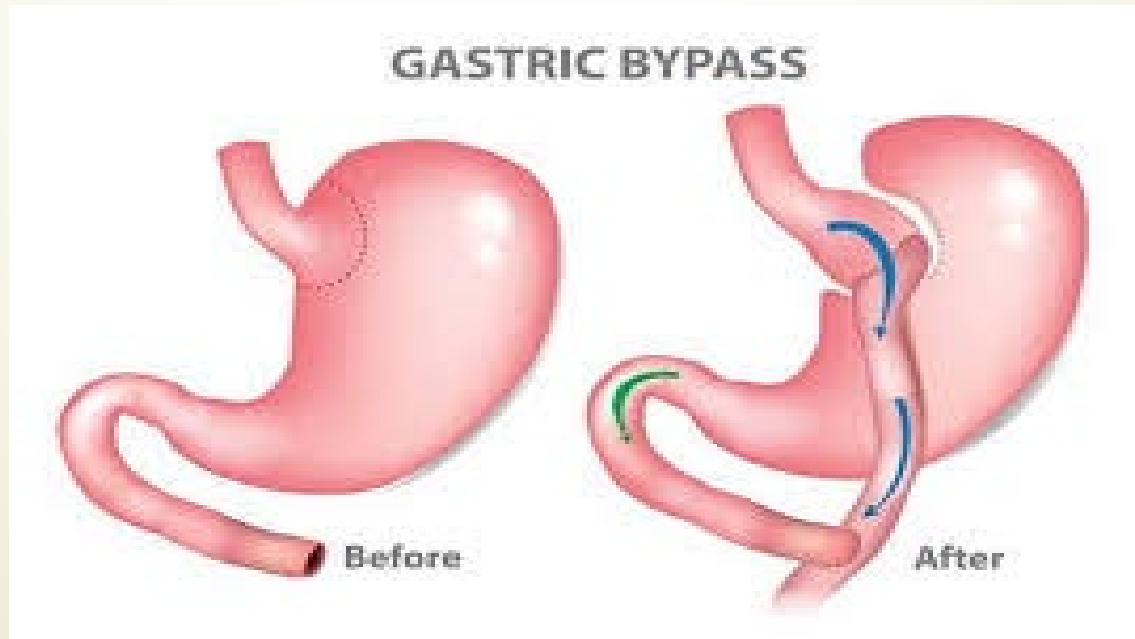
Sleeve Gastrectomy:

- ▶ Sleeve gastrectomy, also called a vertical sleeve gastrectomy, is a surgical weight-loss procedure. This procedure is typically performed laparoscopically.
- ▶ During sleeve gastrectomy, about 80% of the stomach is removed, leaving a tube-shaped stomach about the size and shape of a banana.
- ▶ Limiting the size of stomach restricts the amount of food you can consume. In addition, the procedure prompts endocrine changes that assist with weight loss.



Gastric bypass:

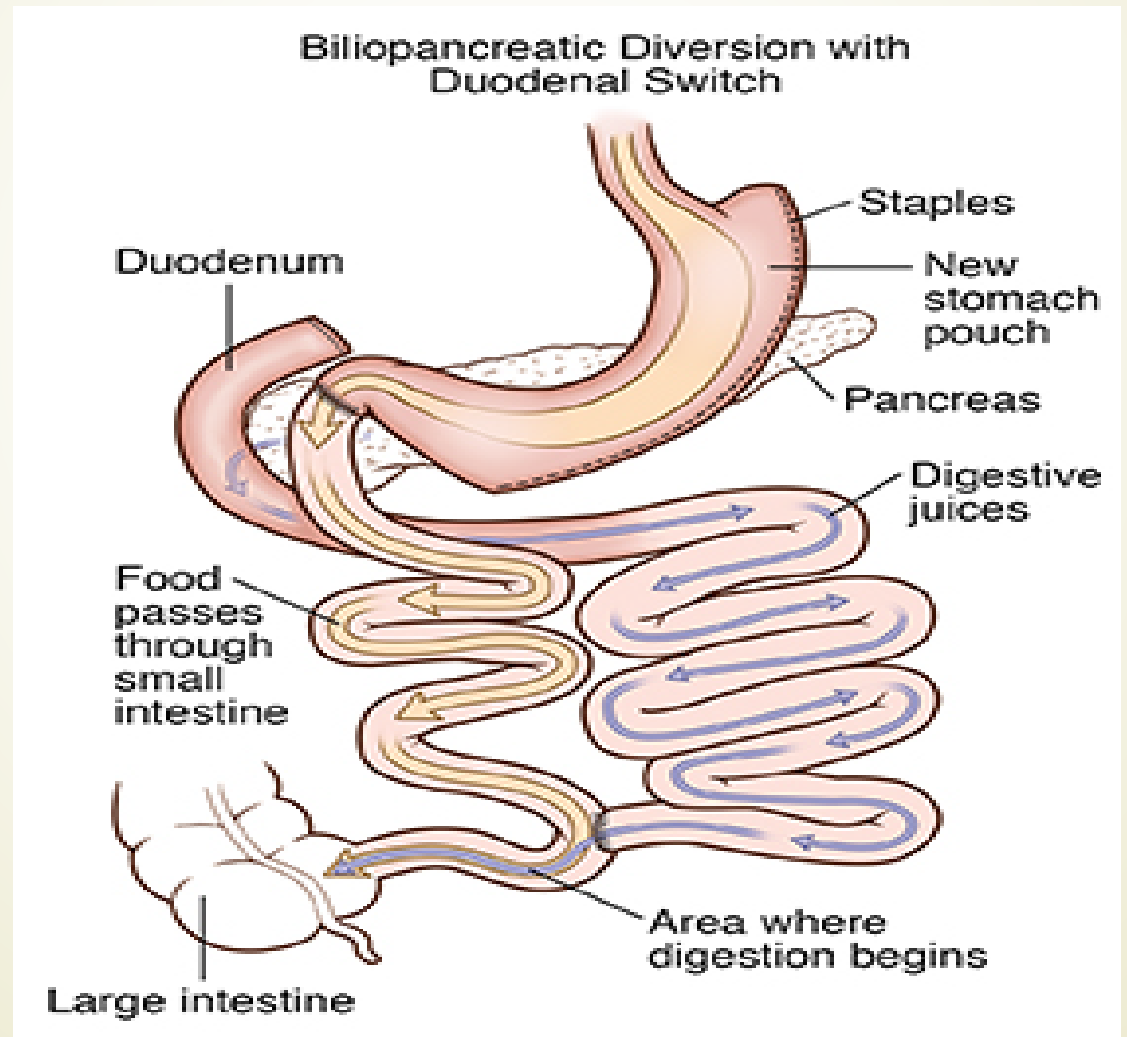
- ▶ Gastric bypass, also called Roux-en-Y (roo-en-wy) gastric bypass, is a type of weight-loss surgery that involves creating a small pouch from the stomach and connecting the newly created pouch directly to the small intestine.
- ▶ After gastric bypass, swallowed food will go into this small pouch of stomach and then directly into the small intestine, thereby bypassing most of your stomach and the first section of your small intestine.



Biliopancreatic Diversion with Duodenal Switch (BPD-DS):

- ▶ Part of the stomach is closed off with staples to create a smaller pouch. The rest of the stomach is removed. This small stomach restricts the amount of food you can eat at one time.
- ▶ The small intestine (first part or duodenum) is then divided. A very short length of the last part of the small intestine is brought up and attached to it (duodenum). This is the duodenal switch.

- ❖ When you eat, the food then only goes through the new stomach pouch. It empties into the last part of the small intestine. This goes around (bypasses) a large section of the small intestine, so that less of the food is digested. You absorb fewer calories and nutrients.



Guide for Selecting Obesity Treatment

Treatment	BMI Category (kg/m ²)				
	25-26.9	27-29.9	30-34.9	35-39.9	≥40
Diet, Exercise, Behavior Tx	+	+	+	+	+
Pharmaco- therapy		With co- morbidity	+	+	+
Surgery				With co- morbidity	+

The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. October 2000, NIH Pub. No.00-4084

Slide Source:
www.obesityonline.org

How to Access Obesity Specialists:

❖ **Aspire Bariatric and Lifestyle Clinic:**

❖ Langley(Aldergrove)

❖ Coquitlam

❖ North Vancouver

<https://aspirebariatric.ca>

Phone Number: 1(604) 832-7030

Fax Number : 1(604) 770-3537

Our Team:

-Registered Dietitians ,Diabetes and Bariatric Educators

-Registered Nurse,

Obesity Canada:

<https://obesitycanada.ca/>



OTHER RESOURCES  LANGUAGE 

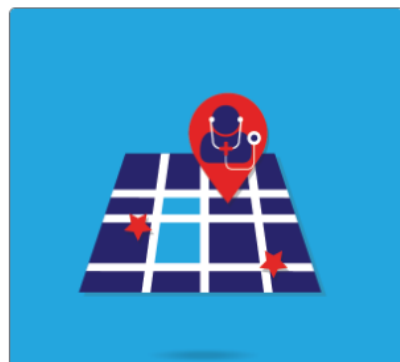
CLINIC LOCATOR

Locate Obesity Management & Support Resources in Canada

This web resource is designed to help you identify potential treatment and support resources in your area. It was compiled by Obesity Canada researchers based on a national environmental scan. Additional resources have been added on an ongoing basis.

The healthcare resources included in the database are publicly provided, meaning at least a portion of their cost is reimbursed by provincial and territorial health systems and governments. Other fees may still apply. Additional types of resources such as bariatric support groups may or may not charge fees or dues. Not all services provided by individual healthcare professionals listed are necessarily covered by public health plans. Some services may require referral from your healthcare provider.

Services and individuals listed on this site are not endorsed by Obesity Canada.



Patient Name:	Gender:
PHN:	Weight:
Date of Birth:	Height:
Phone:	BMI:
(Alt) Phone:	Email:
Address:	
Family Physician:	Family Physician Fax:

Primary Reason for referral: Adult Patient with BMI>30 Adult Patient with BMI>27 with co-morbidities

Risk Factors (Please Check ALL that applies)

<input type="radio"/> Type 2 Diabetes	<input type="radio"/> Obstructive Sleep Apnea
<input type="radio"/> Dyslipidemia	<input type="radio"/> History of cardiovascular disease
<input type="radio"/> Hypertension	<input type="radio"/> Polycystic Ovarian Syndrome
<input type="radio"/> Fatty liver disease	<input type="radio"/> Cerebrovascular disease
<input type="radio"/> Osteoarthritis	<input type="radio"/> Peripheral Vascular disease
<input type="radio"/> Infertility	<input type="radio"/> Venous thromboembolic disease

Others:

Referring Physician/Health Care Provider:

MSP: _____ Signature: _____ Date: _____
dd/mm/yyyy



Street Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ Fax: _____

Please fax form to 1 (604)-770-3537 or email to info@aspirebariatric.ca

How the staff in chronic kidney clinic can help:

- ❖ Health care providers should ensure their clinical environment is accessible, safe and respectful to all patients regardless of their weight or size .
- ❖ Identify obesity, check BMI , measuring waist circumference once a year .
- ❖ Provide dietary counselling .
- ❖ Promote mental health .
- ❖ Referral to obesity specialist .
- ❖ Advocate for and support people living with obesity. This includes action to create supportive healthcare environments and policies for people of all sizes.

- 
- 
- ▶ Avoid using stigmatizing language and images. It is well established that shaming does not change behaviours. In fact, shaming can increase the likelihood of individuals pursuing unhealthy behaviours and has no place in an evidence-based approach to obesity management .
 - ▶ Ask permission before weighing someone, and never weigh people in front of others; instead, place weighing scales in private areas.
 - ▶ Consider how their office's physical space accommodates people of all sizes and ensure they have properly sized equipment (e.g., blood pressure cuffs, gowns, chairs, beds) ready in clinical rooms prior to patients arriving.



Thank you

