One Size Fits None: Getting to Person-centered Care for Patients with Obesity in PA-LTC

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No financial relationships
or
Disclosures to report

Acknowledgement of contributions to this content by Aruna Josyula, MD, Paige Hector, LMSW, Michelle May, MD. sed with permission.

Clinical Vignette

Mrs. Smith is an 80-year-old woman with a lifelong history of overweight and weight cycling due to dieting efforts.

She recently moved into long term care after completing rehab for a stroke that left her with hemiparesis and limiting mobility. Her current BMI is 35 and other medical issues include mild dementia, hypertension, osteoarthritis.

She begins to gain weight at the home and is placed on a calorie restricted diet, which temporarily yields some weight reduction, followed by a rebound.

Staff begin to criticize the resident about her food choices and making trips to the vending machines for snacks in between meals.

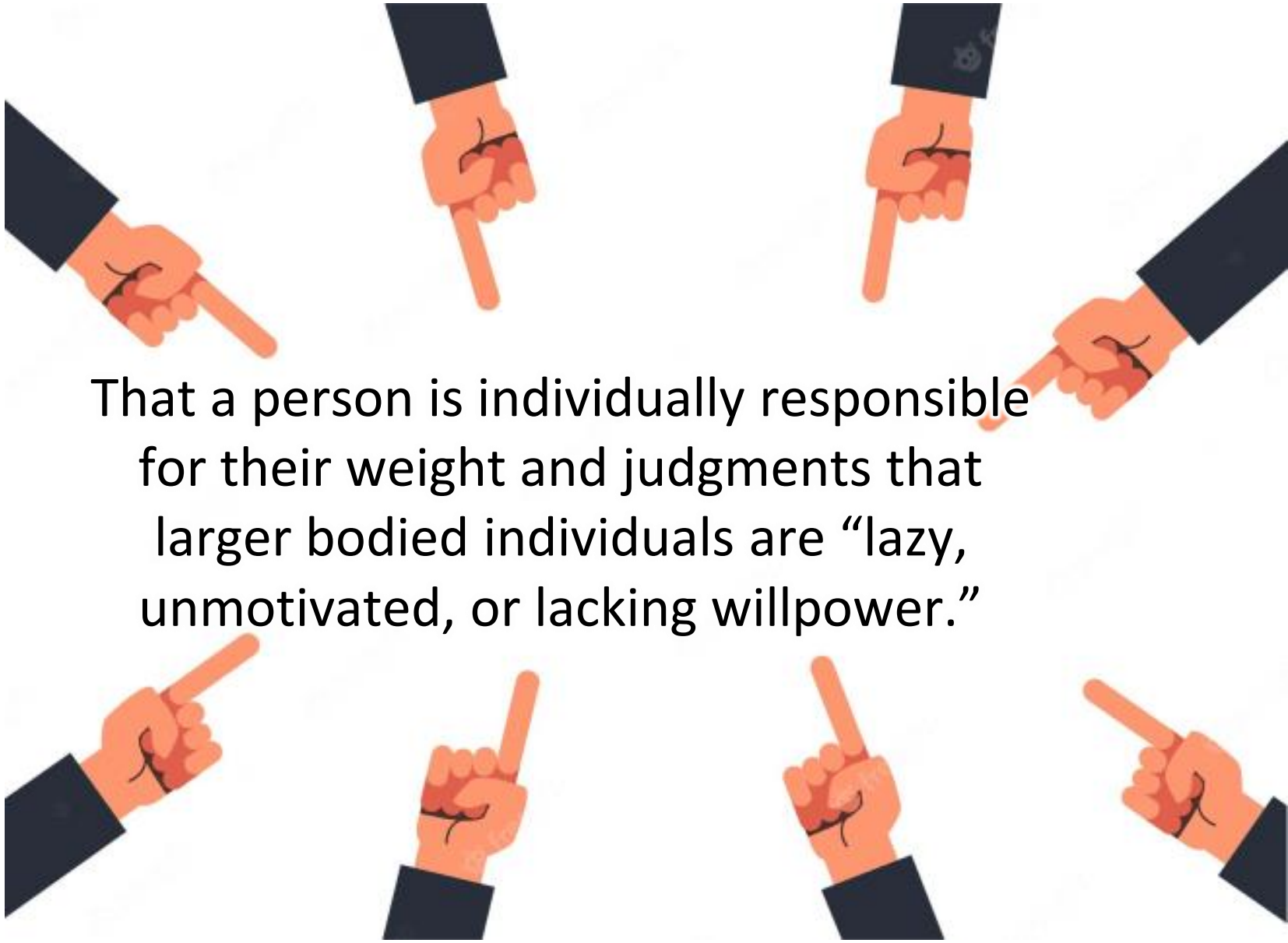
There is also escalating staff frustration with the number of staff needed to facilitate personal care and safe transfers for Mrs. Smith.

- What thoughts and feelings are you having around Mrs. Smith’s rising weight and weight loss efforts?
- What might she be experiencing, particularly in the context of past experiences with weightloss attempts?

Common (mis)perceptions on Obesity

- Body Weight = Calories In – Calories Out
- Obesity is a Lifestyle Choice
  - Voluntary Overeating
  - Sedentary Lifestyle
- Severe Obesity Reversed by
  - Voluntarily Eating Less
  - Exercising More

Prevailing View of Attribution



That a person is individually responsible for their weight and judgments that larger bodied individuals are “lazy, unmotivated, or lacking willpower.”

Mitigating Weight Stigma in Long-Term Care With Trauma-Informed Principles - Caring for the Ages by Paige Hector, LMSW

The Language of Weight Bias and Stigma

Weight Stigma

- Social devaluation and denigration due to excess body weight

Weight-based Stereotypes

- Generalizations about persons with overweight/obesity

Weight Discrimination

- Overt weight prejudice
- Unfair treatment of persons with overweight/obesity

Weight Bias Internalization

- Self-blame and self-directed weight stigma

Explicit Weight Bias

- Overt, consciously held negative attitudes, measured by self-report

Implicit Weight Bias

- Automatic and unconscious negative attributions and stereotypes

nature medicine

CONSENSUS STATEMENT

https://doi.org/10.1038/s41591-020-0803-x

Check for updates

OPEN

Joint international consensus statement for ending stigma of obesity

Francesco Rubino[1,2 ✉], Rebecca M. Puhl[3,47], David E. Cummings[4,5,47], Robert H. Eckel[6,7], Donna H. Ryan[8], Jeffrey I. Mechanick[9,10], Joe Nadglowski[11], Ximena Ramos Salas[12,13], Phillip R. Schauer[8], Douglas Twenefour[14], Caroline M. Apovian[15,16], Louis J. Aronne[17], Rachel L. Batterham[18,19,20], Hans-Rudolph Berthoud[21], Camilo Boza[22], Luca Busetto[23], Dror Dicker[24,25], Mary De Groot[26], Daniel Eisenberg[27], Stuart W. Flint[28,29], Terry T. Huang[30,31], Lee M. Kaplan[32], John P. Kirwan[33], Judith Korner[34], Ted K. Kyle[35], Blandine Laferrère[36], Carel W. le Roux[37], LaShawn McIver[38], Geltrude Mingrone[1,39,40], Patricia Nece[11], Tirissa J. Reid[41], Ann M. Rogers[42], Michael Rosenbaum[43], Randy J. Seeley[44], Antonio J. Torres[45] and John B. Dixon[46]

People with obesity commonly face a pervasive, resilient form of social stigma. They are often subject to discrimination in the workplace as well as in educational and healthcare settings. Research indicates that weight stigma can cause physical and psychological harm, and that affected individuals are less likely to receive adequate care. For these reasons, weight stigma damages health, undermines human and social rights, and is unacceptable in modern societies. To inform healthcare professionals, policymakers, and the public about this issue, a multidisciplinary group of international experts, including representatives of scientific organizations, reviewed available evidence on the causes and harms of weight stigma and, using a modified Delphi process, developed a joint consensus statement with recommendations to eliminate weight bias. Academic institutions, professional organizations, media, public-health authorities, and governments should encourage education about weight stigma to facilitate a new public narrative about obesity, coherent with modern scientific knowledge.

Where Do We See Weight Stigma Play Out?

Discrimination in Employment Settings

- Negative impact on hiring, wages, and promotions

Bullying and Discrimination in Educational Environments

- Youth with overweight/obesity bullied, educational disparities

Stigma in Health Care

- Less person-centered and preventative care for those with obesity

Stigma in Media

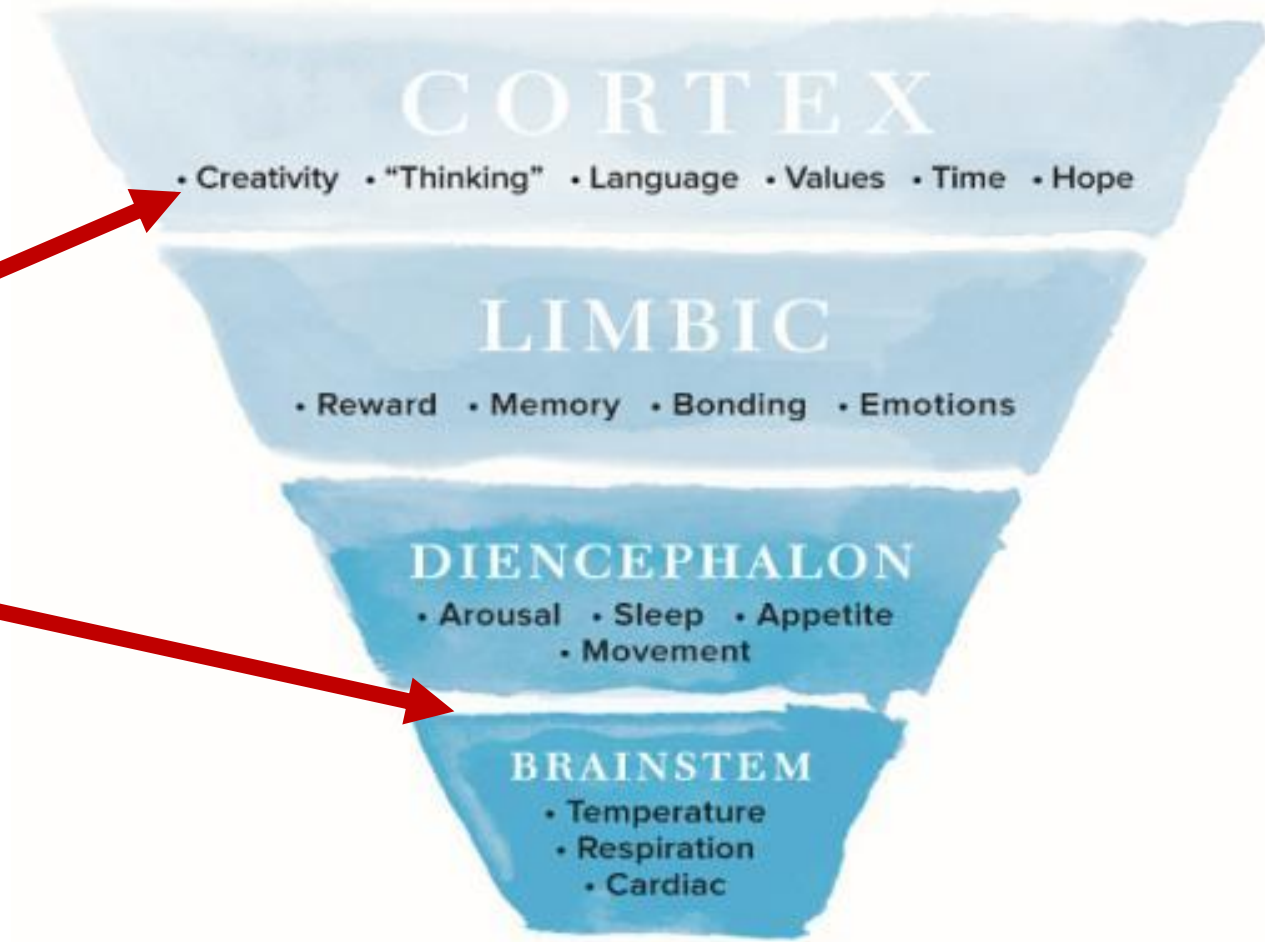
- Thinness idealized, higher body weights underrepresented/stereotyped

Pearl, R. L. (2018). Weight bias and stigma: public health implications and structural solutions. Social Issues and Policy Review, 12(1), 146-182.

Common Disconnect / Conflict for Healthcare Workers

"I treat all patients equally and don't carry bias against people with larger bodies"

"If they just had more self-control…"



Perry B, Winfrey O. *What Happened to You? Conversations on Trauma, Resilience, and Healing*. New York, NY: Melcher Media, Inc.; 2021.

How Do Weight Stigma and Weight Bias Show Up In healthcare?

Inadequate supply of equipment (e.g., beds, commodes, wheelchairs, walkers, shower benches, slings, gowns, BP cuffs)

Focusing on weight loss and diet for any health concern (even non-weight related)

Labels and judgments (e.g., too fat, overweight, noncompliant)

Insufficient non-verbal communication (lack of eye contact)

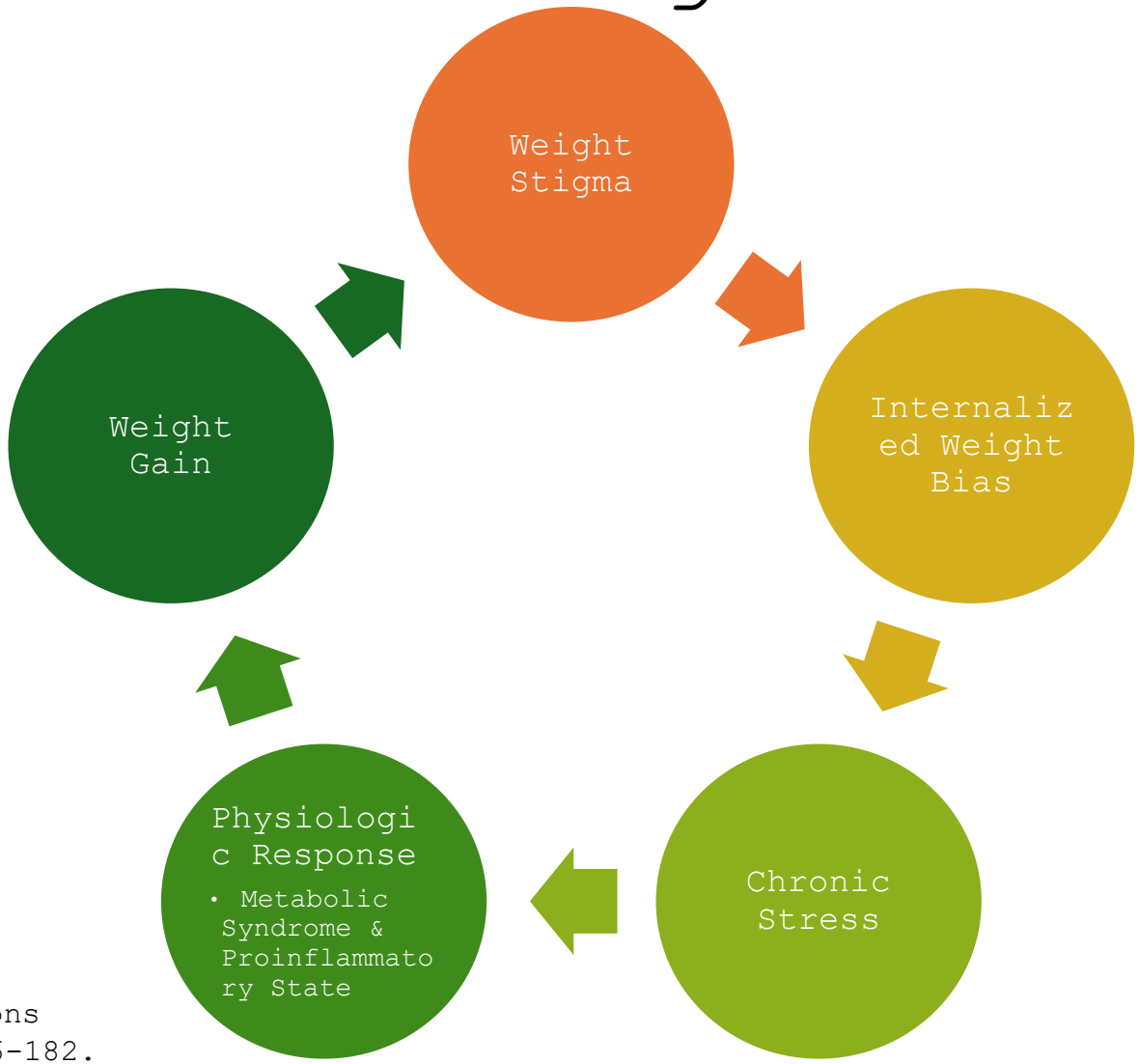
Rejection and shaming behaviors

Assumptions about abilities

Austen, O. (2021). Obesity Stigma: The Role of Healthcare Practitioners in Improving Patient Outcomes. Scope (Health & Wellbeing), 6, 62-67. doi.org/10.34074/scop.3006013

Impacts of Weight Bias/Stigma

- Mental and Physical Health Effects
  - Increased risk of psychiatric diagnoses
  - Poorer management of chronic conditions
  - Increased functional disability
  - Increased mortality risk
  - Greater weight gain over time



Pearl, R. L. (2018). Weight bias and stigma: public health implications and structural solutions. Social Issues and Policy Review, 12(1), 146-182.
Puhl, R. M., Himmelstein, M. S., & Pearl, R. L. (2020). Weight stigma as a psychosocial contributor to obesity. *The American psychologist*, *75*(2),

Weight Bias and Stigma

First-Person Perspective from Aubrey Gordon

Pike, M (Host). (2023, September 26). **Fat in a Thin World: Weight Inclusivity with Aubrey Gordon and Kara Richardson Whitely, host Ellie Pike. In** *Mental Note Podcast.* Eating recovery Center.

CMS Definition of Trauma:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(emphasis added)

Substance Abuse and Mental Health Services Administration (SAMHSA)

"I operate from a belief that virtually every resident coming into long-term care has been traumatized to at least some extent by the health event that precipitated their admission, the medical procedures they've undergone, being away from home and other losses."

~Eleanor Feldman Barbera, PhD

What worries me about trauma-informed care - The World According to Dr. El - McKnight's Long-Term Care News (mcknights.com)

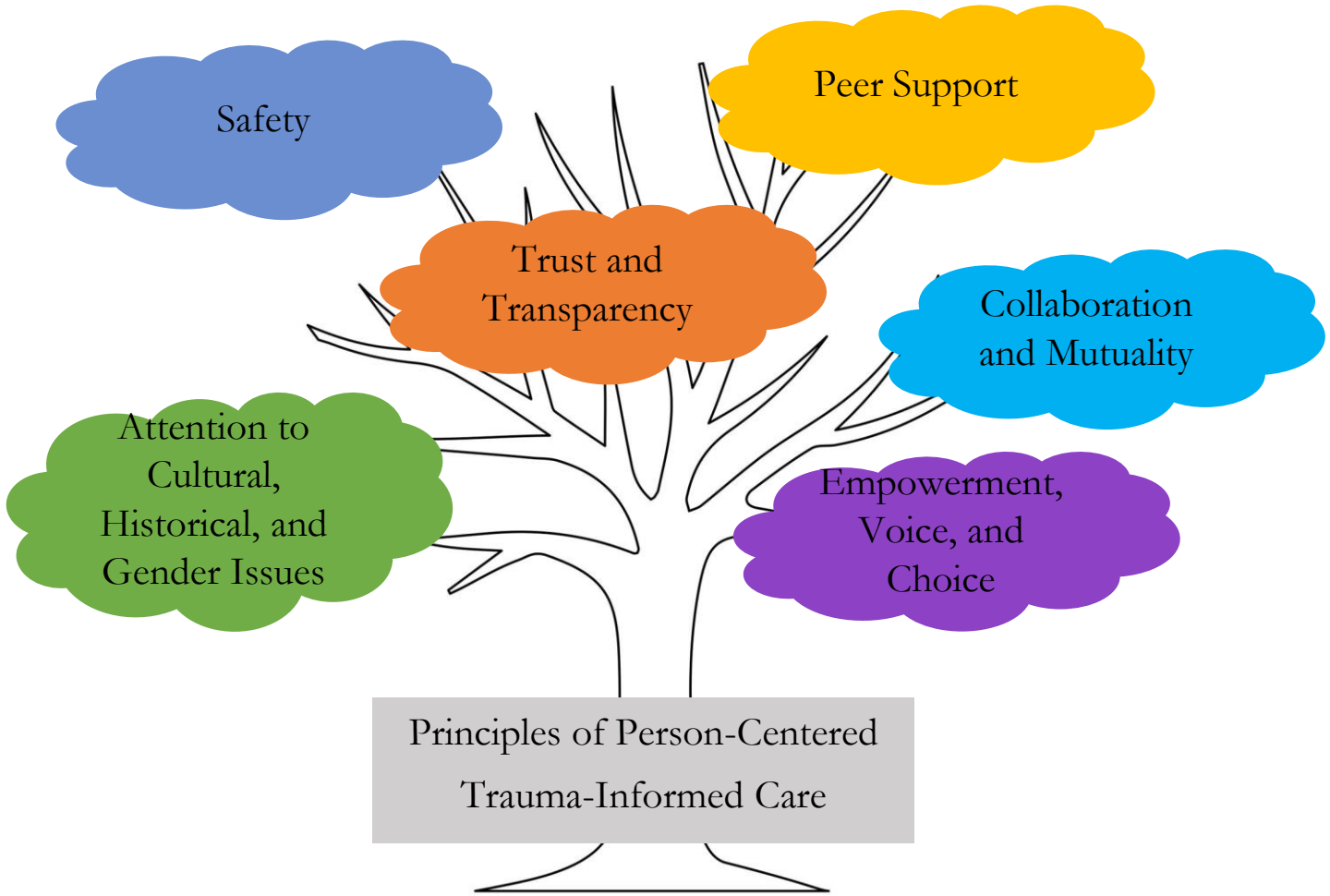
Universal Precautions Model

We assume that all body fluids may carry disease (gloving and handwashing no matter the hazard level)

Assume everyone has a history of trauma and glove up metaphorically to reduce the possibility of triggering or re-traumatizing people

Trauma-Informed Organization Change Manual, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

Shift from “What’s wrong with this person?” to “What has happened in this person’s life and ***how is it affecting them***?”



SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Let's Apply TIC Principles to a Specific Area: Weight Stigma

[Mitigating Weight Stigma in Long-Term Care With Trauma-Informed Principles - Caring for the Ages]

COMMUNICATION AND CULTURE

By Paige Hector, LMSW

Mitigating Weight Stigma in Long-Term Care With Trauma-Informed Principles

As a professional social worker, I am committed to creating compassionate environments where people work and live, which includes addressing topics that may stimulate discomfort for some people. In this article, I focus on weight stigma.

Weight Stigma Is Prevalent

According to Rebecca Puhl, PhD, the deputy director of the Rudd Center for Food Policy and Obesity at the University of Connecticut, weight stigma includes "widespread stereotypes ingrained in American society about people who have a higher body weight or larger body size" that results in many people being "blamed, teased, bullied, mistreated and discriminated against" (*The Conversation*, June 1, 2021, https://bit.ly/3N7DAMB). Weight stigma appears throughout society, including in schools, workplaces, media, interpersonal relationships, and health care settings. Dr. Puhl posits that 40% of U.S. adults report past experiences of "weight-based

may experience feeling unwelcomed and excluded in many settings, including clinical settings.

As U.K. researchers Luna Dolezal, PhD, and Matthew Gibson, PhD, noted in their article on the principles of a shame-sensitive practice, "Interactions with care professionals can compound feelings of shame, as these interactions often involve unequal power relationships, a fear of being judged, the scrutiny and exposure of one's potentially 'shameful' past, circumstances, lifestyle, coping behaviors, body, illnesses, along with other vulnerabilities" (*Humanit Soc Sci Commun* 2022;9:214).

Trauma-Informed Principles Can Help Mitigate Weight Stigma

Experts now recognize that trauma can have a cumulative effect on our health, especially if we are consistently experiencing retraumatization. As with stigma, trauma and retraumatization activate stress hormones. For women who have experienced unwanted sexual attention

equate supply of equipment like beds, commodes, shower benches, gowns, Hoyer slings, and blood pressure cuffs to maintain their dignity, trust, and safety. Ensure that all supplies and equipment are available and are in good working order before individuals arrive.

- Create weight-inclusive environments that focus on well-being for everyone across all areas of health, not just weight. Encourage healthy behaviors without mentioning size.
- Improve the sleep conditions and reduce stress in the nursing home for everyone, regardless of weight.

Trust and Transparency

What are specific actions that the staff integrate in their daily interactions to support relationships founded on trust and transparency? The trauma-informed principle of trust means people feel safe to be vulnerable. Asking an individual to share personal information, which may include feelings of shame, requires a

- Do you notice any language that could be perceived as shaming an individual or passing judgment?

Empowerment, Voice, Choice

Does your facility cultivate the conditions for people to share feedback in a way that is experienced as safe and comfortable? Are people comfortable saying no when asked to do something they don't want to do? Collectively, these principles incorporate an individual's strengths and create viable pathways for their choices and wishes to be heard and integrated in the outcome. This means that we recognize the ways that power and privilege impact our interactions and actively seek out the needs, opinions, and preferences of all people, including the people with less power (which often includes all residents and patients as well as those with larger body sizes). Suggestions include:

- Teach and model person-first language. Instead of "obese patient" say and document "patient with a

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To receive this free e-publication, go to, [Caring For The Ages - Create Account]

TIC considerations for People with Larger bodies in Long Term Care

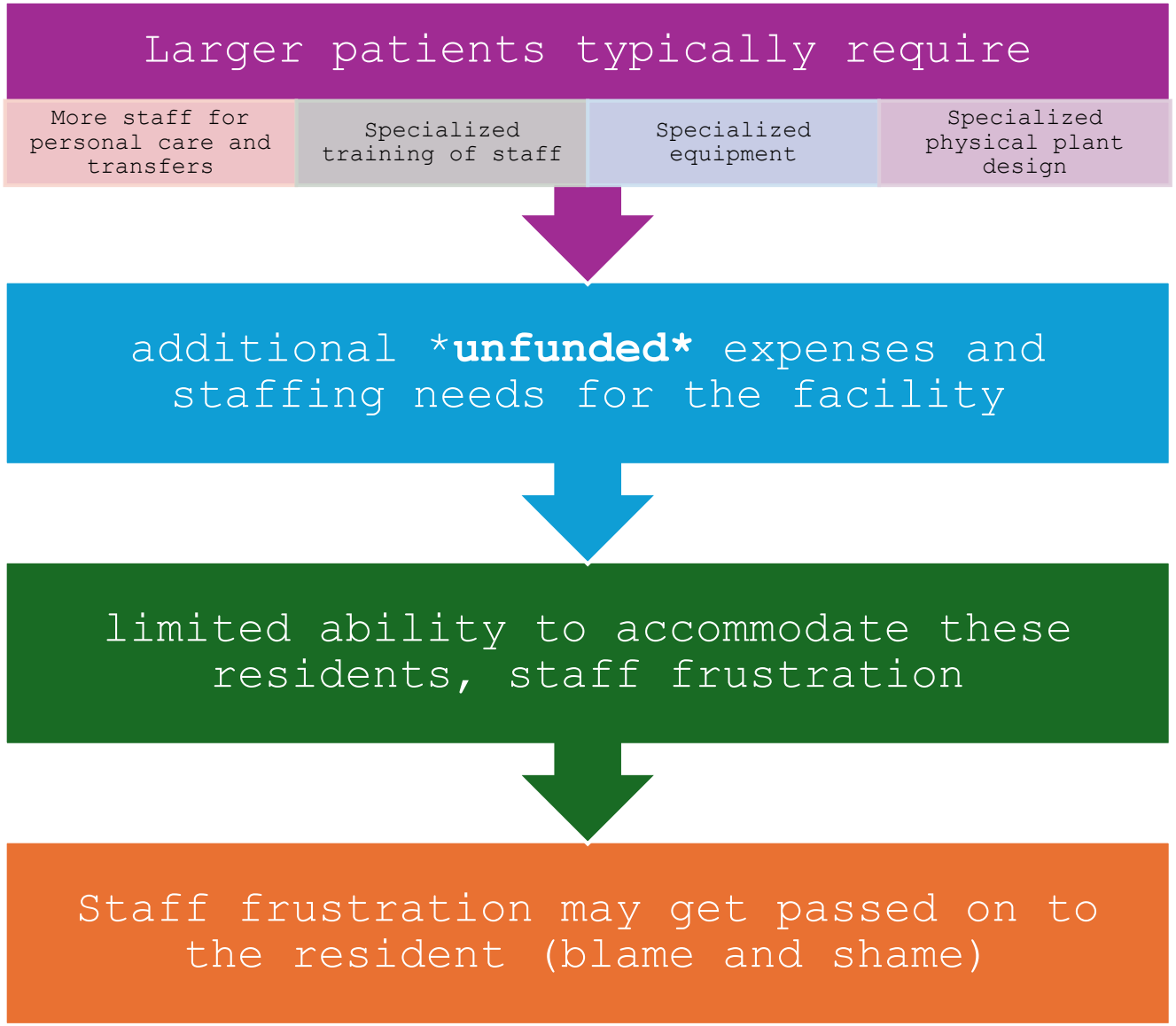
- Do larger residents **feel safe** in your community? Do they **trust staff and medical providers** and are willing to share personal information, which may include feelings of shame?
- Is there **partnership** between staff and residents/families in decision-making with **power differences tended to?**
- How do you integrate a **strengths perspective** for each resident?
- Have staff been trained on how to **cultivate empathy**?
- Do you **speak transparently** about weight bias and **strategize how to address it** in the facility?
- Do you consider the **inclusion of body size** in the facility's DEI plan?
- Are staff **adequately supported and trained** to do their jobs well when caring for larger residents?
- Does the home have a **consistent, adequate supply of equipment** like beds, commodes, shower benches, gowns, Hoyer slings, and blood pressure cuffs to maintain safety, dignity, and trust?

You might be thinking:

That all sounds great, ***but***….

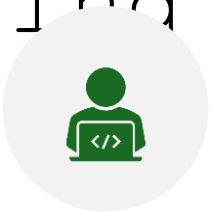
- What about the structural barriers to true trauma-informed care for larger residents?
- What can I do from where I sit?

Structural & Systemic Forces in PALTC Facilities



Role of the Medical Director – Interprofessional Advocacy and Modeling

THERAPIES



ADMINISTRATOR

DON AND NURSING STAFF

TRANSPORTATION

DIETICIANS

SOCIAL WORK

RECREATION THERAPY

FACILITIES

I get that inclusion and advocacy are good things, ***but***….

Doesn’t the science tell us weight loss a good thing and is achievable?

Aren’t there some new options out there for weight loss?

Patients are starting to knock down my door for these drugs!

It's more complicated…. Multiple Factors Impact Weight

Factors include:

- Experiences of trauma (in particular, childhood sexual abuse)
- Genetics (how the body regulates appetite, metabolism, and energy expenditure)
- Epigenetics (our susceptibility to weight gain encoded in our genes)
- Physical environment
- Food environment
- Sleep deprivation and Circadian Dysrhythmia
- Psychological Stress
- Endocrine Disruptors
- Medications
- Intrauterine and Intergenerational Effects
- Other Social Determinants of Health

Nature Medicine | VOL 26 | April 2020 | 485–497 | www.nature.com/naturemedicine

It's more complicated….
BMI is an Imperfect, Incomplete health Measure

Pros:

- Easy to do, makes for a good initial screen
- useful for population health research and epidemiology- validated risks for those with BMI > 35

Limitations:

- Developed in a non-Hispanic White population
- Category cutoffs being somewhat arbitrarily developed, have changed over time
- Does not account for gender, ethnicity, age
- Does not account for weight distribution or muscle mass
- Does not encapsulate individual's health status or behaviors

Underweight – BMI <18.5 kg/m^2
Normal weight – BMI ≥18.5 to 24.9 kg/m^2
Overweight – BMI ≥25 to 29.9 kg/m^2
Obesity – BMI ≥30 kg/m^2
▪ Obesity class 1 – BMI 30 to 34.9 kg/m^2
▪ Obesity class 2 – BMI 35 to 39.9 kg/m^2
▪ Obesity class 3 – BMI ≥40 kg/m^2

AMA

AMA: Use of BMI alone is an imperfect clinical measure

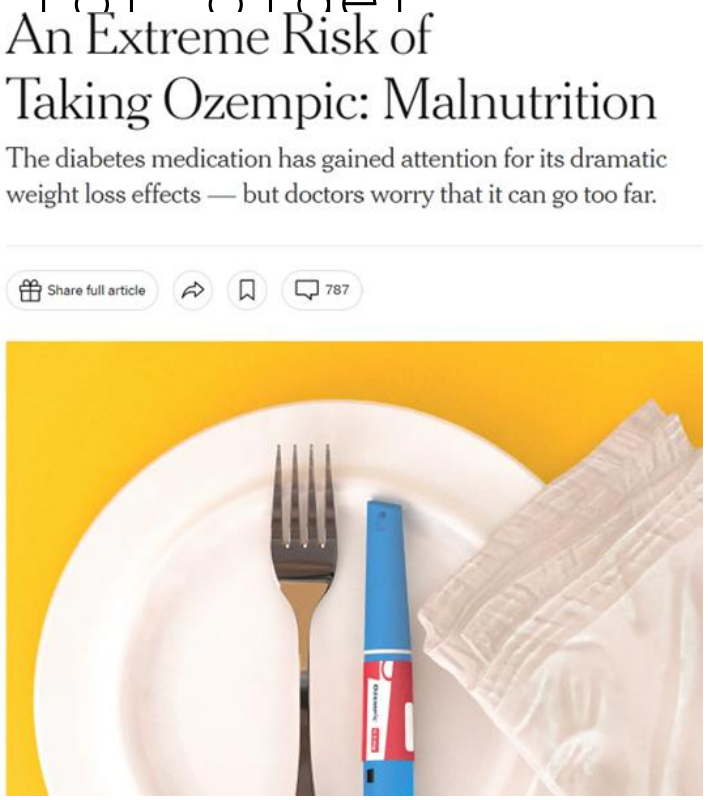
JUN 14, 2023

Sara Berg, MS
News Editor

Body mass index (BMI) is easy to measure and inexpensive. It also has standardized cutoff points for overweight and obesity and is strongly correlated with body fat levels as measured by the most accurate methods. But BMI is an imperfect measure because it does not directly assess body fat.

Risks of weight loss may > benefits for older adults

- "Obesity Paradox" with 65+ patients in many studies having longer survival with BMI at or above 25
- Little to no longevity benefit for those at risk for unintended weight loss and/or with a limited life expectancy
- Adverse physiologic effects (especially when rapid / profound)
  - Malnutrition +/- malabsorption
  - Orthostatic hypotension and falls
  - Sarcopenia and osteoporosis
- Weight cycling may cause harm
  - Reduced muscle mass
  - Disordered eating


An Extreme Risk of Taking Ozempic: Malnutrition

The diabetes medication has gained attention for its dramatic weight loss effects — but doctors worry that it can go too far.

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Dramé, Moustapha, and Lidvine Godaert. "The Obesity Paradox and Mortality in Older Adults: A Systematic Review." *Nutrients* 15.7 (2023): 1780.

Friedrich, L. Managing Obesity in Long-Term Care. *Annals of Long-Term Care*. (2013).

Lee JS, Visser M, Tylavsky FA, Kritchevsky SB, Schwartz AV, Sahyoun N, Harris TB, Newman AB; Health ABC Study. *Weight loss and regain and effects on body composition: the Health, Aging, and Body Composition Study.* J Gerontol A Biol Sci Med Sci. 2010 Jan;65(1):78-83. doi: 10.1093/gerona/glp042. Epub 2009 Apr 14. PMID: 19366882; PMCID: PMC2796877.

Blum, Dani. "The Risk of Taking Drugs like Ozempic When You're Over 65. Medications that case drastic weight loss raise specific concerns for older adults." The New York Times, July 17, 2023. https://www.nytimes.com/2023/07/17/well/ozempic-wegovy-risks-older.html

Calorie restricted Diets +/- Intensive exercise

Not typically effective for long-term weight loss

- Slowed metabolism
- Increased appetite drive
- environmental / cultural forces

By Contrast, Healthy lifestyle behaviors **DO** support a host of physiological functions and improve metabolic diseases

Callahan, Alice. "Can Dieting Actually Lead to Long-Term Weight Loss?" The New York Times, January 11, 2024. https://www.nytimes.com/2024/01/11/well/eat/dieting-weight-loss.html

Mann, Traci, et al. "Medicare's search for effective obesity treatments: diets are not the answer." *American Psychologist* 62.3 (2007): 220.

Nordmo, Morten; Danielsen, Yngvild Sørebø; Nordmo, Magnus. The challenge of keeping it off, a descriptive systematic review of high-quality, follow-up studies of obesity treatments. *Obesity Reviews*. Vol. 21 Issue 1, 2020

GLP-1 Agonists

- FDA-approved GLP-1 agonists for weight loss in patients **without** Diabetes (BMI 30 or higher or at least 27 + one weight-related condition)
  - semaglutide (Wegovy)
  - liraglutide (Saxenda)
  - tirzepatide (Zepbound)
- **Efficacy / Safety for Older Adults – Limited Data**
  - one prospective trial found Semaglutide in 65+ group with DM showed good efficacy and overall safety, though 65+ participants dropped out at higher rates due to GI side effects
  - with appetite suppression and rapid/profound weight loss come risks of Malnutrition, orthostasis, sarcopenia, osteoporosis previously mentioned

Warren, Mark, et al. Semaglutide as a therapeutic option for elderly patients with type 2 diabetes: pooled analysis of the SUSTAIN 1-5 trials. *Diabetes, Obesity and Metabolism* 20.9 (2018): 2291-2297.

Blum, Dani. "The Risk of Taking Drugs like Ozempic When You're Over 65. Medications that case drastic weight loss raise specific concerns for older adults." The New York Times, July 17, 2023. https://www.nytimes.com/2023/07/17/well/ozempic-wegovy-risks-older.html

GLP-1 Agonists

- **Cost / Access**
  - Medicare and Medicaid not yet covering GLP-1's used for the indication of weight loss (most of these drugs will be covered when used for DM)
  - Advantage plans and commercial insurance coverage will be formulary-specific
  - Continuing drug shortages

Warren, Mark, et al. "Semaglutide as a therapeutic option for elderly patients with type 2 diabetes: pooled analysis of the SUSTAIN 1-5 trials." *Diabetes, Obesity and Metabolism* 20.9 (2018): 2291-2297.

Blum, Dani. "The Risk of Taking Drugs like Ozempic When You're Over 65. Medications that case drastic weight loss raise specific concerns for older adults." The New York Times, July 17, 2023. https://www.nytimes.com/2023/07/17/well/ozempic-wegovy-risks-older.html

Bariatric Surgery

- Can be effective, safe, durable for 65+
- Caution needed for PALTC and 75+ populations
  - little to no inclusion in studies or likely in clinical practice)
  - Frailer, multimorbid older adults less likely to be candidates for surgical weight loss ; higher medical complexity → intra- and post-operative risks
  - Need special consistency and nutrient diets
- Know the various procedures (including risks) to counsel and care for patients
  - Increasing numbers of older adult patients will have had this surgery in the past (need to monitor for ongoing risks related to malnutrition / malabsorption)
  - We may be asked specific questions about candidacy for surgery

Kachmar, Michael, et al. "Bariatric Surgery in the Elderly Population: A Multi-surgeon, Single-institution Retrospective Review." *JSLS: Journal of the Society of Laparoscopic & Robotic Surgeons* 27.3 (2023). https://doi.org/10.4293/JSLS.2023.00028

Sugerman, H. J., DeMaria, E. J., Kellum, J. M., Sugerman, E. L., Meador, J. G., & Wolfe, L. G. (2004). Effects of bariatric surgery in older patients. *Annals of surgery, 240*(2), 243–247. https://doi.org/10.1097/01.sla.0000133361.68436.da

Getting to Person-Centered, Trauma-Informed Care

Resident/Patient Conversations:

- Be mindful about if / when / how to discuss weight
  - Not always necessary to discuss- depends on the visit context. Ideal to establish a therapeutic bond before an in-depth discussion.
  - Be mindful: Well-intentioned weight comments may stimulate triggers or evocative cues to trauma history (consider power differential)
  - Fair to pause and ask if it's a good time to discuss
- Fully take in their story, including but not limited to

  How has a higher weight (and any weight bias) has impacted them

  Goals and values with regard to their health and healthcare
- Empathically discuss weight-related health risks and barriers (without blaming)

May, Michelle. Am I Hungry? Making the Shift from Weight-Centered to Weight-Inclusive Care. www.AmIHungry.com

Getting to Person-Centered, Trauma-Informed Care

Clinical Reasoning & Treatment Decisions

- Disentangle weight, disease, lifestyle behaviors

  → perform the appropriate screenings / tests to get an objective result that will guide treatment (e.g., lipid panel, A1c, serum albumin)

- Zoom out

  Are there ways to promote health for this resident outside of losing weight?

  What problems is the weight causing, if any? Consider treating a person for obesity only if they have actual markers for poor metabolic health

- Take the health concern of a larger person seriously (i.e., without minimizing or blaming the individual)

  How would I treat a thin person who presented with this same concern?

- Avoid blaming residents for encountering difficulties as a result of their weight

  How do I navigate barriers to care with other populations, such as residents with dementia, limited English proficiency, paraplegia?

Association for Size Diversity and Health's Health at Every Size recommendations (https://bit.ly/3BkKff2).

May, Michelle. Am I Hungry? Making the Shift from Weight-Centered to Weight-Inclusive Care. www.AmIHungry.com

Getting to Person-Centered, Trauma-Informed Care

Documentation

- The record is more transparent than ever to patients and families; keep in mind how they feel when they read your progress notes
  - Many weight-related terms can stimulate strong reactions(anger, irritation, anxiety, shame)
  - Our implicit attitudes around weight can show up in our writing
- ICD-10 codes, quality indicators, and billing requirements often do not support person-centered, trauma-informed language
- Categories to consider documenting:
  - History (of weight-related trauma, weight-related diagnoses, prior weight loss attempts and methods, medications that may be contributing to higher weight)
  - Expressed Goals, values, concerns
  - Barriers to optimal care experienced
  - Current health issues and /or risks due to weight

May, Michelle. Am I Hungry? Making the Shift from Weight-Centered to Weight-Inclusive Care. www.AmIHungry.com

My Approach to Mrs. Smith's Case

- Recall:
  - 80 y.o. LTC resident
  - Lifelong history of overweight / obesity with dieting and weight cycling, current BMI 35
  - s/p CVA with hemiparesis, mild dementia, hypertension, osteoarthritis
  - Put on a restrictive diet, staff critical of extra food she's eating from vending machines
  - Staff unrest with the extra care she requires

My Approach to Mrs. Smith's Case

Data gathering conversation with Nurse Manager – Empathic, curious, and collaborative

Conversation with Mrs. Smith - understand her weight-related goals, values, history

Revision of medical plan

- Regular diet
- Risks > benefits of further weight loss attempts
- Evaluate for any medications contributing to weight gain that might be deprescribed

Advocate for Mrs. Smith (and other larger residents) at the facility level

- **Dietary policies and culture -** Freedom to choose quality and quantity of foods without pressure or commentary, rationale for specialized diets in the facility
- **Nursing education -** safely caring for people with larger bodies, creating an inclusive atmosphere

Take aways:

- Pervasive cultural biases and structural barriers towards larger individuals with real impacts- healthcare is not immune
- Difficult ***and*** important work to navigate caring for older adults with obesity in a person-centered, trauma-informed way
  - skill & creativity, resources, advocacy
- Proceed carefully with weight loss treatments
  - First do no harm
  - Remember what matters most

Thank you! Please reach out if questions or comments

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