



Patient Conversation Guide

Treating Obesity First is an Obesity Medicine Association (OMA) initiative built on a simple but powerful message: obesity should be treated as a chronic, complex disease rather than a secondary issue. This conversation guide is designed to help you start conversations with your patients about obesity and its associated risks. When clinicians feel confident initiating open, honest, and collaborative dialogue with their patients about obesity, better outcomes follow.

Goals of the Conversation

Aim to:

- Understand the patient's history to identify drivers of obesity
- Assess patient readiness for treatment
- Identify potential barriers to success
- Identify patient's health goals and set expectations
- Align on goals and first steps

Guidance on Tone

As clinicians, we:

- Lead with intellectual empathy, respectful normalization, and compassion
- Meet patients where they are

We do not:

- Blame, shame, or judge patients
- Avoid talking about obesity

5A's Framework

1. Ask

- For permission to discuss body weight
- About readiness for change/treatment

2. Assess

- BMI, waist circumference, obesity stage, body composition (if available)
- Drivers and complications of excess weight

3. Advise

- About health benefits of modest weight reduction (5-10%)
- About long-term treatment options and strategies

4. Agree

- On realistic expectations, targets, and behavioral changes

5. Arrange/Assist

- Patients in identifying and addressing barriers
- With providing resources and/or referrals
- With scheduling regular follow-up visits

Start with an Invitation

Sometimes, the hardest part of conversations about obesity and its associated risks is simply starting them. Here are a few ways to think about opening the conversation:

- Would it be okay if we talked about how your weight may be impacting your [INSERT CONDITION e.g., blood pressure/energy/joint pain]?
- I know conversations about weight can feel pretty frustrating. Are you comfortable talking about it today? I'd like to understand how YOU feel and how I can best support your health goals.
- You mentioned [INSERT HEALTH CONDITIONS e.g., wanting to get off blood pressure medications/feeling frustrated with knee pain/wanting more energy]. Would it be okay if we discussed your weight history and how it may be affecting your health?

Normalize Obesity as a Chronic Condition

Move away from blame and towards a conversation about long-term health.

- One of the most powerful tools we have to improve [INSERT HEALTH CONDITIONS] is treating obesity as a chronic disease. Obesity isn't your fault – it's part of your biology.
- Just like we track blood pressure and labs, we track weight because it affects long-term health.
- Small changes in weight, even just a 5-10% reduction, can have huge health benefits.
- I'm not focused on a number on the scale. I'm focused on improving your health risks and how you feel as we focus on body composition.

Understand Your Patient's Background

The causes of obesity are complex. A holistic perspective of your patient will present new opportunities to manage the disease.

- Can you tell me about your weight history?
- Have you made any changes to your nutrition, physical activity, or medication in the past that have helped you manage your weight?
- What other health conditions are you currently managing?

Assess Readiness for Change

Recognize that each patient journey is different and treatment adoption can vary.

- Would it be okay if I shared some recommendations on how to manage your weight in the future?
- What do you know about the concept of "obesity as a disease"? How do you feel about customized treatment options that can help you?

Building a Plan Together

Personalized treatment leads to better outcomes.

- What does better health look like for you? What would make this feel achievable?
- Which of the four pillars of obesity treatment do you feel most comfortable addressing initially?
 - Nutritional therapy
 - Behavioral modification
 - Medication management
 - Physical activity