



Optimizing Long-Term Weight Loss in Patients with Type 2 Diabetes:

ADVANCES AND EXPERT PERSPECTIVES



How Much Can I Do in My Practice to Address Obesity?

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The Case



Laura is a 50 year old dentist office receptionist that has been in your practice for the last 10 years. She scheduled an appointment today because she feels she is finally in a place in her life where she should prioritize her own health and wellness. She is recently divorced and her kids are all out of the house and back in college. She last saw you in person 3 years ago before Covid and gained about 15-20 pounds during the pandemic. She recently weighed herself and found she was over 200 lbs. This is a number she vowed she would never see. She is not feeling good about her herself and is ready to do “something” to feel better. She is coming to you to talk about her options and where to start.

The Case



- BMI 35 kg/m². Weight 199 lbs. 5 ft 3 inches tall.
- Waist Circumference- 40 inches.
- She is divorced (6 months ago) with two boys aged 22 and 24 in college. She works 5 days a week about 10 hours per day.
- She reports gaining 15-20 pounds over the last 3 years. She weighed 180 lbs. (BMI 32) when you saw her 3 years ago.
- Family history: Her mother had a stroke at age 55. No other family history of CVD. Colon cancer and dementia run in her family.
- Her PMH is significant for type 2 diabetes and hypertension. She also reports having 2 “bad” knees. She has been told one is “bone on bone” and will need to be replaced in the near future. Pain in both knees limit her ability to walk for long distances. No history of heart problems, chest pain.
- Review of symptoms was positive for waking up feeling very tired even when she gets plenty of sleep. She takes metformin and lisinopril. Only additional exam finding is an elevated systolic blood pressure 135/85 mmHg. EKG is normal.
- Her labs are all WNL except : TG 200 mg/dl , HDL 40 mg/dl, HA1C 7.2%

The Case



- Dietary history reveals she eats out most week days. She now is home alone and does think it make sense to cook for one. She routinely grabs something easy on her way home. She does not enjoy veggies. She orders lunch from a cafeteria downstairs in her office building. She does not drink full sugar sodas but does like to have some caffeine and a “energy snack” in the late afternoon. She reports 2-4 glasses of wine on the weekend.
- Activity history reveals she sits at a front desk for >8 hours per day. She does not do any regular planned activity and is too tired to do much once she goes home. Her knees also limit her walking.
- An orthopedic surgeon told her he would like her to lose some weight before getting a total knee replacement.
- She comes to you because she feels like she needs to do something but does not know where to start.

Audience Poll Question

What do you feel is her “best” option?

- A. Lose weight (5%-10%)
- B. Stop the weight gain (maintain current weight)
- C. Change her diet
- D. Increase her activity level
- E. Decrease her sedentary activity
- F. Start a weight loss medication
- G. Replace her knee
- H. Order a sleep study
- I. Do nothing at this point



Panel Discussion Questions

Where would you start and why?

What are the evidenced based options?

How would you help her decide her next step?

Is there anything you would NOT suggest she do?

What are the odds of her losing weight?

What are the odds of her keeping it off?

How could you help increase the odds?

Is she a good candidate for a weight loss medication or another diabetes medication?

What if she does not want to be on more medications?

Would you order any additional labs?

What would you do about her DJD?

