

Kickstarting Body Size Conversations in Older Adults with Obesity

GSA Momentum Discussions Podcast from The Gerontological Society of America

This program is an addition to GSA's ever-growing body of work addressing the chronic disease of obesity, including [*The GSA KAER Toolkit for the Management of Obesity in Older Adults.*](#)

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Jen Pettis:

Welcome to this GSA Momentum Discussion podcast episode, *Kickstarting Body Size Conversations with Older Adults with Obesity*. Momentum Discussions highlight topics experiencing great momentum in the field of gerontology. We are grateful to Novo Nordisk for the support of the GSA Toolkit for the Management of Obesity in Older Adults and today's program. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America or GSA. And I'm delighted to serve as the host for today's Momentum Discussion. Joining me today as our guest and a champion of person-centered primary care for all his patients, including older adults, is Dr. Jason Lofton of Lofton Family Clinic and Wellness in De Queen, Arkansas. Dr. Lofton, thank you so much for joining me today and for your willingness to share your insights around this important topic.

Dr. Jason Lofton:

I'm glad to be here.

Jen Pettis:

Great. Well, let's jump right in and talk about kickstarting conversations in the GSA KAER Framework and The Toolkit for the Management of Obesity in Older Adults. The first step is to kickstart a conversation about body size in order to help an older adult to recognize and care for the chronic disease of obesity. Before providers can begin to engage in successful conversations about body size, what are some steps that they need to take to prepare for those discussions?

Dr. Jason Lofton:

A big one, for I think all providers, is just making sure we look at our own biases we might have against or any stigmas we might have and including those of the staff. And that can change how we treat patients if we're not aware of those. But once we're aware of those and can deal with any of those stigmas or biases we might have, we want to make sure we're recognizing obesity as a disease. We're taught about diabetes and how to treat diabetes. We have pills for blood pressure, for heart disease, and diabetes. But a lot of us may not have been really taught to look at obesity as a disease. And so, when we look at it as a disease, that can often change our clinical perspective and how we approach it. And it's something that a lot of patients don't necessarily feel comfortable talking about or making even an appointment for themselves. But a lot of people do want to do it. They like it sometimes when we bring it up and they can feel embarrassed bringing it up themselves. And so having that recognition can help us approach it in a way that makes these patients feel comfortable and feel like it's something that we really care about and want to help them with.

Jen Pettis:

Are there any steps or any measures that teams can take, thinking about the waiting room or when they're coming in through intake? Maybe working with the nurse and checking in and getting vitals taken, including weight? Anything that they might want to do in that scenario to help the patient feel more comfortable?

Dr. Jason Lofton:

Yes. I'm trying to think of when I was a kid, it seems like I can remember sometimes there being a scale in the waiting room, and you step on it, and everybody could see that. And that would be one thing if you happened to have a scale in your waiting room, which I think most of us probably don't anymore,

but that would be having a scale where not everybody can see. And even just asking patients for permission to take their weight. But once we have that weight it's having a conversation with the patients and asking them if they feel comfortable having that conversation. One of the ways that we do it at our clinic is to try to give, especially at the beginning of the year, all our patients' goals, just a sheet that has goals on it.

And we'll list some things. It might say eat healthier, exercise more, but one of the questions is lose weight. And if they check that, then we will talk to them, "well, can we talk about this more?" And most people really wanting to lose weight that are overweight. And they know. You don't have to tell these patients that. But we want to approach it in a way so that we tell them that losing weight is not just an image thing, but how it affects their overall health. And I like to talk to patients about getting healthier, not just focus on losing weight, when we talk to them about that. And of course, right now, with all the medicines that are out for diabetes that are helping people lose weight, it's a topic people are actually coming in saying, "Hey, can you tell me about how I can lose weight?" It's actually made it a little bit easier in some ways.

Jen Pettis:

Great. Next, I'd like to talk a little bit about the roadblocks that older adults may put up when providers do raise the topic of body size. And how can providers overcome them? For instance, when a patient says to you that they don't want to talk about their weight or that they can just go out and exercise and they might be just fine. How do you respond to that?

Dr. Jason Lofton:

Yeah, so I would look at those as two different scenarios. One, if somebody doesn't want to talk about their weight, I will tell them that I'm just wanting to help them get healthier or ask them if they want to get healthier. And if they say yes, I can say, "Well, weight is a part of it." It's not the only part because there are patients that just don't want to talk about it. We don't push. We do tell them, just like somebody who's smoking, I tell all my patients, "Hey, I am going to ask you on the next appointment because maybe you've changed your mind by then." But I'm not going to belittle them or to make them feel inferior or anything. But I tell them it is a part of their health and I just want to help them get healthier.

Now, for those that say I'll just go out and exercise more, I try to take that opportunity to educate them and tell them that exercise really only helps the patient to lose about 10 to 15% of their goal weight. So, if somebody had a goal weight loss of say, 10 pounds, exercise is going to get them maybe one to one and a half pounds. And let that be a springboard to talk about other ways as, as the kind of the holistic approach of diet and exercise. I have had problems in the office. I live in a small town, and there's a large Latino population. And I've found a lot of my Latino patients don't see the weight as a problem. And it's more of a cultural thing.

And so that creates a whole different roadblock because we have to deal with how we help educate these patients on how that weight is maybe impacting their diabetes or their heart disease and how that bigger picture can reduce risk of heart attack and stroke. And so, it's usually not a one size fits all, and it's not a one visit episode. This is an ongoing process. And for those that get really serious about it, we often will bring them back for just what we call intensive weight loss counseling. We found that that can

be really, really successful. I have an 80 plus year old patient right now, who is diabetic, and we did get her on one of the newer diabetic meds that help people lose weight. And she is suddenly having to come off her blood pressure medicine because she's lost enough weight in her 80s that she's needing less blood pressure medicine. And she's excited about that. And that's our goal. If I can get people off some of these medicines and get them living healthier. That's our goal.

Jen Pettis:

That's terrific. That's great. Can you tell me a bit, Dr. Lofton, about how you prepare for shared decision making and goal setting with the older adult who has obesity including, you mentioned before, tying goals to overall health rather than just a weight loss goal? And how does this motivate the patient and also their engagement with you around their goal setting?

Dr. Jason Lofton:

Yeah, it kind of depends on what their goal is, but I can bring up some common goals if somebody's not sure. If it is somebody that has grandchildren, I would ask them, "Well, would you like to be able to play with your grandchildren more or go on a longer hike or walk with your family?" And those can bring up scenarios where a lot of people say, "Well, yeah, actually that is something I would like to do." And I've had that. Some of these come from just experience. We've had a patient that had grandchildren and that was one of her goals is to get out. And so, we talked with her about diet and exercise, and we got her on a plan, and she was able to get out and do things she hadn't done in years with her grandchildren.

And of course, they get to share those experiences and those memories. And that was her motivation was to be able to get out with the grandchildren. She didn't care about her body image. And in some ways, you could say she didn't care as much about her overall health as she did about getting outside with the grandchildren. I've had patients that have big vacations coming up and they want to be able to experience everything they can. If they go on a cruise and have a port that they get off. People can relate to these experiences where maybe they've not been able to do something they would want to do. I like to use that just to ask them, is there something you can't do that you'd like to do that?

Then we kind of get a game plan for how to get to that end goal. We have one patient that wants to go skydiving, and there's a weight limit on skydiving again. So that's the patient's motivation is to lose weight so that they can skydive. And so, it's coming up with scenarios like that. Everybody's got a different button, and we have to find out what the button is or what the motivating factor is to help them have the willpower and the want to take the next step.

Jen Pettis:

Great. And as a follow up to that, you had shared with me at one time that you and your colleagues in the office provide some a bit of formal recognition to your patients when they move from that obesity to overweight. Can you tell us a little about that?

Dr. Jason Lofton:

Yes, ma'am. So, and that's something, when patients, we call it graduation, we make an informal graduation with a kind of a certificate that we give to them and take a picture and celebrate. If they allow us, we put it on Facebook. You know, of course we get permission, and so that makes it fun for us. It makes it fun for the patient and gives them something to look at. And if they maybe start gaining weight, they see that certificate and I just remind them that, "Hey, you've done this before, you can do this again." So that's just something we kind of came up with that our staff enjoy. When patients come in for these visits, especially as they start getting closer and closer to that BMI of 30 or less that we get excited and see where they're at with each visit. It just makes it probably one of the more fun things to do in medicine because you see patients fairly frequently for these visits and we get to see the numbers change. It's something that I just enjoy doing and enjoy seeing the joy on people's faces when they see that they've reached a goal that maybe they didn't think they could reach.

Jen Pettis:

I'm sure they're so appreciative of your pride in them with the, that recognition. That was great to hear about. So, you mentioned a bit about the Hispanic population. Can you share some examples specifically about how you and your team have worked to address really influences of all kinds of factors like culture, race, ethnicity, even age, I think about an older adult who may have experienced a life of stigma and bias with their weight. How do you and your teamwork around those kinds of factors with conversations, goal setting, planning? Can you give us some tips about, examples of how you and your team have really worked to address specific patient needs around those issues?

Dr. Jason Lofton:

Yes, Ma'am. I think with our Hispanic patients, that's probably still one of our bigger hurdles because there's really more widespread need for community involvement beyond the walls of the clinic. And that's something we've had some conversations with some local people that are influential in the Hispanic community. We're trying to say, "What can we do to make your constituents or your people more aware that we have a common patient or a common constituent with?" It's an education. It's an ongoing process. We don't give up after the first visit necessarily. So, when patients come in, we talk about their blood pressure and their meds. When costs go up on medicine, I'll use that to say, "Hey, you know, if we can get you off of some medicines, if we can potentially improve your A1C or improve your diabetes or your weight."

And that's been a challenge. I really say it's not one that we have fully figured out with them. And I don't know that anybody will fully figure it out because when it's a culture issue we have, we're dealing more than just with a health issue. But you know, regarding age, I just tell my patients there's nobody too old to lose weight. And we do have to keep in mind for our older patients that we don't want to decondition them so that they're losing protein. So, their process would maybe look different from somebody in their 40s. But I have patients that just talk about how they feel and how much better they feel when they do start eating healthier and losing weight and exercising.

And that's a big thing that I talk about with people. That maybe they hurt less. Our older adults have a lot of pain associated with arthritis, and I talk to them about how if we can decrease weight then, a lot of times, we can decrease the pressure on our joints or our back. And it cannot alleviate, not take away pain, but it can help reduce pain. And so, looking for different things that, depending on the patient, what are they complaining about and can I tie that back into their weight and trying to get healthier. And if they have certain goals, they say they're going on a trip or if they've got grandkids, I'll ask how

they're able to do those activities and see if we can help them see how maybe their weight limits their activity.

Jen Pettis:

This has been a great discussion and a couple of key points that I keep hearing over and over is tying this goal-making to what makes life worth living. So, it's not just we need to make a weight goal, or we need to even set, per se, a health goal as much as how do you meet those goals that make life worth living and enjoy the things that are so important to you. I also heard right in the beginning from you about the importance of stigma and bias and addressing that in the whole team. That it's not even just the provider and perhaps is even the patient's self-biases around weight and that the important issue of obesity is as a disease and not a personal flaw. Not just a personal thing that the patient owns, but it is really a disease, a condition that needs comprehensive management. What would you like to mention? Some key points that I didn't mention.

Dr. Jason Lofton:

Let's see. I just had something. I just lost my train of thought on that. Again, I just want to check into people's goals. And then also people obviously get, most of us get overweight, it's because we really like food, and I try to let people know it doesn't mean we have to quit eating the foods we like. We just need to limit or have a schedule on when we can maybe eat certain foods. I've had a lot of patients have success with intermittent fasting, and so I tell them if you can limit the foods you like to a certain window, you can still eat those foods a lot of times and still lose weight. And that's what people like to hear. If I kind of like this food, I'm not saying you can't eat that. I tell them, "Pick what you want to eat." We just want to try to start getting control of that. And so, that's a big deal. I think a lot of people, when they think of diet and weight loss, they think of, "I have to stop eating this stuff that I enjoy." And you know, if you're 70 years old, then hey, I'm not going to tell you not to eat something you maybe want to eat. But we do want to say, "how can we improve that and still enjoy some things?"

Jen Pettis:

Great, great point. Great. Well thank you for joining us and for all the great work you're doing. Your patients are so lucky to have you and your team supporting them. It's really terrific work, and I thank everyone who's listening to our GSA podcast. We hope you found it informative and enjoyable. Everyone have a great day!

Dr. Jason Lofton:

Thank you.