

# Obesity Treatment in Special Populations

- Smokers
  - All smokers, regardless of weight, should quit smoking.
  - Implement weight gain prevention, treatment efforts as necessary.
- Older adults
  - Evaluate risk-to-benefit ratio.
- Diverse patient populations
  - Tailor treatments to patient needs.



# Smokers

All smokers, regardless of their weight status, should quit smoking. *Evidence Category A.*

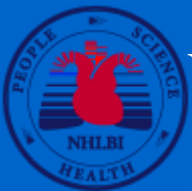
Prevention of weight gain should be encouraged. If weight gain does occur, it should be treated through dietary therapy, physical activity, and behavior therapy. The primary emphasis should be smoking abstinence. *Evidence Category C.*



# Older Adults

Issues for weight loss after age 65:

- Are indications for treatment of older adults the same as for younger adults?
- Does weight loss reduce risk factors in older adults?
- Does weight reduction prolong the lives of older adults?
- Are there risks with obesity treatment that are unique to older adults?

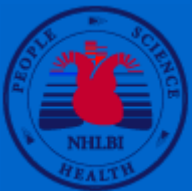


# Older Adults (continued)

Treatment should be guided by

- Evaluation of the potential benefits
- Reduction of cardiovascular events
- Patient motivation for weight reduction

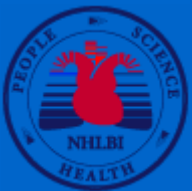
Any weight reduction program should minimize adverse effects on bone health and other aspects of nutritional status. *Evidence Category D.*



# Diverse Patient Populations

Adapt weight loss programs to meet diverse needs:

- Tailor treatment strategies.
- Use “culturally appropriate” methods.
  - Adapt settings and staff to the patient population.
  - Understand the patient population.
  - Redesign materials.
  - Adapt dietary and physical recommendations.



## Obesity Treatment in Special Populations

- Smokers
  - All smokers, regardless of weight, should quit smoking.
  - Implement weight gain prevention, treatment efforts as necessary.
- Older adults
  - Evaluate risk-to-benefit ratio.
- Diverse patient populations
  - Tailor treatments to patient needs.



The guidelines also address weight loss issues for special populations, such as those shown here:

- *Smokers.* Smoking and obesity together increase cardiovascular risk. Fear of weight gain upon smoking cessation is an obstacle for many patients who smoke. All smokers, regardless of their weight status, should quit smoking. Prevention of weight gain should be encouraged, and if weight gain does occur, it should be treated; however, the primary emphasis should be on abstinence from smoking.
- *Older Adults.* Age alone should not preclude treatment for obesity in older women. There is little evidence to indicate that obesity treatment should be withheld on the basis of age alone up to 80 years of age; however, consideration must be given to the special nutritional needs of these patients.
- *Diverse Patient Populations.* Large individual variation exists within any social or cultural group. Thus, there is no “cookbook” or standardized set of rules recommended to optimize weight reduction with a given type of patient. Based on an analysis of cultural appropriateness in obesity treatment programs, it seems that it is important to tailor treatment to the patient’s characteristics and perspectives when designing and delivering weight loss programs.

## Smokers

All smokers, regardless of their weight status, should quit smoking. *Evidence Category A.*

Prevention of weight gain should be encouraged. If weight gain does occur, it should be treated through dietary therapy, physical activity, and behavior therapy. The primary emphasis should be smoking abstinence. *Evidence Category C.*



Regarding smokers:

- Strong evidence supports the recommendation that ALL smokers, regardless of their weight status, should quit smoking.
- Prevention of weight gain should also be emphasized. If weight gain does occur, it should be treated using a combined approach of dietary therapy, physical activity, and behavior therapy. However, it is more important for individuals to stop smoking than it is for them to worry about weight.

## Older Adults

Issues for weight loss after age 65:

- Are indications for treatment of older adults the same as for younger adults?
- Does weight loss reduce risk factors in older adults?
- Does weight reduction prolong the lives of older adults?
- Are there risks with obesity treatment that are unique to older adults?



Older adults are another special population group considered by the expert panel.

The specific issues related to older adults that the panel addressed include the following:

- Are indications of treatment for older adults the same as for younger adults?
- Does weight loss reduce risk factors?
- Does weight reduction prolong the lives of older adults, and are there risks of obesity that are unique to this group?
- Are there risks with obesity treatment that are unique to older adults?

The panel concluded that the higher prevalence of cardiovascular risk factors in overweight versus nonoverweight adults is observed also in older adults. In addition, obesity is a major predictor of functional limitations and mobility impairments. The trials suggest that weight loss reduces risk factors and improves functional status in older persons in the same manner as in younger adults. The association of increased mortality applies most clearly to individuals who enter old age with a BMI in the lower part of the range. However, no trials have looked at the effects of obesity treatment on mortality at any age. Concern about potential adverse effects of treatment deal with bone health and dietary adequacy, both of which require some attention.



## Older Adults (continued)

Treatment should be guided by

- Evaluation of the potential benefits
- Reduction of cardiovascular events
- Patient motivation for weight reduction

Any weight reduction program should minimize adverse effects on bone health and other aspects of nutritional status. *Evidence Category D.*



When making treatment decisions for older adults, consider the following factors:

- Potential benefits.
- The risk of future cardiovascular events.
- Patient motivation.

Also, any weight reduction program should recognize the need to minimize any adverse effects on bone health and other aspects of nutritional status. Some evidence suggests that resistance training and moderate weight bearing exercise be included as part of a weight reduction program to help maintain bone integrity. In addition, proper nutritional counseling and regular monitoring of body weight should be prescribed for older persons attempting to lose weight.

## Diverse Patient Populations

Adapt weight loss programs to meet diverse needs:

- Tailor treatment strategies.
- Use “culturally appropriate” methods.
  - Adapt settings and staff to the patient population.
  - Understand the patient population.
  - Redesign materials.
  - Adapt dietary and physical recommendations.



Because overweight and obesity are particularly prevalent in some minority groups, it is important that treatment strategies meet the unique needs of these diverse groups.

- Approaches need to be culturally appropriate.
- The setting and staff may need to be modified based on the patient population. Community centers may be preferable to hospitals or medical offices as a site for the translation of weight loss information. Peer educators may also help in overcoming social and cultural differences between patients and practitioners.
- Understand the patient population. List assumptions about the patient for whom the program is best suited and evaluate the extent to which these assumptions are appropriate for prospective patients. Consider the patient’s financial situation, living situation, and cultural preferences for foods and activities.
- Redesign printed materials in order to help patients with low literacy skills or with poor vision.
- Adapt the dietary and physical activity recommendations to those that could be suitable for low-income patients or for those living in inner-city areas.