

Approaches to weight management

Discussions about how to best manage weight occur frequently in physicians' offices. Patients enter our offices with the desire to lose weight for myriad reasons, from management of cardiovascular disease, diabetes, sleep apnea, osteoarthritis, or gastro-esophageal reflux, to emotional, psychological, or appearance-related concerns. This article provides a brief overview of counseling tools and strategies to help address the complex field of weight management.

Behavioral strategies

Advising patients to lose weight or to focus on a specific amount of weight loss without outlining a means to this end may be less effective and ultimately lead to patients feeling frustrated. Enter SMART goal setting: specific, measurable, attainable, realistic, and timely or trackable goals¹ for behavior change. The most successful SMART goals are patient-centred and patient-designed; for instance: I will reduce the number of times I eat out at restaurants from 4 to 2 days per week over the next 3 weeks.

It is recommended that patients focus on behavior change and work toward a sustainable and not overly ambitious goal. Keeping a simple log of each day's eating and activity behaviors can help patients determine where they can adjust their lifestyle for added weight and health benefits.

Dietary patterns

The DASH (dietary approach to stop hypertension) diet has been rated the best overall diet by the *US News and World Report* for the sixth consec-

utive year.² Evidence shows that in as little as 2 weeks of following the DASH diet, both systolic and diastolic blood pressure can be reduced by several points. Though effects independent of weight loss may be seen, a primary or secondary goal of weight management can also be achieved on this diet.

The primary messages of the DASH diet are:

- Eat plenty of vegetables, fruits, and whole grains.
- Include low-fat dairy products.
- Choose fish, poultry, beans, nuts, and soft/liquid vegetable oils.
- Limit foods high in saturated fat such as fatty meats, full-fat dairy products, and tropical oils such as coconut, palm kernel, and palm oils.
- Limit sugar-sweetened beverages, added sugars, and sweets.
- Spice meals with sodium-free herbs and spices.

Though the mechanisms aren't fully understood, the power players of the DASH diet are calcium, magnesium, and potassium, in conjunction with lowered sodium intake. As with other healthy eating patterns such as the Mediterranean diet, research continues to emerge on the many health benefits of the DASH diet beyond reducing cardiovascular disease and weight.

Practical tools and visuals

Some patients may respond well to a visual aid such as Health Canada's Eat Well Plate³ to better understand healthy portions. A variety of healthy-plate visuals have been developed. These visuals are similar in their recommendation that we fill half our plate with vegetables and fruit, and the remainder with meat/meat alternatives and whole grains. The Eat Well Plate also suggests we enjoy our

meal with a glass of water or milk/milk alternative. Details can be found on Health Canada's website.⁴ Physicians can also suggest that patients use a smaller plate to be mindful of healthy portion sizes.

Physical activity

Canada's Physical Activity Guidelines⁵ recommend that adults engage in at least 150 minutes of moderate-to vigorous-intensity aerobic physical activity per week in 10-minute or longer intervals. This amount may need to be increased to 60 or more minutes on most days for successful weight management. A SMART goal example is: I will increase brisk walking from 45 to 60 minutes 5 days of the week.

Prevention

Obesity prevention starts with toddlers and children. It is recommended to plot toddlers' and children's weight/height/BMI and identify if they start to cross percentiles.

Monitoring weight can also be done in adults, particularly in patients at risk for weight gain due to medications. It is well established that a loss of as little as 5% to 10% of one's body weight can have significant benefits for health promotion and disease prevention.

Resources for BC physicians and patients

- Dietitian services at HealthLink BC (www.healthlinkbc.ca or 8-1-1).
- MEND (mind, exercise, nutrition, do it) and Shapedown programs throughout BC.
- SCOPE's Live 5-2-1-0 program (www.live5210.ca).
- The Physical Activity Line (www.physicalactivityline.com).

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Physicians who contract to a BC health authority: Should you register with WorkSafeBC?

If you are a physician who provides professional services to one of BC's health services authorities, you may be required by the Physician Master Agreement to apply to be registered with WorkSafeBC.

Do you have to register with WorkSafeBC?

You are *required* to apply to register with WorkSafeBC if you fall into one or both of the following categories:

- You are an employer.
- You operate through an incorporated company.

Note: As an exception, a corporation whose workers are all shareholders of the corporation and whose revenue is received largely from a single health authority or health care facility does not have to apply because the shareholders would be considered workers of the health authority or facility.

You may *choose* to apply to register with WorkSafeBC if you provide your services to a health services

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authority as an independent contractor in your own name (e.g., Dr Jane Smith) and your revenue is earned solely through one or more of the following avenues:

- A service contract (under which you provide your services as an independent contractor).
- A sessional contract (under which you provide services on a time or sessional basis—in which a session equals 3.5 hours of your professional services).
- Fee-for-service payments from the Medical Services Plan (MSP), and WorkSafeBC and ICBC services submitted through and paid by MSP.
- Earnings related to private practice (third party, medicolegal, and private billings).

You do not have to apply to register if any of the following situations apply:

- You have a WorkSafeBC account number or a letter from WorkSafeBC advising that you are not required or not eligible to be registered with WorkSafeBC, and your practice has not changed since you received that confirmation.
- You receive a T4 Statement of Re-

muneration Paid or a T4A Statement of Pension, Retirement, Annuity, and Other Income from a health services authority.

- You provide your services to a health services authority under a salary agreement (as described in the Physician Master Agreement).

How to apply to register

Complete the Physician Contracting to BC Health Authorities form (#1800PHPC) and e-mail it to phpcreg@worksafebc.com. If you are a proprietor or partner and would like to be covered for workers' compensation, you must apply for Personal Optional Protection insurance by also completing form #1801.

You will find both forms on www.worksafebc.com/forms.

WorkSafeBC will require approximately 2 weeks to process the forms from the date of receipt. If we determine that you are not eligible to register, you will receive a letter advising you of this, which you may submit to a health authority.

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