Obesity Update 2021

Tools and Templates for Obesity Practice

Royal Alexandra HOSPITAL FOUNDATION
CASES
Centre for Advancement of Surgical Education & Simulation

Faculty/Presenter Disclosure

- **Faculty: Dr. Renuca Modi**

- **Relationships with commercial interests:**
  - **Grants/Research Support: N/A**
  - **Speakers Bureau/Honoraria:** Novo Nordisk, Takeda Pharma, Bausch Health, Obesity Canada
  - **Consulting Fees:** Novo Nordisk, Takeda Pharma, Bausch Health
  - **Other: N/A**

Faculty/Presenter Disclosure

- **Faculty: Dr. Ellina Lytvyak**

- **Relationships with commercial interests:**
  - **Grants/Research Support:** N/A
  - **Speakers Bureau/Honoraria:** N/A
  - **Consulting Fees:** N/A
  - **Other:** N/A

Disclosure of Commercial Support

- **Potential for conflict(s) of interest:**
  - Dr. Renuca Modi and Dr. Ellina Lytvyak have received payment/funding, etc. from companies exhibiting at this program AND/OR whose product(s) are being discussed in this program.
  - The exhibitors did not provide content for the program, have any editorial authority or involvement with the selection of Dr. Modi or Dr. Lytvyak as speakers.
  - The Royal Alexandra Hospital did not develop/license/distribute/benefit from the sale of a product that will be discussed in this program.

Potential Mitigating Biases

- The content has been developed based on needs assessment results
- The information presented is for educational purposes and includes balanced coverage of relevant therapies
- All data has been sourced from evidence that is clinically accepted
- All support used in justification of patient care recommendations conform to generally accepted standards, the 5A's of Obesity Management from Obesity Canada, and Canadian Clinical Practice Guidelines on the Management of Obesity in Adults
- Speakers are asked to clearly identify when they are making personal or off label recommendations as opposed to presenting information that is explicitly "evidence-based"
- Speakers have been informed that they must indicate all unapproved products and/or off-label data to the audience during their presentation
- Speakers completed the CFPC Mainpro® Declaration of Conflict-of-Interest form evidencing compliance with Mainpro® requirements, a requisite for this program to be given accredited status.

Learning Objectives

Following this session, participants will be able to:

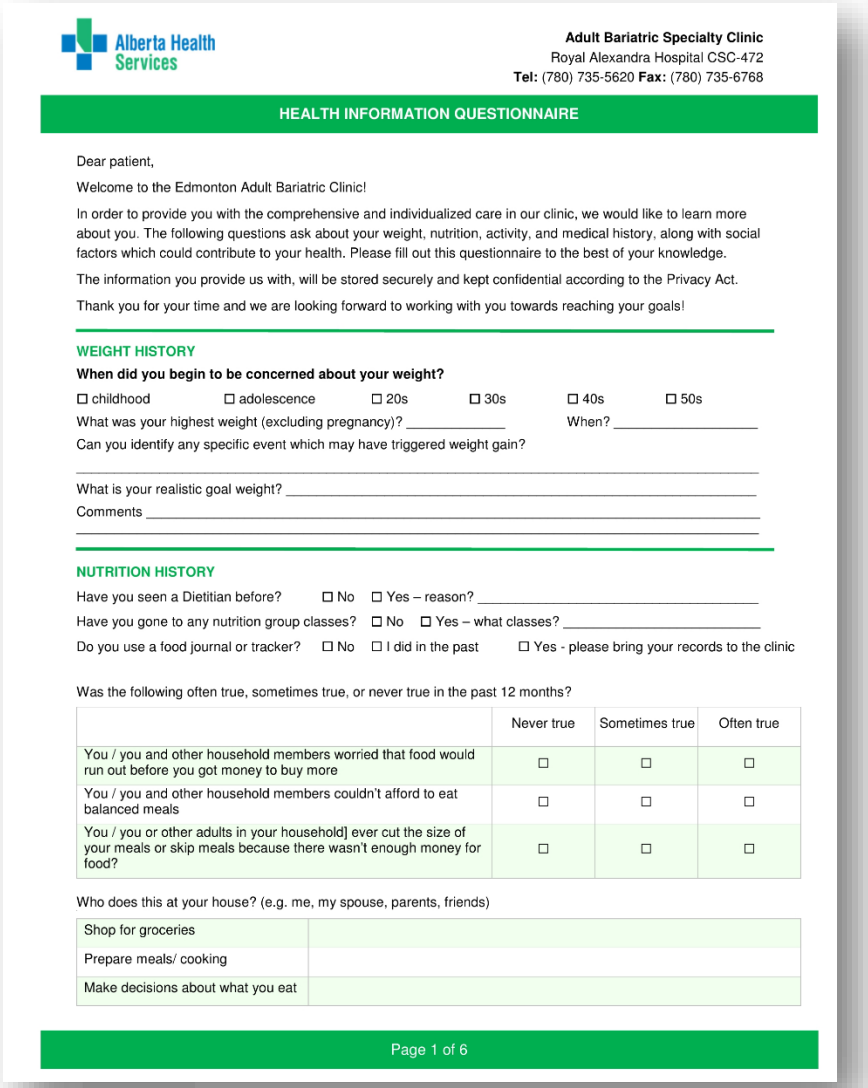
1. **Employ various tools to make assessment faster and more straight-forward, including:**
   - initial consultation templates
   - screening tools for anxiety, depression, ADHD, binge eating disorder, and obstructive sleep apnea

2. **Select the most useful standard calculators/equations in obesity medicine and bariatric surgery to determine:**
   - ideal body weight
   - protein needs
   - resting metabolism
   - an energy deficit diet

3. **Employ Edmonton Adult Bariatric Specialty Clinic (EABSC) templates for the initiation and follow-up of medications commonly prescribed in obesity medicine**

Health Information Questionnaire, part 1

Patient to complete



Alberta Health Services

Adult Bariatric Specialty Clinic
Royal Alexandra Hospital CSC-472
Tel: (780) 735-5620 **Fax:** (780) 735-6768

HEALTH INFORMATION QUESTIONNAIRE

Dear patient,

Welcome to the Edmonton Adult Bariatric Clinic!

In order to provide you with the comprehensive and individualized care in our clinic, we would like to learn more about you. The following questions ask about your weight, nutrition, activity, and medical history, along with social factors which could contribute to your health. Please fill out this questionnaire to the best of your knowledge.

The information you provide us with, will be stored securely and kept confidential according to the Privacy Act.

Thank you for your time and we are looking forward to working with you towards reaching your goals!

WEIGHT HISTORY

When did you begin to be concerned about your weight?

☐ childhood ☐ adolescence ☐ 20s ☐ 30s ☐ 40s ☐ 50s

What was your highest weight (excluding pregnancy)? _____ When? _____

Can you identify any specific event which may have triggered weight gain?

_____

What is your realistic goal weight? _____

Comments _____

_____

NUTRITION HISTORY

Have you seen a Dietitian before? ☐ No ☐ Yes – reason? _____

Have you gone to any nutrition group classes? ☐ No ☐ Yes – what classes? _____

Do you use a food journal or tracker? ☐ No ☐ I did in the past ☐ Yes - please bring your records to the clinic

Was the following often true, sometimes true, or never true in the past 12 months?

	Never true	Sometimes true	Often true
You / you and other household members worried that food would run out before you got money to buy more	☐	☐	☐
You / you and other household members couldn't afford to eat balanced meals	☐	☐	☐
You / you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?	☐	☐	☐

Who does this at your house? (e.g. me, my spouse, parents, friends)

Shop for groceries	
Prepare meals/ cooking	
Make decisions about what you eat	

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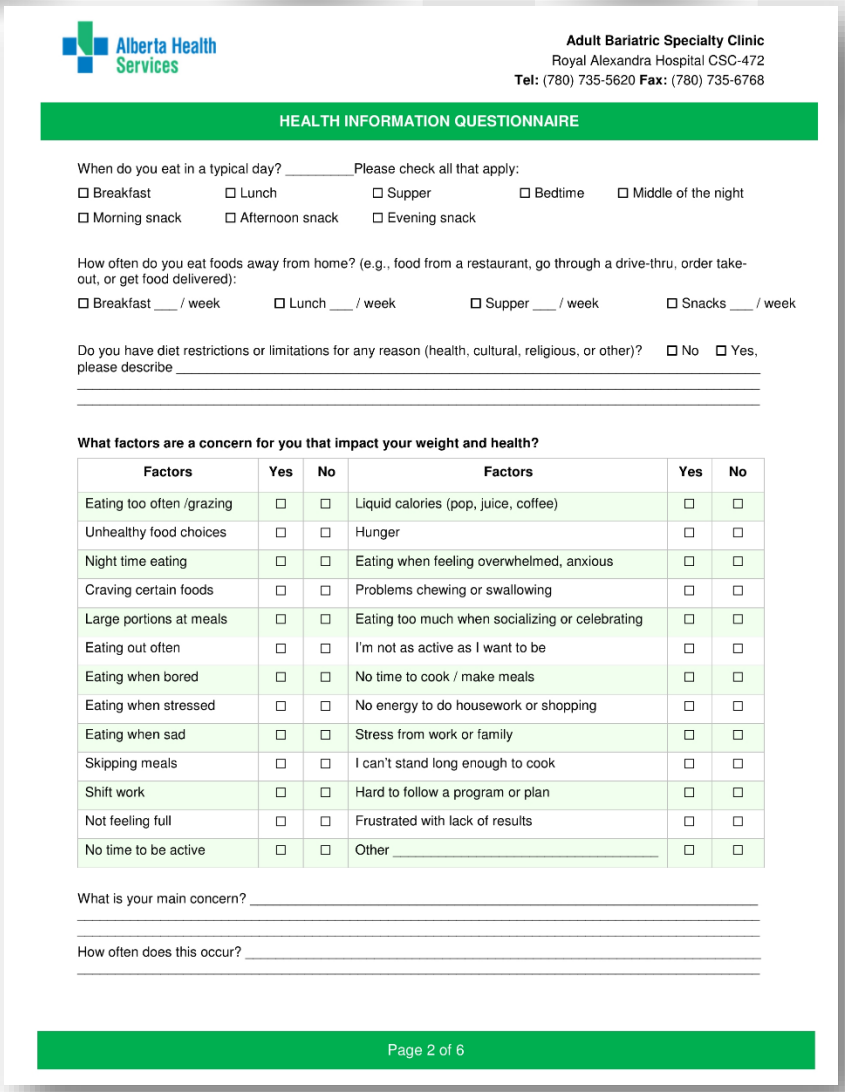

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HEALTH INFORMATION QUESTIONNAIRE

When do you eat in a typical day? _____Please check all that apply:

☐ Breakfast ☐ Lunch ☐ Supper ☐ Bedtime ☐ Middle of the night

☐ Morning snack ☐ Afternoon snack ☐ Evening snack

How often do you eat foods away from home? (e.g., food from a restaurant, go through a drive-thru, order take-out, or get food delivered):

☐ Breakfast ___ / week ☐ Lunch ___ / week ☐ Supper ___ / week ☐ Snacks ___ / week

Do you have diet restrictions or limitations for any reason (health, cultural, religious, or other)? ☐ No ☐ Yes, please describe _____

_____

_____

What factors are a concern for you that impact your weight and health?

Factors	Yes	No	Factors	Yes	No
Eating too often /grazing	☐	☐	Liquid calories (pop, juice, coffee)	☐	☐
Unhealthy food choices	☐	☐	Hunger	☐	☐
Night time eating	☐	☐	Eating when feeling overwhelmed, anxious	☐	☐
Craving certain foods	☐	☐	Problems chewing or swallowing	☐	☐
Large portions at meals	☐	☐	Eating too much when socializing or celebrating	☐	☐
Eating out often	☐	☐	I'm not as active as I want to be	☐	☐
Eating when bored	☐	☐	No time to cook / make meals	☐	☐
Eating when stressed	☐	☐	No energy to do housework or shopping	☐	☐
Eating when sad	☐	☐	Stress from work or family	☐	☐
Skipping meals	☐	☐	I can't stand long enough to cook	☐	☐
Shift work	☐	☐	Hard to follow a program or plan	☐	☐
Not feeling full	☐	☐	Frustrated with lack of results	☐	☐
No time to be active	☐	☐	Other _____	☐	☐

What is your main concern? _____

_____

_____

How often does this occur? _____

_____

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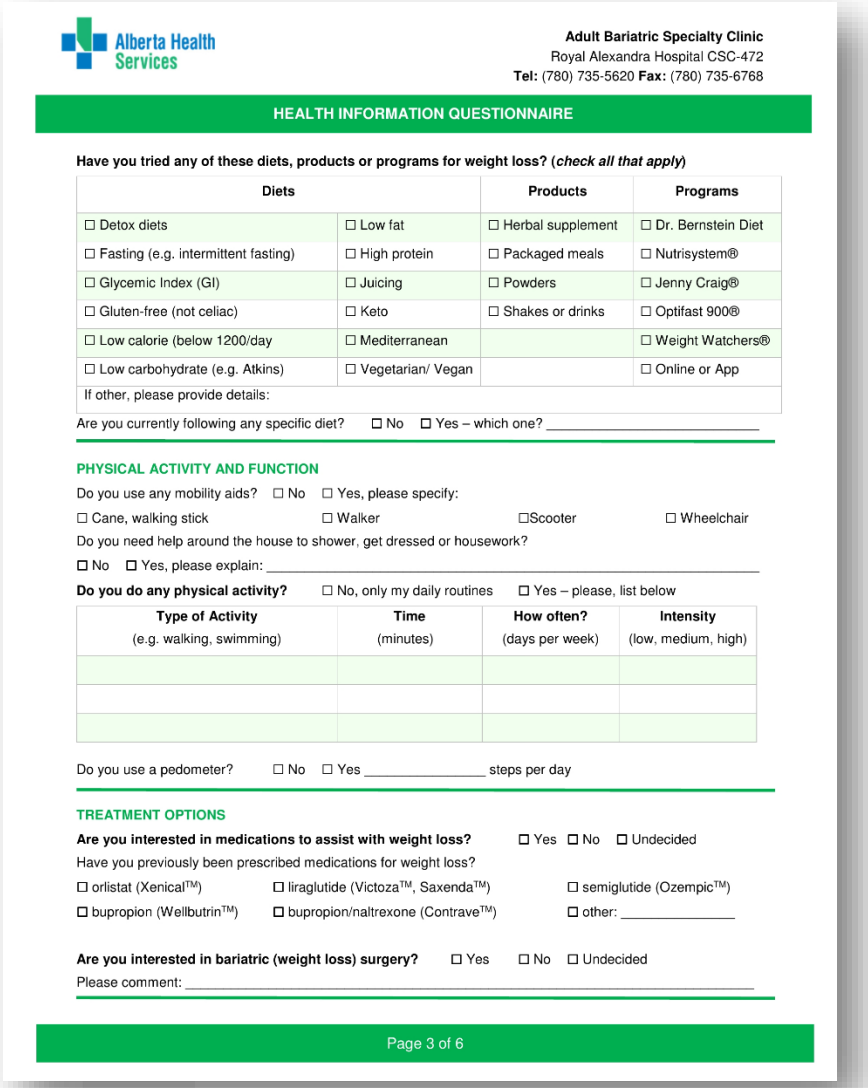
Template

Health Information Questionnaire, part 2

Patient to complete



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HEALTH INFORMATION QUESTIONNAIRE

Have you tried any of these diets, products or programs for weight loss? (*check all that apply*)

Diets		Products	Programs
☐ Detox diets	☐ Low fat	☐ Herbal supplement	☐ Dr. Bernstein Diet
☐ Fasting (e.g. intermittent fasting)	☐ High protein	☐ Packaged meals	☐ Nutrisystem®
☐ Glycemic Index (GI)	☐ Juicing	☐ Powders	☐ Jenny Craig®
☐ Gluten-free (not celiac)	☐ Keto	☐ Shakes or drinks	☐ Optifast 900®
☐ Low calorie (below 1200/day	☐ Mediterranean		☐ Weight Watchers®
☐ Low carbohydrate (e.g. Atkins)	☐ Vegetarian/ Vegan		☐ Online or App
If other, please provide details:			

Are you currently following any specific diet? ☐ No ☐ Yes – which one? _____

PHYSICAL ACTIVITY AND FUNCTION

Do you use any mobility aids? ☐ No ☐ Yes, please specify:
☐ Cane, walking stick ☐ Walker ☐Scooter ☐ Wheelchair
Do you need help around the house to shower, get dressed or housework?
☐ No ☐ Yes, please explain: _____

Do you do any physical activity? ☐ No, only my daily routines ☐ Yes – please, list below

Type of Activity (e.g. walking, swimming)	Time (minutes)	How often? (days per week)	Intensity (low, medium, high)

Do you use a pedometer? ☐ No ☐ Yes _____ steps per day

TREATMENT OPTIONS

Are you interested in medications to assist with weight loss? ☐ Yes ☐ No ☐ Undecided
Have you previously been prescribed medications for weight loss?
☐ orlistat (Xenical™) ☐ liraglutide (Victoza™, Saxenda™) ☐ semiglutide (Ozempic™)
☐ bupropion (Wellbutrin™) ☐ bupropion/naltrexone (Contrave™) ☐ other: _____

Are you interested in bariatric (weight loss) surgery? ☐ Yes ☐ No ☐ Undecided
Please comment: _____

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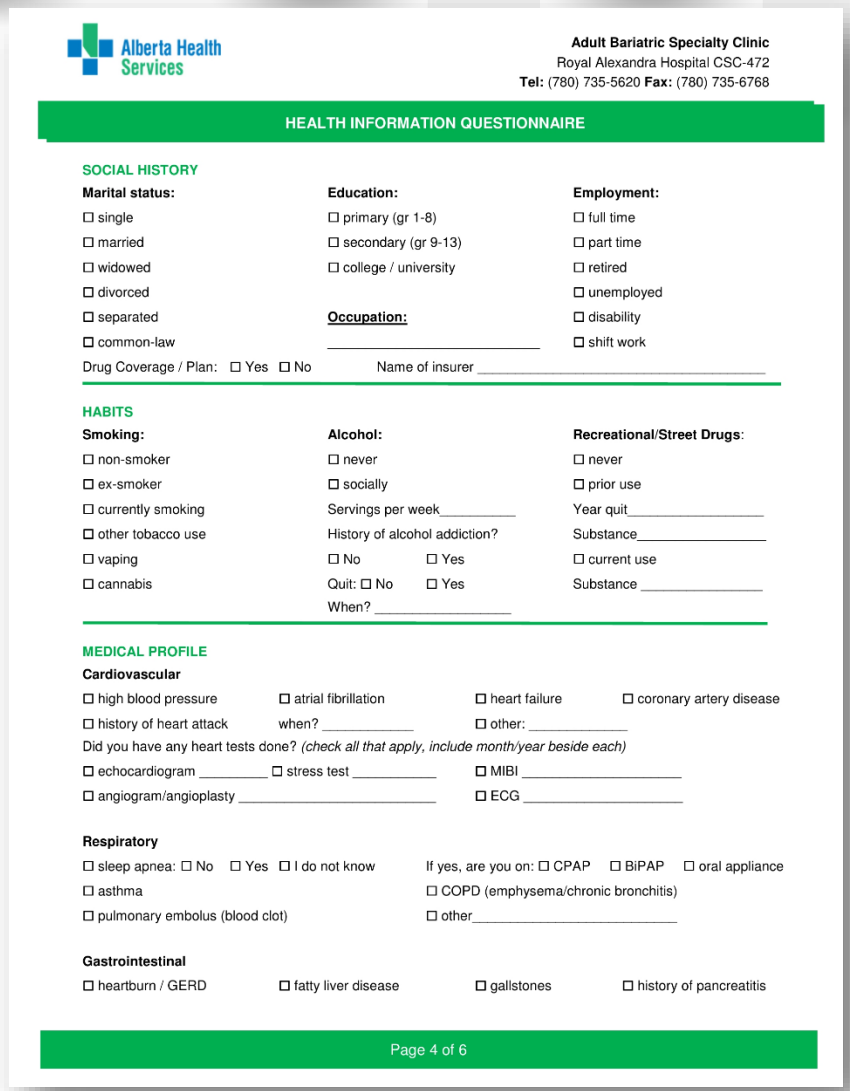

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HEALTH INFORMATION QUESTIONNAIRE

SOCIAL HISTORY

Marital status:
☐ single
☐ married
☐ widowed
☐ divorced
☐ separated
☐ common-law

Education:
☐ primary (gr 1-8)
☐ secondary (gr 9-13)
☐ college / university

Occupation: _____

Employment:
☐ full time
☐ part time
☐ retired
☐ unemployed
☐ disability
☐ shift work

Drug Coverage / Plan: ☐ Yes ☐ No Name of insurer _____

HABITS

Smoking:
☐ non-smoker
☐ ex-smoker
☐ currently smoking
☐ other tobacco use
☐ vaping
☐ cannabis

Alcohol:
☐ never
☐ socially
Servings per week_____
History of alcohol addiction?
☐ No ☐ Yes
Quit: ☐ No ☐ Yes
When? _____

Recreational/Street Drugs:
☐ never
☐ prior use
Year quit_____
Substance_____
☐ current use
Substance _____

MEDICAL PROFILE

Cardiovascular
☐ high blood pressure ☐ atrial fibrillation ☐ heart failure ☐ coronary artery disease
☐ history of heart attack when? _____ ☐ other: _____
Did you have any heart tests done? *(check all that apply, include month/year beside each)*
☐ echocardiogram _____ ☐ stress test _____ ☐ MIBI _____
☐ angiogram/angioplasty _____ ☐ ECG _____

Respiratory
☐ sleep apnea: ☐ No ☐ Yes ☐ I do not know If yes, are you on: ☐ CPAP ☐ BiPAP ☐ oral appliance
☐ asthma ☐ COPD (emphysema/chronic bronchitis)
☐ pulmonary embolus (blood clot) ☐ other_____

Gastrointestinal
☐ heartburn / GERD ☐ fatty liver disease ☐ gallstones ☐ history of pancreatitis

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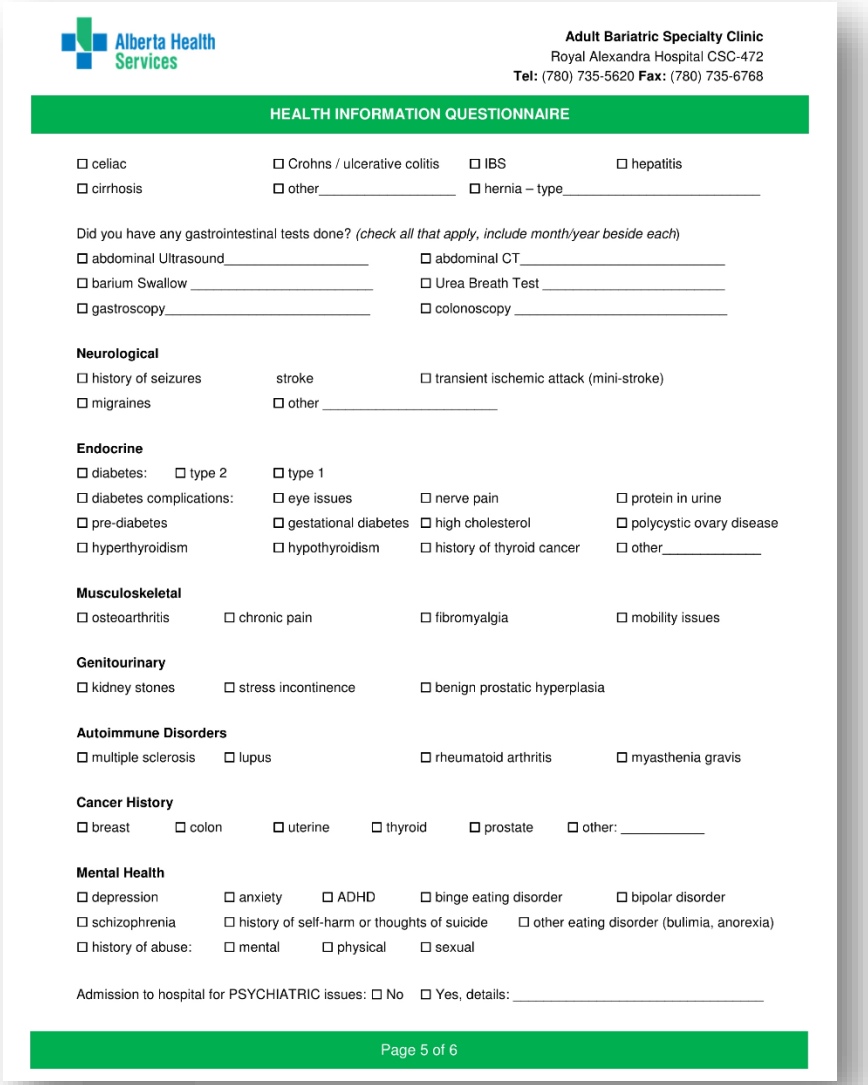
Health Information Questionnaire, part 3

Patient to complete



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HEALTH INFORMATION QUESTIONNAIRE

☐ celiac ☐ Crohns / ulcerative colitis ☐ IBS ☐ hepatitis
☐ cirrhosis ☐ other_____ ☐ hernia – type_____

Did you have any gastrointestinal tests done? *(check all that apply, include month/year beside each)*
☐ abdominal Ultrasound_____ ☐ abdominal CT_____
☐ barium Swallow _____ ☐ Urea Breath Test _____
☐ gastroscopy_____ ☐ colonoscopy _____

Neurological
☐ history of seizures stroke ☐ transient ischemic attack (mini-stroke)
☐ migraines ☐ other _____

Endocrine
☐ diabetes: ☐ type 2 ☐ type 1
☐ diabetes complications: ☐ eye issues ☐ nerve pain ☐ protein in urine
☐ pre-diabetes ☐ gestational diabetes ☐ high cholesterol ☐ polycystic ovary disease
☐ hyperthyroidism ☐ hypothyroidism ☐ history of thyroid cancer ☐ other_____

Musculoskeletal
☐ osteoarthritis ☐ chronic pain ☐ fibromyalgia ☐ mobility issues

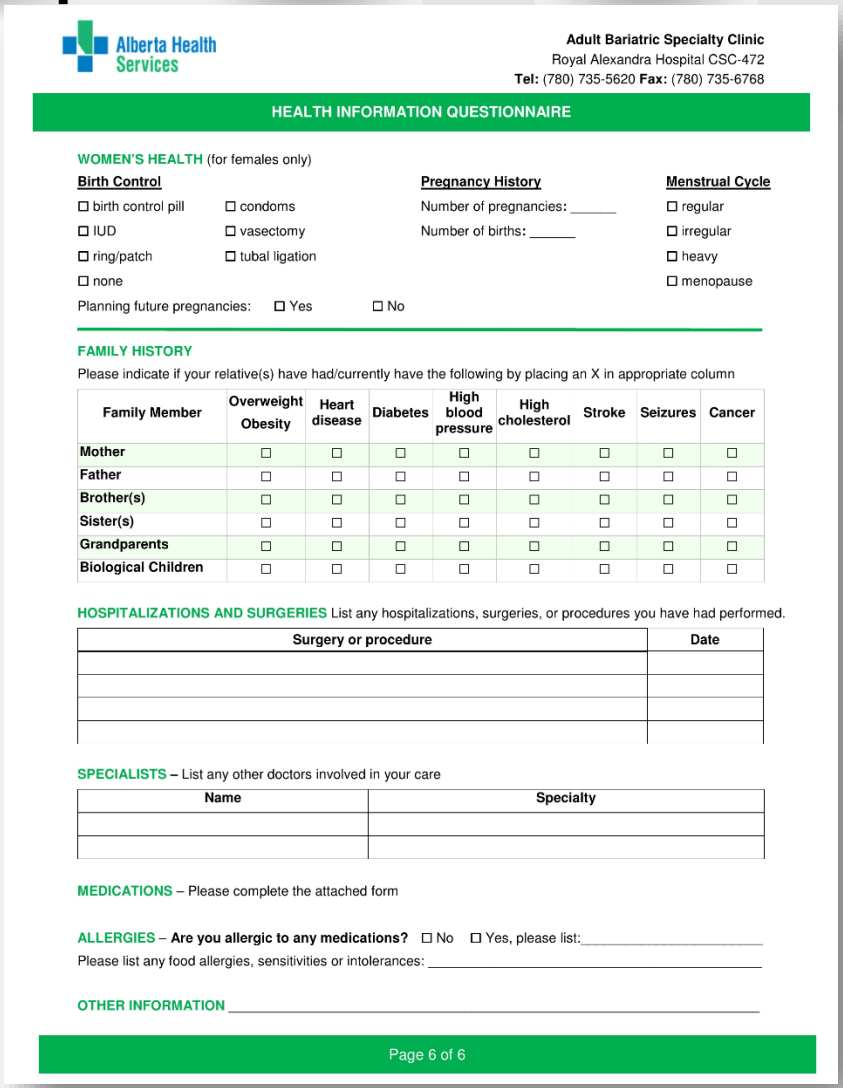
Genitourinary
☐ kidney stones ☐ stress incontinence ☐ benign prostatic hyperplasia

Autoimmune Disorders
☐ multiple sclerosis ☐ lupus ☐ rheumatoid arthritis ☐ myasthenia gravis

Cancer History
☐ breast ☐ colon ☐ uterine ☐ thyroid ☐ prostate ☐ other: _____

Mental Health
☐ depression ☐ anxiety ☐ ADHD ☐ binge eating disorder ☐ bipolar disorder
☐ schizophrenia ☐ history of self-harm or thoughts of suicide ☐ other eating disorder (bulimia, anorexia)
☐ history of abuse: ☐ mental ☐ physical ☐ sexual

Admission to hospital for PSYCHIATRIC issues: ☐ No ☐ Yes, details: _____



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HEALTH INFORMATION QUESTIONNAIRE

WOMEN'S HEALTH (for females only)

Birth Control
☐ birth control pill ☐ condoms
☐ IUD ☐ vasectomy
☐ ring/patch ☐ tubal ligation
☐ none

Pregnancy History
Number of pregnancies: _____
Number of births: _____

Menstrual Cycle
☐ regular
☐ irregular
☐ heavy
☐ menopause

Planning future pregnancies: ☐ Yes ☐ No

FAMILY HISTORY
Please indicate if your relative(s) have had/currently have the following by placing an X in appropriate column

Family Member	Overweight Obesity	Heart disease	Diabetes	High blood pressure	High cholesterol	Stroke	Seizures	Cancer
Mother	☐	☐	☐	☐	☐	☐	☐	☐
Father	☐	☐	☐	☐	☐	☐	☐	☐
Brother(s)	☐	☐	☐	☐	☐	☐	☐	☐
Sister(s)	☐	☐	☐	☐	☐	☐	☐	☐
Grandparents	☐	☐	☐	☐	☐	☐	☐	☐
Biological Children	☐	☐	☐	☐	☐	☐	☐	☐

HOSPITALIZATIONS AND SURGERIES List any hospitalizations, surgeries, or procedures you have had performed.

Surgery or procedure	Date

SPECIALISTS – List any other doctors involved in your care

Name	Specialty

MEDICATIONS – Please complete the attached form

ALLERGIES – **Are you allergic to any medications?** ☐ No ☐ Yes, please list:_____
Please list any food allergies, sensitivities or intolerances: _____

OTHER INFORMATION _____

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Tools to Screen for Mental Health Disorders and Obstructive Sleep Apnea

GAD-7	**Generalized Anxiety Disorder**
PHQ-9	**Major Depressive Disorder**
ADHD	**Attention Deficit and Hyperactivity Disorder**
BED-7	**Binge Eating Disorder**
Epworth Scale	**Obstructive Sleep Apnea**

Sensitivity and Specificity

Sensitivity

The percentage of persons **with** a disease who are correctly **identified** by the test.

Specificity

The percentage of persons **without** a disease who are correctly **excluded** by the test.

Quiz Question

How do we call the ability of the test to correctly identify patients **with** a disease?

a) **Sensitivity**

b) **Specificity**

Quiz Question

How do we call the ability of the test to correctly identify patients **without** a disease?

a) **Sensitivity**

b) **Specificity**

GAD-7 Generalized Anxiety Disorder

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score *(add your column scores)* =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

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Spitzer RL et al, 2006; Ruiz MA et al, 2011
https://www.integration.samhsa.gov/clinical-practice/gad708.19.08cartwright.pdf

GAD-7 Scoring, Sensitivity, Specificity

Score	Symptom Severity	Comments
5 – 9	Mild	Monitor
10 – 14	Moderate	Possible clinically significant condition
≥ 15	Severe	Active treatment probably warranted

Scores ≥10: Further assessment (including diagnostic interview and mental status examination) and/or referral to a mental health professional recommended

Score of ≥10:

Sensitivity 89%

Specificity 82%

Spitzer RL et al, 2006; Ruiz MA et al, 2011
https://www.mdcalc.com/gad-7-general-anxiety-disorder-7#next-steps

PHQ-9 Major Depressive Disorder

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

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Kroenke, K., J. et al., 1999; Kroenke, K. et al. 2001
http://www.cqaimh.org/pdf/tool_phq9.pdf

PHQ-9 Scoring, Sensitivity, Specificity

Score	Depression Severity	Comments
0 – 4	Minimal or none	Monitor; may not require treatment
5 – 9	Mild	Use clinical judgment (symptom duration, functional impairment) to determine necessity of treatment
10 – 14	Moderate	
15 – 19	Moderately severe	Warrants active treatment with psychotherapy, medications, or combination
20 – 27	Severe	

Overall:

Sensitivity 73%

Specificity 98%

Score of ≥10:

Sensitivity 74 – 88%

Specificity 85 – 91%

Kroenke, K., J. et al., 1999; Kroenke, K. et al. 2001
Arroll Bet al, 2010; Levis B et al., 2019
http://www.cqaimh.org/pdf/tool_phq9.pdf

ADHD Screen Adult ADHD

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

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Kessler RC et al, 2005; Adler LA et al, 2006; Kessler RC et al, 2007
https://addadult.com/wp-content/uploads/2014/02/ASRS-v1.1_Form.jpg

ADHD Screen Scoring, Sensitivity, Specificity

Presence of ≥4 points indicates symptoms highly consistent with adult ADHD; these cases warrant further clinical assessment, including:

- Clinical interview
- Mental status examination
- Neuropsychological testing may be considered (e.g., subthreshold symptoms, diagnostic uncertainty)
- Labs and medical work-up when clinically warranted

Score of ≥4:

Sensitivity 68.7%

Specificity 99.5%

Kessler RC et al, 2005; Adler LA et al, 2006
Kessler RC et al, 2007
https://www.mdcalc.com/adult-self-report-scale-asrs-adhd

BED-7 Binge Eating Disorder

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

1. **During the last 3 months,** did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?	Yes	No

NOTE: IF YOU ANSWERED "NO" TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.

2. Do you feel distressed about your episodes of excessive overeating?	Yes	No

Within the past 3 months…	Never or Rarely	Sometimes	Often	Always
3. **During your episodes of excessive overeating,** how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?				
4. **During your episodes of excessive overeating,** how often did you continue eating even though you were not hungry?				
5. **During your episodes of excessive overeating,** how often were you embarrassed by how much you ate?				
6. **During your episodes of excessive overeating,** how often did you feel disgusted with yourself or guilty afterward?				
7. **During the last 3 months,** how often did you make yourself vomit as a means to control your weight or shape?				

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Grupski AE et al, 2013; Herman BK et al, 2017
https://www.vyvansepro.com/documents/Adult-Binge-Eating-Disorder-Patient-Screener.pdf

BED-7 Scoring, Sensitivity, Specificity

USING THE BEDS-7 IS SIMPLE:

STEP 1: QUESTION 1

If the patient answers "YES" to question 1, continue on to questions 2 through 7.

If the patient answers "NO" to question 1, there is no reason to proceed with the remainder of the screener.

STEP 2: QUESTIONS 2-7

If the patient answers "YES" to question 2 **AND** checks one of the shaded boxes for all questions 3 through 7, follow-up discussion of the patient's eating behaviors and his or her feelings about those behaviors should be considered.

STEP 3

Evaluate the patient based upon the complete *DSM-5®* diagnostic criteria for B.E.D.

Sensitivity 100 %

Specificity 38.7%

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Herman BK et al, 2016; Grupski AE et al, 2013; Herman BK et al, 2017
https://www.vyvansepro.com/documents/Adult-Binge-Eating-Disorder-Patient-Screener.pdf

Epworth Sleepiness Scale

Obstructive Sleep Apnea

Use the following scale to choose the most appropriate number for each situation:-

0 = would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
Total	

Johns MW et al, 1991; Basner RC, 2007
https://dental.tufts.edu/sites/default/files/pdf/CPC_epworthScale.pdf

Epworth Sleepiness Scale Scoring, Sensitivity, Specificity

1-5	Lower Normal Daytime Sleepiness
6-10	Higher Normal Daytime Sleepiness
11-12	Mild Excessive Daytime Sleepiness
13-15	Moderate Excessive Daytime Sleepiness
16-24	Severe Excessive Daytime Sleepiness

Score of ≥10:

Sensitivity 93.5%

Specificity 100%

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Johns MW et al, 2000
https://consultgeri.org/try-this/general-assessment/issue-6.2.pdf

Consultant Note

MD to complete

Alberta Health Services

Adult Bariatric Specialty Clinic
Royal Alexandra Hospital CSC-472
Tel: (780) 735-5620 **Fax:** (780) 735-6768

CONSULTATION NOTE

Dear Dr. *[GP/referring physician's name(s)]*,

Thank you for referring *[patient name]* to the Edmonton Adult Bariatric Specialty Clinic. This *[age]* year old *[gender]* was seen today for an initial consultation regarding management of *[his/her]* severe obesity.

Management recommendations and plans for follow-up have been bolded below followed by a summary of today's assessment.

MD recommendations:
[dictation could be inserted here]

- **discussion/initiation of obesity medications**
- **general impression**
- **further investigations**
- **med changes**
- **etc.**

I will see *[patient name]* for reassessment and further planning in *[time frame]*.

The patient is to:

1. **Maintain a daily food journal.**
2. **Track daily activities. If using a pedometer then increasing gradually as tolerated with an eventual goal of 8000 – 10,000 steps/day if possible. If mobility/weight-bearing is an issue, non-weight bearing activity recommended.**
3. **Work on the Group Education Modules – either in person or online.**

The patient has been booked with:

1. **RD to optimize meal regulation and nutritional balance.**
2. **Psychology to further address emotional eating patterns and counterproductive thought patterns.**
3. **Psychiatry to further assess and optimize management of mood, anxiety, ADHD.**
4. **RN/case manager via phone in [ ] weeks.**
5. **Dr. Sebastian for a sleep apnea assessment.**

Alberta Health Services

Adult Bariatric Specialty Clinic
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CONSULTATION NOTE

Summary of assessment:

Height: _____ BP:_____ HR:_____ RR:_____ O_2 Sat:_____

Referral weight: Referral BMI:
Today's weight: Today's BMI: Class: Stage:
Peak weight: Peak BMI:

Marital status: Children: Employment:
Smoking: ☐ Yes ☐ No ☐ Quit Alcohol: ☐ Yes ☐ No ☐ Quit Other addictions?

Interested in pharmacotherapy? ☐ Yes ☐ No ☐ Undecided Drug coverage? ☐ Yes ☐ No
Interested in bariatric surgery? ☐ Yes ☐ No ☐ Undecided

PMHx	**Meds**	**PSHx**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Epworth score: OSA risk level:
Referral: ☐ Yes ☐ No ☐ Sleep study completed ☐ CPAP/BiPAP
ADHD screen: pos / neg / borderline PHQ9 score:
BED questionnaire: pos / neg GAD score:

Factors contributing to weight gain:
[can include mood, EE, binge/purge, liquid calories, eating out, etc here]

Barriers to weight loss:
[can include mood, abuse hx/weight protective, work schedule, etc. here]

Patient's weight goal and motivating factors:

Sincerely,

Meet Our Patient – *Nadine*

- 44-year-old single mother
- Healthy until she gained 20 kg (45 lbs) in pregnancy
- Since then, history of yo-yo dieting with net gain from each cycle
- Now weighs **104 kg** (229 lbs)
- Height **176 cm**, BMI **33.5 kg/m²** (class I obesity)
- Comorbidities: HTN (ACEI, Thiazide), PCOS
- Apple shape with most excess weight in abdominal area
- Appears very concerned about her weight
- **Interested in medical weight loss options**

Assessment of Behaviors and Barriers – *Nadine*

- Works at government office (sedentary job, take-out lunch)
- Dinner prepared by mother
- Tendency to overeat at dinner
- Poor hunger management
- Ready availability of calorie-dense, highly palatable foods in her house
- Evenings alone with son (activities, homework, and housework)
- Lack of time for meal preparation and physical activity
- Psychosocial stressors (tight budget, single parenting, work stress)
- Identifies with emotional eating (coping strategy, cravings, evening grazing)

Quiz Question

Which of the following behavior(s) is/are associated with long-term weight management?

a) Eating several smaller meals rather than three larger ones

b) Eating breakfast

c) Joining a formal weight loss program

d) Watching less television than average

e) a) and c)

f) b) and d)

g) All of the above

Quiz Question

What lifestyle changes might you focus on first with Nadine?

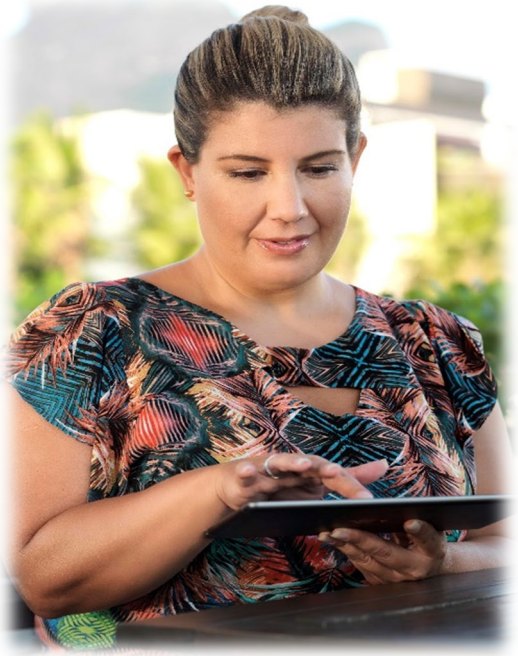
a) Reducing caloric intake

b) Following a certain diet (e.g. low-fat, low-carb, Mediterranean, etc.)

c) Increasing exercise

d) None of the above

e) Whichever one Nadine selects



Behaviour Goals – *Nadine*

You encourage Nadine to formalize behavioural goals – Nadine's list:

- More substantial breakfast
- Small snack after work
- **Reducing portion sizes** at lunch and dinner
- Enrolling in a community cooking class with her mother
- Asking her mother to watch her son while she cooks dinner
- **Avoiding trigger foods; be more mindful of grazing**
- Food log to document eating patterns
- Exercising 30 minutes 4 times a week

Quiz Question

The Obesity Society recommends the following lifestyle measures?

a) A reduction of 500 – 750 calories per day

b) Protein replacement shake for breakfast

c) Self-monitoring (food journal, activity log, weight log)

d) Vigorous physical activity for 60 minutes daily

e) a) and c)

f) a) and b)

TOS, The Obesity Society
Jensen, MD et al., 2014

Creating a Nutrition Rx – *Nadine*

Step 1. Calculate Resting Metabolic Rate (RMR): Mifflin St Jeor Equation

$$\boldsymbol{Women}: [10 \times \boldsymbol{Weight\ (kg)}] + [6.25 \times \boldsymbol{Height\ (cm)}] - [5 \times \boldsymbol{Age\ (Years)}] - 161$$

$$\boldsymbol{Nadine's\ RMR} =$$

$$[10 \times (104\ kg)] + [6.25 \times (176\ cm)] - [5 \times (44\ Years)] - 161 =$$

$$\boldsymbol{1759\ calories/day}$$

Step 2. Multiply by activity factor

ACTIVITY FACTOR: SEDENTARY(1.2), LIGHT ACTIVTY(1.375), MODERATE ACTIVITY(1.550), VERY ACTIVE(1.725), EXTRA ACTIVITY (1.9)

Step 3. Calculate Daily Calorie Goal

$$\boldsymbol{Goal}: \ \boldsymbol{500\ kcal\ deficit\ diet} = (1759 - 500) = \boldsymbol{1259\ calories\ per\ day}$$

$$\boldsymbol{Nutrition\ Rx}: \ \boldsymbol{1200 - 1400\ calories\ per\ day}$$

Royal Alexandra HOSPITAL FOUNDATION

CASES Centre for Advancement of Surgical Education & Simulation

Creating a Nutrition Rx – *Nadine*

Step 1. Calculate Patient's Ideal Body Weight (IBW)

$$IBW = 24.9 \frac{kg}{m^2} \times Height^2\,(m^2) \qquad Nadine's\ IBW = 24.9 \frac{kg}{m^2} \times (1.76)^2\, m^2 = 77\ kg$$

Step 2. Calculate Patient's Protein Need

Protein requirements (based on IBW) [**lower – upper**] = $1.2 - 1.6\ grams\ per\ kg\ IBW$

$$Upper\ Protein\ Need = Upper\ Protein\ Limit \times IBW\ (kg) = 1.6 \times 77\ kg = 123\ grams\ per\ day$$

$$Lower\ Protein\ Need = Lower\ Protein\ Limit \times IBW\ (kg) = 1.2 \times 77\ kg = 92\ grams\ per\ day$$

Step 3. Final Nutrition Rx

Calories: $1200 - 1400\ calories\ per\ day$

Protein: $100 - 110\ grams\ of\ protein\ per\ day$

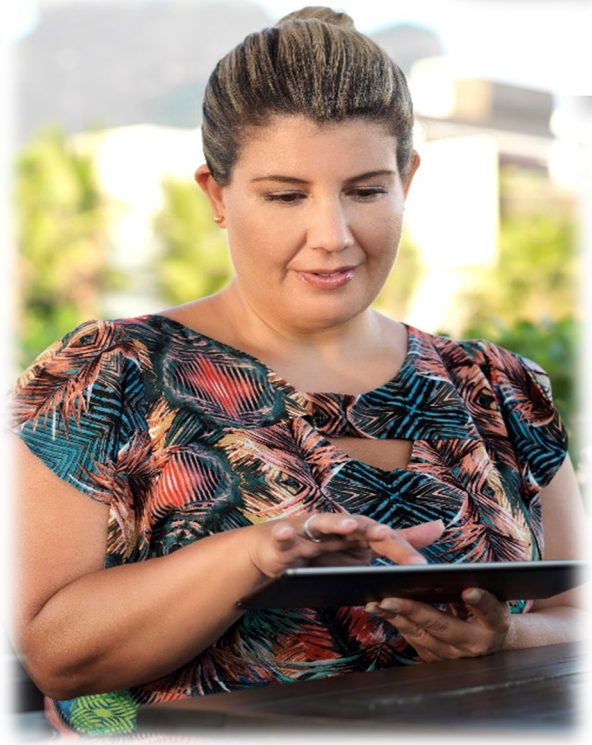
Considerations in selecting an approach for *Nadine*

Considerations in the choice of agent:

Describe therapeutic options (orlistat, liraglutide, naltrexone-bupropion)

Consider:

- coverage
- cost
- oral vs subcutaneous
- QD vs BID
- side effects
- homeostatic and hedonic factors
- diabetes history
- mental health
- contraindications



Prescribe the agent preferred by / most suited to the patient

2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839777/

Quiz Question

What is the rationale for prescribing anti-obesity medication?

a) Literature review: obesity medications produced additional weight loss relative to placebo ranging from 3% to 9%

b) Obesity medications have improved many cardiometabolic risk factors vs placebo

c) Systematic review: anti-obesity medications improved maintenance of weight-loss

d) All of the above

Yanovski SZ, Yanovski JA., 2014
Bray GA., 2014; Johansson K et al. 2014

Liraglutide (Saxenda®) Initiation

Alberta Health Services

Affix Patient Label

Edmonton Adult Bariatric Specialty Clinic
Royal Alexandra Hospital, CSC-472
10240 Kingsway Avenue, Edmonton, AB T5H 3V9
Tel: (780) 735-5620 **Fax:** (780) 735-6768

Date: _____

LIRAGLUTIDE (SAXENDA®) INITIATION

PATIENT TO COMPLETE

Do you ever get **hungry**? ☐ YES ☐ NO

Do you ever get **cravings**? ☐ YES ☐ NO

Do you ever **emotionally eat** (e.g. due to boredom, stress, sadness, joy)? ☐ YES ☐ NO

Are you currently following the recommendations listed below?

- Measure weight at least once weekly and not more than once daily ☐ YES ☐ NO
- Keep a food record ☐ YES ☐ NO
- Eat 3 meals most days of the week (5 or more) ☐ YES ☐ NO

Diet and exercise recommendations:

- Eat regular meals – do not skip meals
- Expect a decrease in your food intake – **do not eat to reach a minimum calorie target**; be mindful of hunger and fullness
- Dietary quality is important when you are eating less – **ensure you reach your protein target** most days of the week (5 or more); limit eating out (1-2 times/week); limit junk food (1-2 times/week)
- Keep a record of food and drink; track your daily calories and protein intake
- Plan your snacks – do not graze
- Minimize drinking calories (pop, juice, high-calorie coffees)
- Get 30 minutes of cardiovascular exercise, e.g. walking, most days of the week

Have you reviewed the diet and exercise recommendations? ☐ YES ☐ NO

Cost and coverage: ☐ Insurance coverage confirmed ☐ Applying for insurance coverage
☐ Out-of-pocket payment – approximately $400 / month at highest dose (3 mg daily)

PATIENT SELECTION (MD TO COMPLETE)

Does the patient meet criteria for weight loss medication?

☐ BMI ≥ 27 kg/m^2 and weight-related comorbidity ☐ BMI ≥ 30 kg/m^2

☐ No – off-label use (per MD discretion): _____

Does the patient have any of the following **contraindications** to starting Liraglutide?

- Personal or family history of medullary thyroid carcinoma ☐ YES ☐ NO
- Multiple endocrine neoplasia 2 (MEN2) ☐ YES ☐ NO
- Pregnant or breastfeeding ☐ YES ☐ NO
- Hypersensitivity to Liraglutide ☐ YES ☐ NO

Does the patient have any of the following conditions which may impact the decision to start Liraglutide?

- History of pancreatitis ☐ YES ☐ NO
- Active biliary colic ☐ YES ☐ NO
- Severe renal impairment (GFR < 15) ☐ YES ☐ NO
- Severe hepatic insufficiency ☐ YES ☐ NO
- Woman under 50 years without reliable contraception in place ☐ YES ☐ NO

Does the patient have diabetes? ☐ YES ☐ NO

PATIENT EDUCATION (MD TO COMPLETE)

Mechanism of action: ☐ REVIEWED
- Reduction in hunger and early satiety leading to reduced food intake
- Reduction in cravings leading to increased control of eating behaviors

The following side effects are possible:

- GERD / dyspepsia ☐ REVIEWED
- Nausea or vomiting – typically transient with drug initiation or dose increase ☐ REVIEWED
- Diarrhea or constipation ☐ REVIEWED
- Gallstones or cholecystitis (RUQ pain after fatty meals) ☐ REVIEWED

Titration: Start at 0.6 mg daily; increase by 0.6 mg weekly to target dose of 3 mg daily ☐ REVIEWED
- Do not increase dose if experiencing persistent side effects ☐ REVIEWED
- Do not increase dose if weight loss exceeds 3 pounds in the previous week ☐ REVIEWED

Administration: First dose administered in clinic ☐ YES ☐ NO
- Refrigerate unused pens; pens may be kept at room temperature for 30 days ☐ REVIEWED
- New pens must be primed prior to use ☐ REVIEWED
- Inject into the abdomen or thigh ☐ REVIEWED
- Hold for a count of 6 to allow the medication to be absorbed ☐ REVIEWED

SaxendaCare ☐ REVIEWED

CARE PLAN (MD TO COMPLETE)

Follow-up: ☐ 6 weeks ☐ Other: _____

Diabetes Medications and Monitoring: _____

_____

_____

Other: _____

_____

LPN/RN Signature: _____ MD Signature: _____

Royal Alexandra HOSPITAL FOUNDATION

CASES
Centre for Advancement of Surgical Education & Simulation

Naltrexone-Bupropion ER (Contrave®) Initiation

Alberta Health Services

Affix Patient Label

Edmonton Adult Bariatric Specialty Clinic
Royal Alexandra Hospital, CSC-472
10240 Kingsway Avenue, Edmonton, AB T5H 3V9
Tel: (780) 735-5620 **Fax:** (780) 735-6768

Date: _____

NALTREXONE-BUPROPION ER (CONTRAVE®) INITIATION

PATIENT TO COMPLETE

Do you ever get **hungry**? ☐ YES ☐ NO

Do you ever get **cravings**? ☐ YES ☐ NO

Do you ever **emotionally eat** (e.g. due to boredom, stress, sadness, joy)? ☐ YES ☐ NO

Are you currently following the recommendations listed below?

- Measure weight at least once weekly and not more than once daily ☐ YES ☐ NO
- Keep a food record ☐ YES ☐ NO
- Eat 3 meals most days of the week (5 or more) ☐ YES ☐ NO

Diet and exercise recommendations:

- Eat regular meals – do not skip meals
- Expect a decrease in your daily food intake – **do not eat to reach a minimal calorie target**; be mindful of hunger and fullness
- Dietary quality is important when you are eating less – **ensure you reach your protein target** most days of the week; limit eating out (1-2 times/week); limit junk food (1-2 times/week)
- Keep a record of food and drink; track your daily calories and protein intake
- Plan your snacks – do not graze
- Minimize drinking calories (pop, juice, high-calorie coffees)
- Get 30 minutes of cardiovascular exercise, e.g. walking, most days of the week

Have you reviewed the diet and exercise recommendations? ☐ YES ☐ NO

Cost and coverage: ☐ Insurance coverage confirmed ☐ Applying for insurance coverage
☐ Out-of-pocket payment – about $240 / month at highest dose (2 tabs twice daily)

PATIENT SELECTION (MD TO COMPLETE)

Does the patient meet criteria for weight loss medication?

☐ BMI ≥ 27 kg/m^2 and weight-related comorbidity ☐ BMI ≥ 30 kg/m^2

☐ No – off-label use (per MD discretion): _____

Does the patient have any of the following conditions which may impact the decision to start NB?

- Taking a bupropion-containing drug (Wellbutrin®, Zyban®) ☐ YES ☐ NO
- Other psychiatric medications: _____ ☐ YES ☐ NO
- Clopidogrel (Plavix®) *maximum dose 1 tab BID* ☐ YES ☐ NO
- Woman under 50 years without reliable contraception in place ☐ YES ☐ NO

Does the patient have any of the following **contraindications** to starting NB?

- Opioid use ☐ YES ☐ NO
- Abrupt discontinuation of alcohol or drugs ☐ YES ☐ NO
- Uncontrolled hypertension ☐ YES ☐ NO
- History of seizure ☐ YES ☐ NO
- Bulimia or anorexia ☐ YES ☐ NO
- Tamoxifen, MAO-I, or Thioridazine use ☐ YES ☐ NO

PATIENT EDUCATION (MD TO COMPLETE)

Mechanism of action: ☐ REVIEWED
- Reduction in hunger and early satiety leading to reduced food intake
- Reduction in cravings leading to increased control of eating behaviors

The following side effects are possible:

- Nausea or vomiting – typically transient with drug initiation or dose increase ☐ REVIEWED
  - Take medication with food, especially complex carbohydrates ☐ REVIEWED
- Diarrhea or constipation ☐ REVIEWED
- Headache ☐ REVIEWED
- Dizziness ☐ REVIEWED
- Dry mouth ☐ REVIEWED
- Insomnia – do not take suppertime dose too late ☐ REVIEWED

Titration: Do not increase dose if experiencing persistent side effects ☐ REVIEWED

If opiates are required, stop medication ☐ REVIEWED

Contrave Support Program ☐ REVIEWED

CARE PLAN (MD TO COMPLETE)

Dose escalation: ☐ 1 tab qam x 1 week; 1 tab BID x 1 week; 2 tabs qam and 1 tab qpm x 1 week; 2 tabs BID (target dose)
☐ Bupropion XL 150 mg daily for first 2 weeks of dose escalation (for patients currently taking bupropion XL 300 mg daily)

Follow-up: ☐ 6 weeks ☐ Other: _____

Other recommendations: _____

LPN/RN Signature: _____ MD Signature: _____

Royal Alexandra HOSPITAL FOUNDATION

CASES
Centre for Advancement of Surgical Education & Simulation

Obesity Medication Initiation, part 1

Patient to complete

Alberta Health Services

Affix Patient Label

Edmonton Adult Bariatric Specialty Clinic
Royal Alexandra Hospital, CSC-472
10240 Kingsway Avenue, Edmonton, AB T5H 3V9
Tel: (780) 735-5620 **Fax:** (780) 735-6768

Date: _____

LIRAGLUTIDE (SAXENDA®) INITIATION

PATIENT TO COMPLETE

Do you ever get **hungry**? ☐ YES ☐ NO

Do you ever get **cravings**? ☐ YES ☐ NO

Do you ever **emotionally eat** (e.g. due to boredom, stress, sadness, joy)? ☐ YES ☐ NO

Are you currently following the recommendations listed below?

- Measure weight at least once weekly and not more than once daily ☐ YES ☐ NO
- Keep a food record ☐ YES ☐ NO
- Eat 3 meals most days of the week (5 or more) ☐ YES ☐ NO

Diet and exercise recommendations:

- Eat regular meals – do not skip meals
- Expect a decrease in your food intake – **do not eat to reach a minimum calorie target**; be mindful of hunger and fullness
- Dietary quality is important when you are eating less – **ensure you reach your protein target** most days of the week (5 or more); limit eating out (1-2 times/week); limit junk food (1-2 times/week)
- Keep a record of food and drink; track your daily calories and protein intake
- Plan your snacks – do not graze
- Minimize drinking calories (pop, juice, high-calorie coffees)
- Get 30 minutes of cardiovascular exercise, e.g. walking, most days of the week

Have you reviewed the diet and exercise recommendations? ☐ YES ☐ NO

Cost and coverage: ☐ Insurance coverage confirmed ☐ Applying for insurance coverage

☐ Out-of-pocket payment – approximately $400 / month at highest dose (3 mg daily)

☐ Out-of-pocket payment – about $240 / month at highest dose (2 tabs twice daily)

SAXENDA®

CONTRAVE®

Royal Alexandra HOSPITAL FOUNDATION

CASES Centre for Advancement of Surgical Education & Simulation

Obesity Medication Initiation, part 2a

MD to complete

LIRAGLUTIDE (SAXENDA®) INITIATION

PATIENT SELECTION (MD TO COMPLETE)

Does the patient meet criteria for weight loss medication?

☐ BMI ≥ 27 kg/m^2 and weight-related comorbidity ☐ BMI ≥ 30 kg/m^2

☐ No – off-label use (per MD discretion): _____

Does the patient have any of the following **contraindications** to starting Liraglutide?

Personal or family history of medullary thyroid carcinoma	☐ YES ☐ NO
Multiple endocrine neoplasia 2 (MEN2)	☐ YES ☐ NO
Pregnant or breastfeeding	☐ YES ☐ NO
Hypersensitivity to Liraglutide	☐ YES ☐ NO

Does the patient have any of the following conditions which may impact the decision to start Liraglutide?

History of pancreatitis	☐ YES ☐ NO
Active biliary colic	☐ YES ☐ NO
Severe renal impairment (GFR < 15)	☐ YES ☐ NO
Severe hepatic insufficiency	☐ YES ☐ NO
Woman under 50 years without reliable contraception in place	☐ YES ☐ NO
Does the patient have diabetes?	☐ YES ☐ NO

Obesity Medication Initiation, part 2b

MD to complete

NALTREXONE-BUPROPION ER (CONTRAVE®) INITIATION

PATIENT SELECTION (MD TO COMPLETE)

Does the patient meet criteria for weight loss medication?

☐ BMI ≥ 27 kg/m^2 and weight-related comorbidity ☐ BMI ≥ 30 kg/m^2

☐ No – off-label use (per MD discretion): _____

Does the patient have any of the following conditions which may impact the decision to start NB?

Taking a bupropion-containing drug (Wellbutrin®, Zyban®)	☐ YES ☐ NO
Other psychiatric medications: _____	☐ YES ☐ NO
Clopidogrel (Plavix®) *maximum dose 1 tab BID*	☐ YES ☐ NO
Woman under 50 years without reliable contraception in place	☐ YES ☐ NO

Does the patient have any of the following **contraindications** to starting NB?

Opioid use	☐ YES ☐ NO
Abrupt discontinuation of alcohol or drugs	☐ YES ☐ NO
Uncontrolled hypertension	☐ YES ☐ NO
History of seizure	☐ YES ☐ NO
Bulimia or anorexia	☐ YES ☐ NO
Tamoxifen, MAO-I, or Thioridazine use	☐ YES ☐ NO

Quiz Question

Which of the following condition(s) is / are absolute contraindication(s) to liraglutide therapy?

a) Personal / family history of follicular carcinoma of the thyroid?

b) Personal / family history of papillary carcinoma of the thyroid?

c) Personal / family history of medullary carcinoma of the thyroid?

d) Personal history of pancreatitis?

e) b) and c)

f) c) and d)

Saxenda® (liraglutide), Product Monograph, Novo Nordisk Canada Inc, February 2015

Quiz Question

Which of the following medications is/are absolute contraindication(s) to naltrexone-bupropion therapy?

a) Acetaminophen-codeine

b) Liraglutide

c) Tamoxifen

d) Bupropion

e) a) and c)

f) a) and b)

Contrave, Product Monograph, Valeant Canada LP; Laval, QC, February 2018

Obesity Medication Initiation, part 3a

MD to complete

LIRAGLUTIDE (SAXENDA®) INITIATION

PATIENT EDUCATION (MD TO COMPLETE)

Mechanism of action: ➢ Reduction in hunger and early satiety leading to reduced food intake	☐ REVIEWED
The following side effects are possible:	
GERD / dyspepsia	☐ REVIEWED
Nausea or vomiting – typically transient with drug initiation or dose increase	☐ REVIEWED
Diarrhea or constipation	☐ REVIEWED
Gallstones or cholecystitis (RUQ pain after fatty meals)	☐ REVIEWED
Titration: Start at 0.6 mg daily; increase by 0.6 mg weekly to target dose of 3 mg daily	☐ REVIEWED
Do not increase dose if experiencing persistent side effects	☐ REVIEWED
Do not increase dose if weight loss exceeds 3 pounds in the previous week	☐ REVIEWED
Administration: First dose administered in clinic	☐ YES ☐ NO
Refrigerate unused pens; pens may be kept at room temperature for 30 days	☐ REVIEWED
New pens must be primed prior to use	☐ REVIEWED
Inject into the abdomen or thigh	☐ REVIEWED
Hold for a count of 6 to allow the medication to be absorbed	☐ REVIEWED
SaxendaCare	☐ REVIEWED

Obesity Medication Initiation, part 3b

MD to complete

NALTREXONE-BUPROPION ER (CONTRAVE®) INITIATION

PATIENT EDUCATION (MD TO COMPLETE)

Mechanism of action: ☐ REVIEWED
- ➢ Reduction in hunger and early satiety leading to reduced food intake
- ➢ Reduction in cravings leading to increased control of eating behaviors

The following side effects are possible:

Nausea or vomiting – typically transient with drug initiation or dose increase ☐ REVIEWED

Take medication with food, especially complex carbohydrates ☐ REVIEWED

Diarrhea or constipation ☐ REVIEWED

Headache ☐ REVIEWED

Dizziness ☐ REVIEWED

Dry mouth ☐ REVIEWED

Insomnia – do not take suppertime dose too late ☐ REVIEWED

Dose escalation: ☐ 1 tab qam x 1 week; 1 tab BID x 1 week; 2 tabs qam and 1 tab qpm x 1 week; 2 tabs BID (target dose)

☐ Bupropion XL 150 mg daily for first 2 weeks of dose escalation (for patients currently taking bupropion XL 300 mg daily)

Titration: Do not increase dose if experiencing persistent side effects ☐ REVIEWED

If opiates are required, stop medication ☐ REVIEWED

Contrave Support Program ☐ REVIEWED

Obesity Medication Initiation, part 4

MD to complete

CARE PLAN (MD TO COMPLETE)

Follow-up: ☐ 6 weeks ☐ Other: _____

Other recommendations: _____

_____

_____

_____

_____

_____

LPN/RN Signature: _____ MD Signature: _____

Expectations – *Nadine*

- Nadine has coverage for liraglutide
- She starts the medication the next day
- She is booked for follow in 8 weeks
- **Expected weight loss is ~ 1 – 2 lbs per week**

Quiz Question

With regard to realistic weight loss expectations with various treatment options, which of following statements is incorrect?

a) Lifestyle ≈ 5-10%

b) Lifestyle + Pharmacotherapy ≈ 5-15%

c) Lifestyle ≈ 1-5%

d) Lifestyle + Surgery ≈ 20-40%

2 Months Later – *Nadine*

- Feels distinctly less hunger
- Has tried lower-fat recipes
- Avoids keeping "trigger" foods in her home
- Working toward an exercise routine; still finds it difficult on weekdays
- **Has lost 3 kg**
- **Feels hopeful for the first time**

Obesity Medication Follow-up

Alberta Health Services

Affix Patient Label

Edmonton Adult Bariatric Specialty Clinic
Royal Alexandra Hospital, CSC-472
10240 Kingsway Avenue, Edmonton, AB T5H 3V9
Tel: (780) 735-5620 **Fax:** (780) 735-6768

Date: _____

OBESITY MEDICATION FOLLOW-UP

NURSE TO COMPLETE

Medication: Current dose:

☐ Liraglutide (Saxenda®) _____ mg sc daily

☐ Naltrexone-Bupropion (Contrave®) _____ tabs QAM _____ tabs QPM

☐ Other: _____ _____

Med start date: _____ Med start weight (kg): _____ Med start BMI (kg/m^2): _____

Height (cm): _____ Today's weight (kg): _____ Today's BMI (kg/m^2): _____

Weight loss (kg): _____ Weight loss (%): _____

Vital signs: Blood pressure: _____ Heart rate (bpm): _____ O_2 saturation (%): _____

Insurance coverage: ☐ Confirmed ☐ Applying ☐ Out-of-pocket ☐ AISH

Adherence: ☐ Confirmed ☐ Missed doses ☐ Discontinued

PATIENT TO COMPLETE (FRONT AND BACKSIDE)

Side effect inventory:

Nausea		☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Vomiting		☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Dizziness		☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Headache		☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Constipation		☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Diarrhea		☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Heartburn	*not typical for naltrexone-bupropion (Contrave®)*	☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Dry mouth	*not typical for liraglutide (Saxenda®)*	☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Insomnia	*not typical for liraglutide (Saxenda®)*	☐ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Other: _____			☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Other: _____			☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING

Benefits of medication:

Decreased hunger	☐ YES ☐ NO	Cravings are not as strong	☐ YES ☐ NO
Increased fullness	☐ YES ☐ NO	Able to resist cravings more easily	☐ YES ☐ NO
Decreased cravings	☐ YES ☐ NO	Decrease in emotional eating	☐ YES ☐ NO
Cravings occur less often	☐ YES ☐ NO	Increased control over eating	☐ YES ☐ NO

Dietary behaviors:

Keeping a food record	☐ YES ☐ NO	
Tracking calories	☐ YES ☐ NO	_____ kcal/day consumed
Meeting protein target most days (≥ 5) of the week	☐ YES ☐ NO	_____ g/day target
3 meals daily, most (≥ 5) days of the week	☐ YES ☐ NO	
Limited grazing, eating distinct snacks	☐ YES ☐ NO	
Limited drinking calories	☐ YES ☐ NO	
Limited eating out (1-2 times/week)	☐ YES ☐ NO	
Limited junk food (1-2 times/week)	☐ YES ☐ NO	

Physical activity:

Wearing a pedometer	☐ YES ☐ NO	_____ steps/day
Regular cardiovascular exercise	☐ YES ☐ NO	_____ minutes/week

Have you enrolled in a patient support program? ☐ YES ☐ NO
(SaxendaCare, Contrave Support Program)

MD CARE PLAN

Medication: ☐ Continue ☐ Discontinue ☐ Change dose: _____

Follow-up: ☐ 6 weeks ☐ 12 weeks ☐ Other: _____

Other plans: _____

LPN/RN Signature: _____ MD Signature: _____

Obesity Medication Follow-up, part 1

Nadine

OBESITY MEDICATION FOLLOW-UP

NURSE TO COMPLETE

Medication:

- ☑ Liraglutide (Saxenda®) — Current dose: 3.0 mg sc daily
- ☐ Naltrexone-Bupropion (Contrave®) — _____ tabs QAM _____ tabs QPM
- ☐ Other: _____ — _____

Med start date: 23 Aug 2019 Med start weight (kg): 104.0 Med start BMI (kg/m^2): 33.5

Height (cm): 176 Today's weight (kg): 101.0 Today's BMI (kg/m^2): 32.6

Weight loss (kg): 3.0 Weight loss (%): 2.9

Vital signs: Blood pressure: _____ Heart rate (bpm): _____ O_2 saturation (%): _____

Insurance coverage: ☑ Confirmed ☐ Applying ☐ Out-of-pocket ☐ AISH

Adherence: ☑ Confirmed ☐ Missed doses ☐ Discontinued

Obesity Medication Follow-up, part 2

Nadine

PATIENT TO COMPLETE (FRONT AND BACKSIDE)

Side effect inventory:

Nausea		☐ NONE	☐ MILD	☑ MODERATE	☐ SEVERE	☐ IMPROVING
Vomiting		☑ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Dizziness		☑ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Headache		☑ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Constipation		☐ NONE	☐ MILD	☑ MODERATE	☐ SEVERE	☐ IMPROVING
Diarrhea		☑ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Heartburn	*not typical for naltrexone-bupropion (Contrave®)*	☐ NONE	☑ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Dry mouth	*not typical for liraglutide (Saxenda®)*	☑ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Insomnia	*not typical for liraglutide (Saxenda®)*	☑ NONE	☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Other: _____			☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING
Other: _____			☐ MILD	☐ MODERATE	☐ SEVERE	☐ IMPROVING

Obesity Medication Follow-up, part 3

Nadine

PATIENT TO COMPLETE (FRONT AND BACKSIDE)

Benefits of medication:

Decreased hunger	☑ YES ☐ NO	Cravings are <u>not as strong</u>	☑ YES ☐ NO
Increased fullness	☑ YES ☐ NO	Able to <u>resist</u> cravings more easily	☑ YES ☐ NO
Decreased cravings	☐ YES ☑ NO	Decrease in emotional eating	☐ YES ☑ NO
Cravings occur <u>less often</u>	☐ YES ☑ NO	Increased control over eating	☑ YES ☐ NO

Dietary behaviors:

Keeping a food record	☑ YES ☐ NO	
Tracking calories	☑ YES ☐ NO	1250 kcal/day consumed
Meeting protein target most days (≥ 5) of the week	☐ YES ☑ NO	96 g/day target
3 meals daily, most (≥ 5) days of the week	☑ YES ☐ NO	
Limited grazing, eating distinct snacks	☐ YES ☑ NO	
Limited drinking calories	☑ YES ☐ NO	
Limited eating out (1-2 times/week)	☑ YES ☐ NO	
Limited junk food (1-2 times/week)	☑ YES ☐ NO	

Physical activity:

Wearing a pedometer	☑ YES ☐ NO	8,000 steps/day
Regular cardiovascular exercise	☐ YES ☑ NO	_____ minutes/week

Have you enrolled in a patient support program? ☑ YES ☐ NO
(SaxendaCare, Contrave Support Program)

Obesity Medication Follow-up, part 4

Nadine

MD CARE PLAN

Medication: ☑ Continue ☐ Discontinue ☐ Change dose: _____

Follow-up: ☐ 6 weeks ☐ 12 weeks ☑ Other: 2 months

Other plans: - Increase protein intake (eggs, yogurt, legumes)

- Increase physical activity (walking, swimming, gym)

- Constipation management (H2O, Fibre, Osmotic laxative, Mg)

- Nausea and dyspepsia management (smaller portions, prolonged titration)

LPN/RN Signature: _____ MD Signature: _____

2 Months Later – *Nadine*

- Nausea and dyspepsia have completely resolved
- Managing constipation with RestoraLAX prn
- **Has lost 8 kg**
- **Feels confident!**

Clinical recommendations:

- Continue weight-loss medication at maintenance dose
- Encourage Nadine to continue to make small, sustainable behavioural changes

QUESTIONS?

THANK YOU

Royal Alexandra HOSPITAL FOUNDATION

CASES
Centre for Advancement of Surgical Education & Simulation