OBESITY MANAGEMENT SYSTEMS

Prescribing Diets
Reference Guide

1. Focus on Individualizing your patients current lifestyle

a. The portal under "create eating plan" will give suggestions as to how many calories are recommended. Roughly a 500Kcal deficit daily is equal to 1 pound weekly.

b. Lower carbohydrate especially processed carbohydrates is beneficial.

c. Encourage food journaling in the portal. Be sure to look at the journal during visits.

d. Obtain baseline labs and EKG on all patients. Could obtain medical records if drawn within the last 3 months. Treat all abnormalities and include them as a diagnosis when submitting bills to insurers.

i. Recommended labs: CBC, CMP, HgbA1c, TSH, Fasting Lipid Panel, 25(OH) Vitamin D, UA

2. Required Medical record documentation

a. At every encounter document diet if you are billing for obesity counseling.

   i. Examples: 1000Kcal; Low calorie Diet (LCD)800 calories; 1200 Kcal no sugar sweetened beverages etc...

b. Be sure to document recommended changes in diet from visit to visit.

   i. Example: discontinue LCD and start a modified with 3 meal replacements daily and a 550Kcal dinner.

3. Prescribing a LCD

a. Explain stimulus narrowing concept to patients.

b. Use it with lifestyle counseling to break current food habits and teach new food/ behavioral strategies.

c. Recommend at least 32 ounces of plain water daily!

d. On an LCD at least 4 items daily must be a liquid ie. shake, smoothie or soup to provide all essential daily nutrition. Encourage extra items if hungry.

e. Look in portal under "create eating plan" for the patient's number of calories to maintain current weight. We will call this number basal metabolic rate (BMR).

   i. BMR<2000 recommend LCD800 (5 items daily each 160Kcal)

ii. BMR 2000-2500 recommend LCD960 (6 items daily)

iii. BMR 2500-3000 recommend LCD1120 (7 items daily)

iv. BMR >3000 recommend LCD 1280 (8 items daily)

f. Always transition to a Modified LCD from a LCD before a full food diet.

i. Common to transition to a meal replacement for breakfast, lunch and snack with a 550 or 700kcal dinner recommended.

ii. Helping a patient to lose weight while preparing dinner is a huge step toward weight maintenance.

iii. Encourage these types of modified dinners most nights when they enter the weight maintenance stage.

g. Prescribe the diet to your patient in the portal and have them order meal replacements' through their patient portal if you do not want to carry an inventory and sell products directly to patients.

4. Known common causes of Inconsistent Weight Loss while on a LCD

a. Menstruation, extreme pain or stress, lack of sleep, eating additional food or calories, PCOS (LH/FSH.2.0), insulin resistance, medications, cushings disease, CHF, renal failure, inactive lifestyle and hypogonadism.

b. The above list will explain most cases of inconsistent weight loss.

5. Common medication adjustments to maximize weight loss & maintenance

a. Try to decrease or eliminate Diuretics, Beta Blockers, Insulin, Sulfonylureas, TZD's, SSRI's

b. Try to increase or maximize Bupropion, GLP-1 Agonists, Glucophage, Sodium-Glucose co-transporter 2 inhibitors, Topiramate up to 100mg daily

c. Decrease diabetes medications and/or hypertension medications if well controlled at the start of a LCD.

6. Always schedule a follow up visit at each appointment

a. On LCD ideally weekly but low risk patients could come bi-weekly.

i. Follow up Appointments force diet accountability and usually lead to better overall results.

ii. Counsel your patients at every visit and bill insurers for counseling and visits when covered.

iii. While actively losing weight all patients should be seen no less frequent than monthly.

iv. In maintenance phase at or near goal weight no longer than every 3 months the first year.