

WELCOME

**Washington University
Weight Management Program**

Leadership Team

- **Nicole Triefenbach: Program Manager**
- **Samuel Klein, MD: Medical Director**
- **Dr. Susan Reeds, MD: Program Physician**
- **Richard Stein, PhD: Behavior Therapy Director**
- **Beth Taylor, PhD, RD: Nutritional Director**
- **Atasia Bland, MA III: Front Desk**
- **Margo Harrison, RMA III: Program Medical Assistant**

Obesity: An Epidemic Disease

- **Increased prevalence (1 out of 3 Americans are affected) 65% of adult Americans are overweight and 31% or 61 million persons are obese. Obesity is the second leading cause of unnecessary deaths.**
- **Each year, obesity causes at least 300,000 excess deaths in the U.S., and healthcare costs of American adults with obesity amounts to approximately \$100 billion. Despite its toll taken in death and disability, obesity does not receive the attention it deserves from government, the health care profession or the insurance industry.**
- **Obesity is a chronic disease that is fostered by our environment: lack of physical activity combined with high-calorie, low-cost foods. Obesity also has a strong familial component.**
- **Obesity is associated with more than 30 medical conditions some of these include: CVD, Type 2 diabetes, hypertension, gallbladder disease, osteoarthritis, NFLD, cancer - colon/breast/prostate/endometrial), sleep apnea, stroke, gynecological problems – infertility/abnormal menses, etc.**
- **Reduced quality of life.**

Philosophy: obesity is a chronic disease that requires long-term treatment for successful management.

- **A modest/realistic amount of weight loss (10% or more)**
- **Adoption of planned physical activity**
- **Adoption of healthy lifestyle changes**

Philosophy Components

- **Gradual weight loss will be achieved by following a structured meal plan using meal replacements**
- **Treatment will be monitored medically and supervised by physicians**
- **Gradually increase the number of minutes engaged in physical activity**
- **Learn weight loss skills as well as long-term weight maintenance skills by adopting healthy lifestyle changes**

Program Structure (5-Part Process)

- 1. Attend an Orientation**
- 2. Initial Evaluations**
- 3. Stage I: 20 weeks**
- 4. Stage II: 36 weeks (18 one-hour and 18 *half-hour sessions)**
- 5. Stage III: 1 year in length (2 one-hour monthly session)
12 behavioral / 12 dietary sessions**

***Half-hour sessions = mini registered dietitian sessions
(Hot topics / Support sessions / etc.)**

Initial Evaluation Appointments

- **Medical Evaluation**
 - History and Physical with Physician**
 - EKG**
 - Labs***
- **Behavioral Evaluation**
- **Dietary Consultation and Initial Meal Planning**

***Certain baseline labs are required with additional tests at the discretion of the physician.**

Stage I: Initial Weight Loss Basics

- **Building weight loss skills**
- **Beginning/increasing physical activity patterns**
- **Structured meal plans**
- **Weight loss: 10% or more (approx. 1-3 pounds/week)**

Stage II: Sharpening Weight Management Skills

- **Learning skills of weight maintenance**
- **Overcoming barriers**
- **Practicing long term strategies for lifestyle and planned physical activity**
- **Working toward self acceptance**
- **Weight loss: maintaining lost weight, or continued 1 - 2 pounds/week**

Stage III: Continuous Care

- **Twice monthly group sessions**
- **Ongoing monitoring of lifestyle changes**
- **Maintaining a healthy lifestyle**
- **Maintaining a comfortable weight**

Medical Monitoring

- **Physician visits, lab work, weekly clinic evaluation (see page 2 of booklet)**
- **Our physician will maintain consistent communication with your PCP**
- **Your PCP will still handle medications and treatment of existing conditions**
- **Let your PCP know if you enroll**

Typical Program Visit

- **Check-in: weekly fee payment**
- **Clinic Time: medical monitoring, Dietary visits**
- **Group Session**

- **Total: 2 hours, once per week**

Meal Plans

- **Stimuli Narrowing:** Limiting the variety and quantity of available foods results in lower caloric intake. Liquid formulas and nutritional bars *improve adherence* to calorie controlled diets and facilitate safe, consistent weight loss.

Improved adherence – portion controlled

- decrease encounters with food cues during the day
- increases weight loss
- individually designed plan

Calorie controlled/Consistent weight loss – reduced/exact calories

Safe – nutritionally complete

The use of meal replacements, allow participants to focus on changing aspects of their lifestyle behavioral patterns that have contributed to their obesity.

Typical Meal Plan

- **Women: 1300-1500 calories/day**
- **Men: 1400-1600 calories/day**
- **Caloric intake is based on BMI (body mass index).**
- **Participants meet individually with a dietitian to create their own meal plan that will work with their life schedule.**

Program's Commitment

- Offer a state-of-the-art program which is scientifically backed
- Provide the tools necessary for reasonable weight loss and maintenance

What does it mean to be a patient in our program?

- **Demonstrate a desire to make changes in eating and activity patterns consistent with long-term health**
- **Have a strong willingness to engage in ongoing monitoring of diet and activity**
- **Exhibit a desire to maintain changes**
- **Keep a healthy lifestyle a high priority**

How Much Does it Cost?

- **Cost Analysis**
- **Initial Evaluation Appointments**
- **Program Fees**
- **Nutritional Product**

Program Implementation (How to get started)

- **Complete and return the initial paperwork packet**
- **Initial Evaluation Appointments**
- **Join Stage 1**

**If you have questions or would like to join, Please
email us at weightmanagement@wustl.edu
*Be sure to include your Name and phone number.***

Thank you

