MÓNICA Peralta

WEIGHT-NEUTRAL DIABETES CARE:

Supporting Patients Without Stigma.



ASSOCIATION FOR
AWSIM
WEIGHT & SIZE
INCLUSIVE MEDICINE

Welcome

I am a ***physician***, Intuitive Eating counselor, Body Trust provider, and Certified Mindful Eating & Body Liberation provider based in ***Nicaragua.***

I hold a Postgraduate Degree in ***Clinical Nutrition and Diabetes.***

My ***advocacy work*** focuses on raising awareness about how weight stigma and the pathologization of bodies contribute to systemic discrimination and oppression.



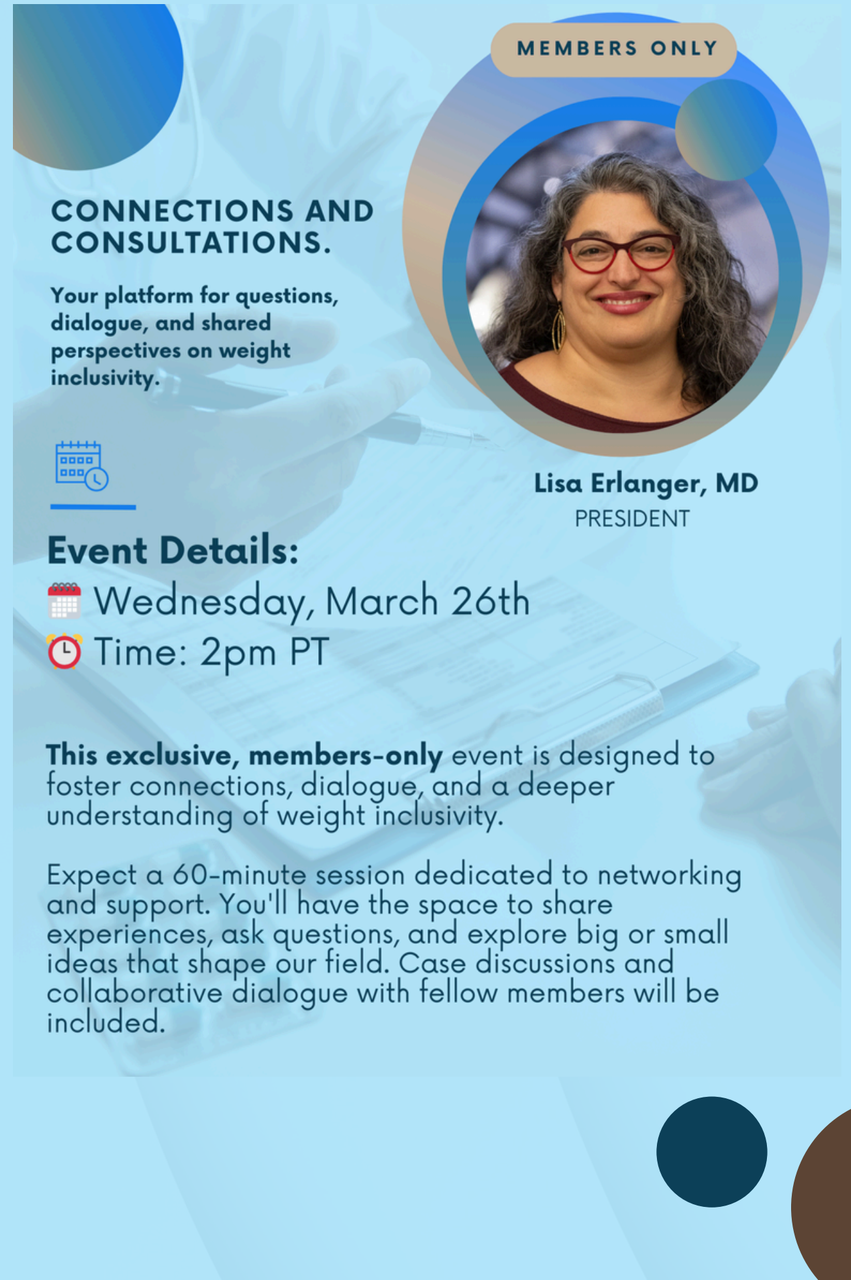
MONICA PERALTA, MD
Chair, Communications Committee
AWSIM

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Before we start:

Language: *Fat, higher weight, larger bodies.*

"Health": *multidimensional, not a barometer, not an obligation.*

The goal is not to place blame, but to raise awareness.

No obligation.

This is not a one size fits all.

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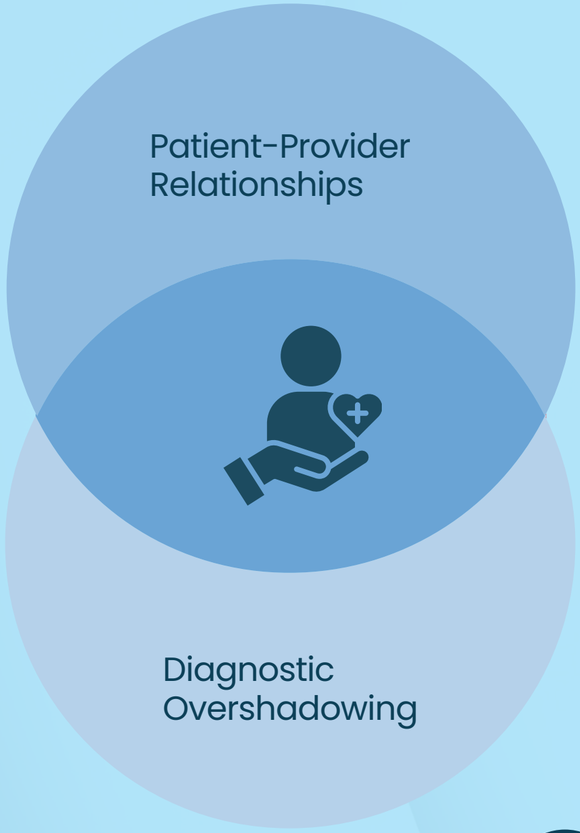
The physiological and psychological impact of weight stigma in healthcare.

Directly to the patient:



Healthcare providers' weight bias can lead them to attribute all health concerns solely to a patient's weight, potentially overlooking other underlying conditions, resulting in less empathetic communication, reduced patient trust, decreased adherence to medical advice, and feelings of blame and dissatisfaction among patients.

Impact on Healthcare Experiences



Why Weight Loss May Not Be the Best Target

- 85-95% of individuals regain lost weight within 2-5 years due to metabolic adaptations. (Mann et al., 2007)
- Weight cycling ("yo-yo dieting") has been linked to increased mortality risk, hypertension, and insulin resistance, contradicting the goal of improving metabolic health. (Montani et al., 2006)
- Weight-focused healthcare has been shown to increase body dissatisfaction, disordered eating, and avoidance of medical care. (Puhl & Heuer, 2010)

EVIDENCE

A. Stunkard and M. McLaren-Hume

This is the first study that is typically credited with the 95% failure rate number, it also examines the previous 30 years of data.

1959

1992

The National Institutes of Health

"In controlled settings, participants who remain in weight loss programs usually lose approximately 10% of their weight. However, one third to two thirds of the weight is regained within 1 year, and almost all is regained within 5 years."

WC Miller

"Although long-term follow-up data are meager, the data that do exist suggest almost complete relapse after 3-5 yr."

1999

2007

Mann and Tomiyama

These studies show that one third to two thirds of dieters regain more weight than they lost on their diets, and these studies likely underestimate the extent to which dieting is counterproductive because of several methodological problems

L. Aphramor

The best available evidence demonstrates that conventional weight management has a high long-term failure rate.

2010

https://open.substack.com/pub/weightandhealthcare/p/who-says-dieting-fails-the-majority?r=1kkuz8&utm_campaign=post&utm_medium=web

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Australian National Medical Health and Research Council Obesity

Regardless of the degree of initial weight loss, most weight is regained within a two-year period and by five years the majority of people are at their pre-intervention body weight”

2013

2013

Tomiyama, Ahlstrom and Mann

“whether weight change per se had any causal role in the effects of the diets. Increased exercise, healthier eating, engagement with health care system and social support may have played a role instead.

Fildes et. al.

“The annual probability of achieving normal body weight was 1 in 210 for men and 1 in 124 for women with simple ob*sity.

2015

2020

Panel of Canadian Ob*sity Experts

So we’re failing people all the time when we say go on a diet so they can lose a little bit of weight, [because they often] regain all of it, if not more,”

Gaesser and Angadi

“The mortality risk associated with ob*sity is largely attenuated or eliminated by moderate-to-high levels of cardiorespiratory fitness (CRF) or physical activity (PA)”

2021

https://open.substack.com/pub/weightandhealthcare/p/who-says-dieting-fails-the-majority?r=1kkuz8&utm_campaign=post&utm_medium=web

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Historical Origins of the Weight-Centric Approach in Diabetes Care

The Framingham Heart Study (1948) and other epidemiological studies linked higher body weight to an increased risk of type 2 diabetes, reinforcing the idea that weight loss should be a primary intervention.

Research in the 1970s and 1980s identified visceral adiposity as a key factor in insulin resistance, further solidifying the focus on weight reduction.

A seminal study in diabetes prevention, the DPP showed that lifestyle changes, including weight loss, reduced diabetes incidence by 58% in high-risk individuals.

However, long-term follow-ups revealed significant weight regain, raising questions about sustainability. (Knowler et al., 2002)

Studies like Look AHEAD (Action for Health in Diabetes, 2003-2012) initially reported improved HbA1c levels with weight loss.

However, after 11 years of follow-up, no significant difference in cardiovascular outcomes was found between the intervention and control groups. (Look AHEAD Research Group, 2013)

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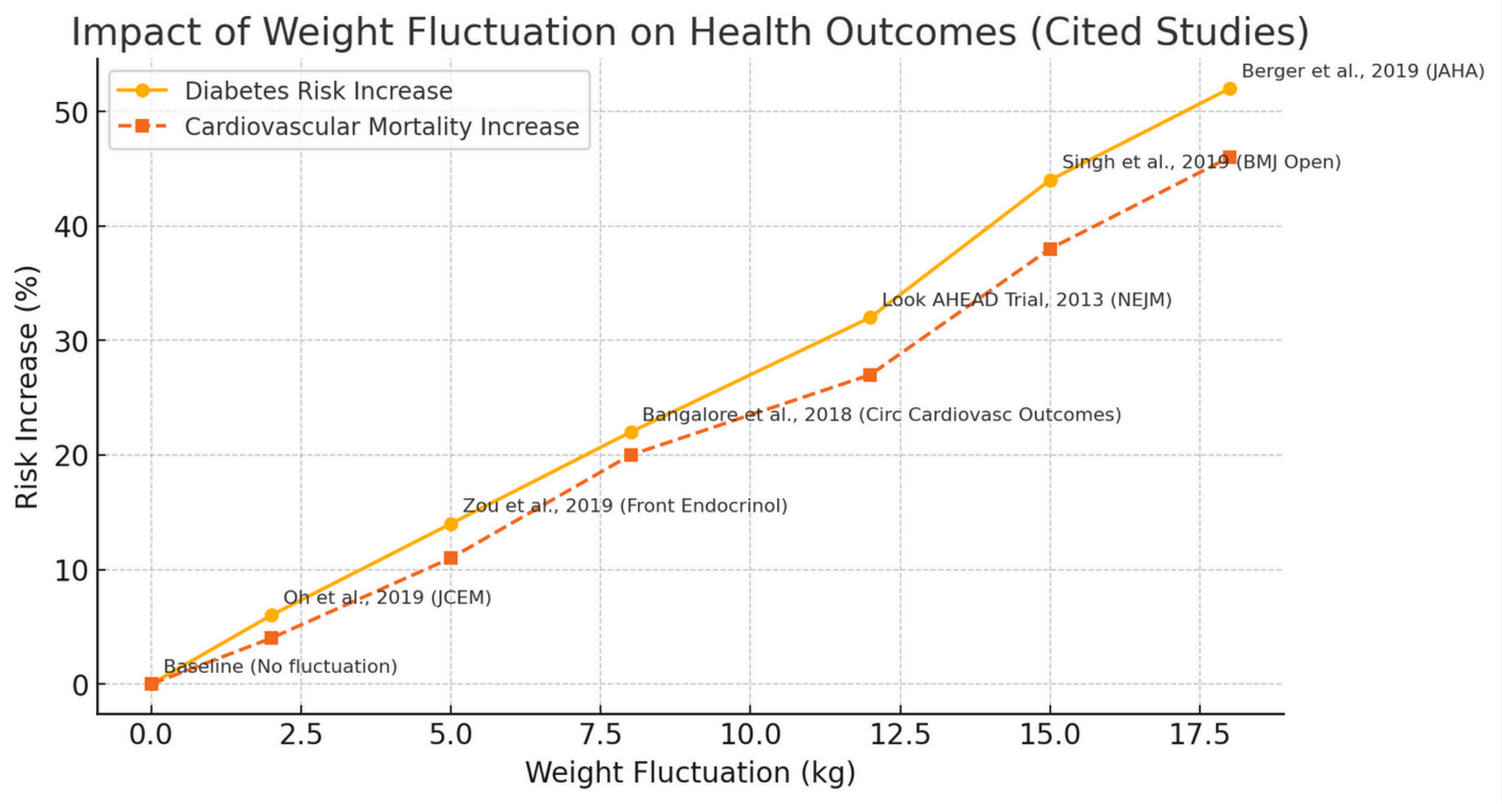
WHY A WEIGHT NEUTRAL APPROACH?

Core Principles of Weight-Neutral Care	Supporting Patients Without Stigma	Non-Diet Approaches to Diabetes Management	Benefits of Weight-Neutral Approaches
Focus on metabolic health, not weight.	Use respectful, patient-centered language.	Track HbA1c, blood pressure, and lipid levels instead of weight.	Improved mental health and self-efficacy.
Encourage balanced nutrition without restrictive diets.	Avoid weight-centric conversations unless clinically necessary.	Encourage intuitive eating and mindful food choices.	Better adherence to medical recommendations.
Promote movement for health, not weight loss.	Recognize and validate patient experiences with weight bias.	Address lifestyle factors like sleep, stress, and self-care.	Reduced stress and eating disorder risk.
Address social determinants of health (access to care, food security, stress).	Support mental well-being by reducing guilt and shame.	Provide individualized care tailored to patient needs.	Higher patient trust and engagement in care.

"In correlational analyses, however, we uncovered no clear relationship between weight loss and health outcomes related to hypertension, diabetes, or cholesterol, calling into question whether weight change per se had any causal role in the few effects of the diets. Increased exercise, healthier eating, engagement with the health care system, and social support may have played a role instead."

Social and Personality Psychology Compass 7/12 (2013): 861–877, 10.1111/spc3.12076

HEALTH SUPPORTING BEHAVIORS VS WEIGHT LOSS



- Weight cycling.
- Based on body size or looks.
- Body dissatisfaction.
- Weight loss is not sustainble for most people on the long term.
- Dieting behaviors are risk disorder behaviors.

"Healthcare providers should think of weight-neutral care as a type of universal precaution to stop perpetuating disordered eating, weight cycling, and weight stigma, while improving overall well-being."

Diabetes Care 2024;47(Suppl. 1):S5–S10 | https://doi.org/10.2337/dc24-SREV

Weight Fluctuation & Diabetes Risk

Weight cycling is linked to increased mortality and cardiovascular disease risk.

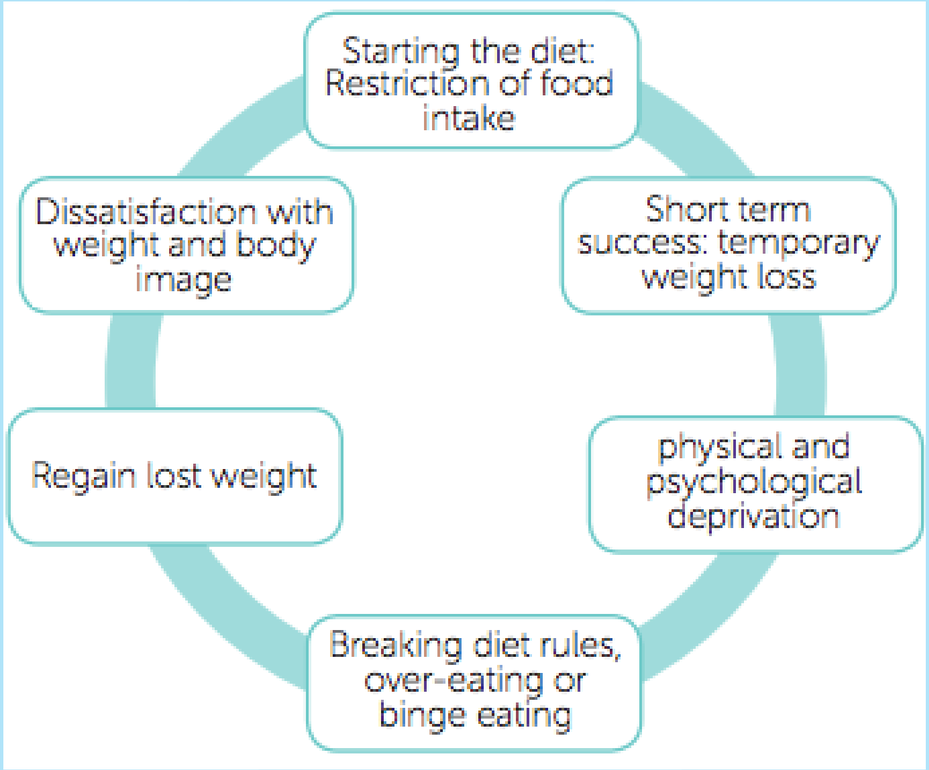
Higher weight variability is associated with:

- 46% increase in all-cause mortality risk.
- 36% increase in CVD mortality.
- 49% increase in CVD incidence.
- 35% increase in hypertension risk.

Weight fluctuation is linked to higher insulin resistance, worse lipid profiles, and greater abdominal fat gain.

A 52-year-old male with a history of "obesity" and multiple weight loss attempts. Over five years, he lost and regained 10-15 kg multiple times. Presented with worsening insulin resistance and a fasting glucose of 126 mg/dL. Despite no significant change in BMI over five years, his HbA1c increased from 5.6% to 6.3%.

- **Focus on weight stability rather than cycles of weight loss and regain.**
- **Implement a sustainable nutrition plan emphasizing balanced macronutrients and fiber.**
- **Encourage gradual, maintainable physical activity (e.g., 30 minutes of walking per day).**
- **Monitor insulin resistance markers regularly to assess metabolic risk.**
- **Supporting Patients Without Stigma:** *Avoid framing weight regain as failure; instead, validate the patient's experiences and focus on metabolic health over weight alone.*



Lifestyle Interventions & Diabetes Management

Intensive lifestyle interventions (ILI) led to significant weight loss but did not reduce cardiovascular events.

Participants in the ILI group lost 6% of body weight, compared to 3.5% in the control group.

No significant reduction in heart attacks or strokes was observed.

Weight regain worsened HbA1c, blood pressure, and triglycerides.

A 40-year-old woman with newly diagnosed type 2 diabetes participated in a structured lifestyle intervention. She lost 8 kg in 12 months, improved her HbA1c from 7.1% to 6.2%, but regained 6 kg, and her HbA1c climbed back to 7.0%.

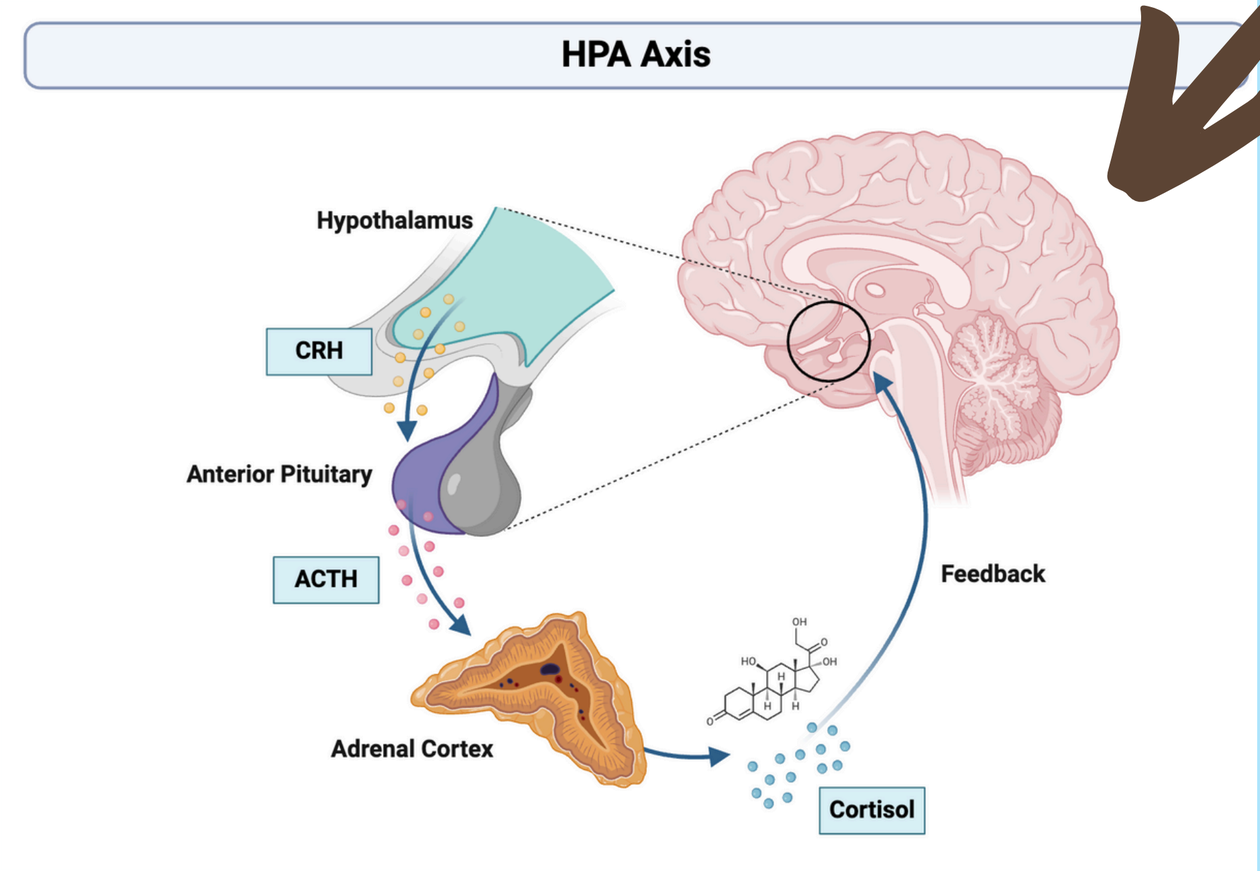
- **Emphasize behavior changes rather than focusing solely on weight loss.**
- **Support meal planning strategies that prioritize glycemic control.**
- **Encourage continued physical activity regardless of weight trends.**
- **Consider pharmacologic support if HbA1c rises beyond target levels.**
- **Supporting Patients Without Stigma:** *Reinforce that diabetes management is about overall health, not just weight, and celebrate small victories in glucose control and lifestyle habits.*



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MECHANISMS LINKING WEIGHT STIGMA TO CORTISOL AND INSULIN RESISTANCE

Weight stigma



- **Chronic Stress Activation:** Persistent exposure to weight stigma activates the hypothalamic-pituitary-adrenal (HPA) axis, resulting in sustained cortisol release. Elevated cortisol levels promote hepatic gluconeogenesis and impair glucose uptake in peripheral tissues, leading to insulin resistance.

- **Metabolic Consequences:** Increased cortisol can cause central adiposity, dyslipidemia, and hypertension, collectively contributing to metabolic syndrome and heightened diabetes risk.

Key Differences

- **Sustainability:** Long-term adherence to healthy behaviors, while weight-centric methods often result in short-term compliance followed by relapse.
- **Psychological Impact:** Reduces the risk of developing disordered eating patterns and improves mental health, whereas weight-centric care can exacerbate body dissatisfaction and stress.
- **Patient Empowerment:** By focusing on behaviors within an individual's control, weight-neutral approaches empower patients, fostering a sense of autonomy and self-efficacy.

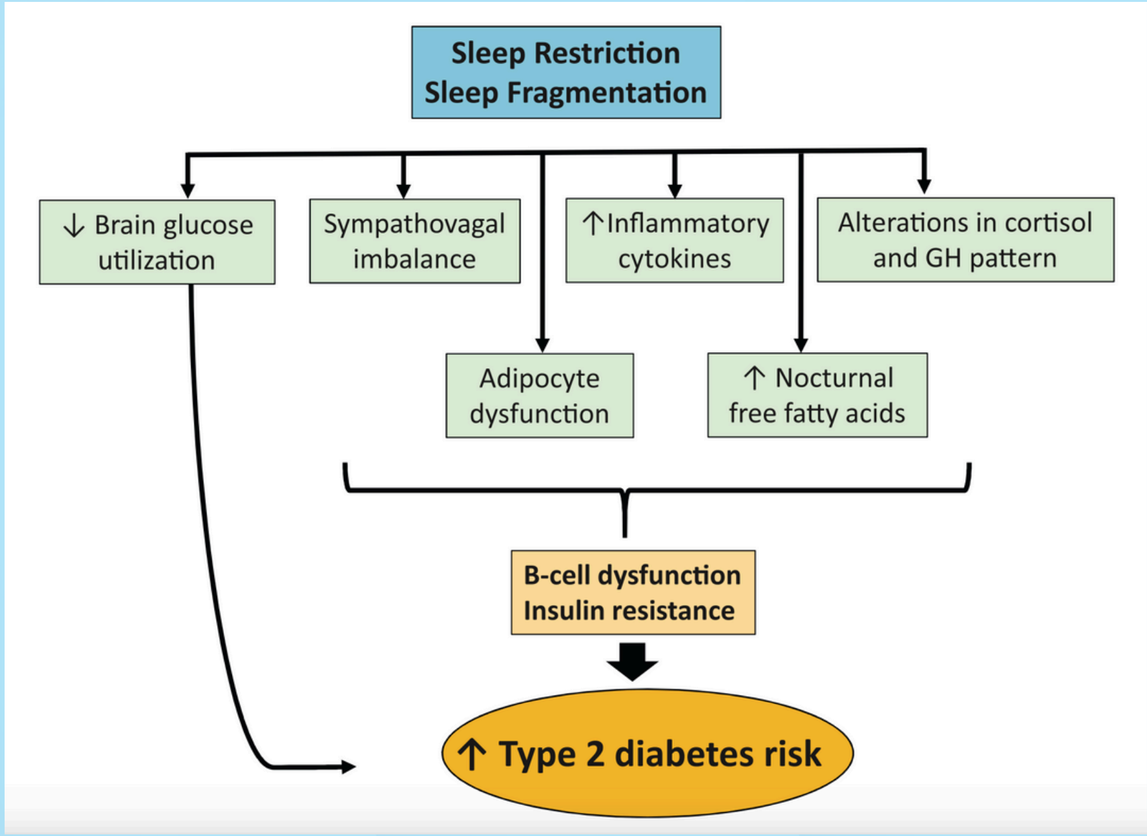


Measure health beyond weight:

- Track HbA1c, blood pressure, lipid profiles, physical activity levels, sleep quality, and mental well-being as primary markers of success.

- Use weight-inclusive language and strategies: Avoid focusing on BMI as a sole determinant of health and instead emphasize personalized, patient-centered care.

Sleep



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EFFECTS OF SLEEP

DEPRIVATION

*Less than 6 hours a night.

1. Increases inflammation, making you more prone to diseases like Alzheimers, arthritis, cancer, diabetes and heart disease.
2. Stresses your pancreas and increases blood sugar levels.
3. Reduces your glucose tolerance and your body's ability to convert glucose to energy.
4. Alters growth hormone release, affecting growth patterns, muscle mass and cell repair.
5. Alters the hormones that make you feel full or hungry.

Evidence-Based Clinical Strategies

01



Improving metabolic health

02



Reducing complications

03



Enhancing patient quality of life.

- A study in JAMA found that 50% of people classified as “overweight” and 29% of those classified as “obese” had normal metabolic profiles, while 30% of “normal-weight” individuals had poor metabolic health. (Tomiyama et al., 2016)
- The American Association of Clinical Endocrinologists (AACE) now recommends using metabolic health markers rather than BMI alone for assessing health risks. (Garvey et al., 2016)

A comprehensive diabetes care plan should focus on improving glycemic control, cardiovascular health, and reducing complications—without making weight loss the central goal.

Hypertension

Focus on sodium reduction, potassium-rich foods, and ACE inhibitors/ARBs instead of promoting weight loss

Dyslipidemia

Prioritize statin therapy, fiber intake, and omega-3 fatty acids rather than low-fat diets designed for weight loss.

Sleep Apnea

Consider CPAP therapy, improved sleep hygiene, and positional therapy instead of focusing on weight loss as the sole intervention.

- Intensive blood pressure management reduces cardiovascular risk more than weight loss interventions alone. (SPRINT Trial, 2015)
- Dietary omega-3 fatty acids and fiber improve lipid profiles independent of weight loss. (Mozaffarian et al., 2005)

Medication Choices: Should Weight Loss Be a Target?

Medication Class	*Primary Benefits*	*Weight Effect*	*Clinical Considerations*
GLP-1 Agonists (e.g., Semaglutide, Dulaglutide)	Lowers HbA1c, reduces cardiovascular risk	May promote weight loss	Should not be prescribed only for weight loss
SGLT-2 Inhibitors (e.g., Empagliflozin, Dapagliflozin)	Cardioprotective, lowers blood glucose	Weight-neutral or slight loss	Preferred in patients with heart failure or CKD
Metformin	Improves insulin sensitivity, reduces hepatic glucose production	Weight-neutral or slight loss	First-line therapy in most patients
DPP-4 Inhibitors (e.g., Sitagliptin, Linagliptin)	Lowers HbA1c without risk of hypoglycemia	Weight-neutral	Good alternative for older adults
Insulin Therapy	Strong glucose-lowering effect	May promote weight gain	Monitor for hypoglycemia and adjust as needed

Weight loss should not be the primary target when prescribing medications for diabetes. Instead, the focus should be on metabolic control, cardiovascular protection, and patient-specific needs.

GLP-1 agonists reduce cardiovascular events, but their primary benefit is cardiometabolic protection, not weight loss. (Marso et al., 2016)
SGLT-2 inhibitors improve outcomes in heart failure and CKD, independent of weight. (Zinman et al., 2015)

Communication and Inclusive Language in Healthcare



Avoid Judgmental Language

Refrain from using terms that may carry negative connotations or imply blame.

Shift the conversation from weight to behaviors

“You need to lose weight to manage your diabetes.”

“Let’s focus on daily habits that can support your blood sugar levels and overall well-being.”

Support patients in finding a flexible, balanced approach to eating and movement that is not centered on weight loss but on long-term adherence and enjoyment.

From Structure to Support:

- A well-organized consultation framework helps eliminate stigma in diabetes care by focusing on individualized needs rather than assumptions or blame.
- Healthcare Access: Stigmatized individuals may avoid seeking care, leading to delayed diagnoses and treatment.

- **Opening & Establishing Rapport.**
  Chief Complaint & Reason for Visit.
  Medical & Diabetes History.
- **Lifestyle & Behavioral Assessment.**
  Symptoms & Diabetes-Related Complications.
  Physical Exam (If Applicable).
- Review of Laboratory & Diagnostic Tests.
  Education & Shared Decision-Making.
  Treatment Plan & Goal Setting.
- Closing & Patient Engagement.

Opening & Establishing Rapport.

- Greet the patient warmly and establish a comfortable environment.
- Ask open-ended questions (e.g., “How have you been managing your diabetes lately?”).
- If it's a follow-up, acknowledge previous visits and progress.

- Do the chairs in your clinic have narrow armrests, or are they spacious enough for different body types?
- Do you offer blood pressure cuffs in different sizes to ensure accurate measurements for all patients?
- Do the posters in your clinic reflect body diversity and avoid weight-centric messaging?
- Do you have educational materials that empower patients rather than blame them? (For example, "Managing Diabetes Without Judgment" instead of "How to Avoid Diabetes Mistakes").

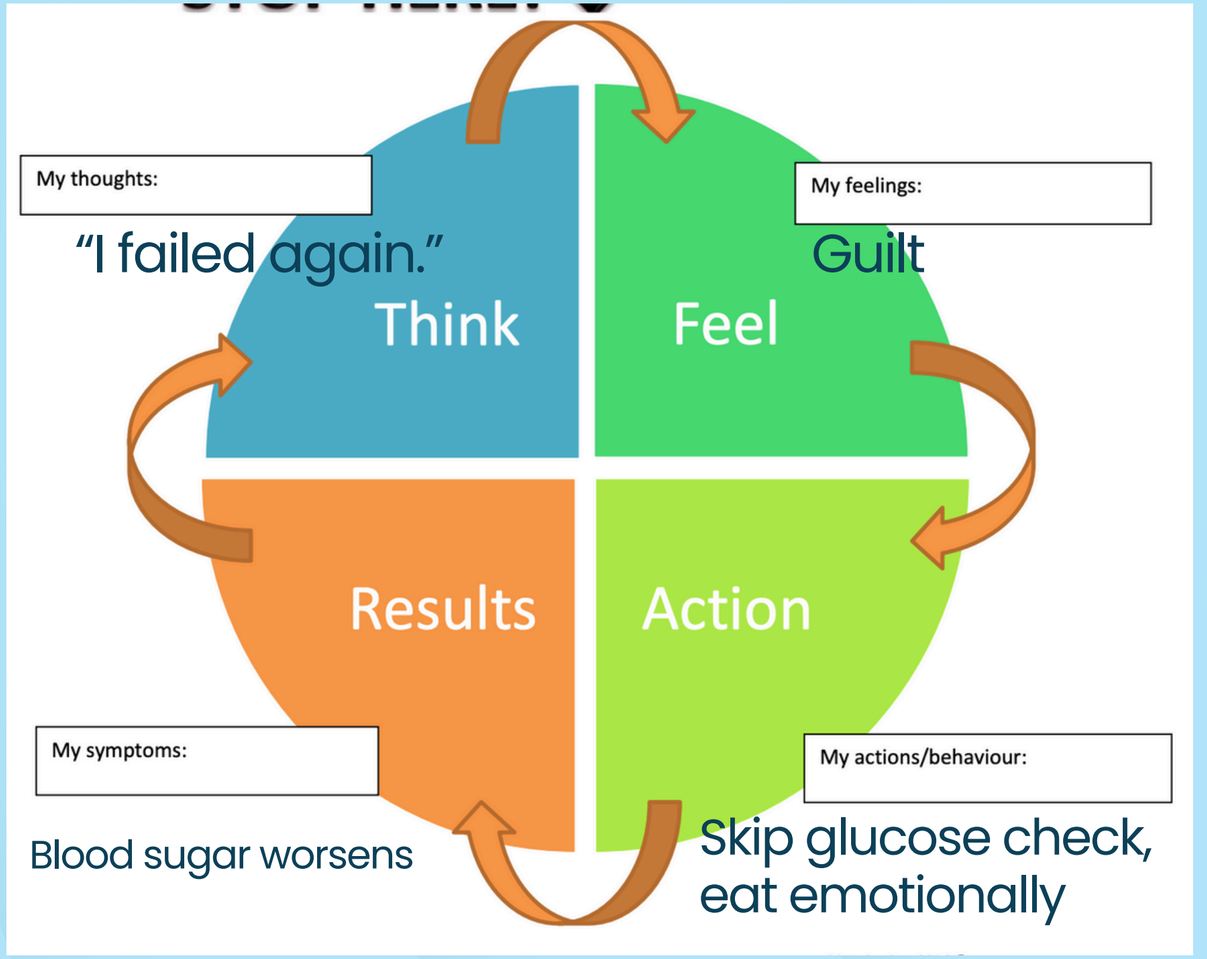
Lifestyle & Behavioral Assessment. Avoid Assumptions – Ask, Don't Judge

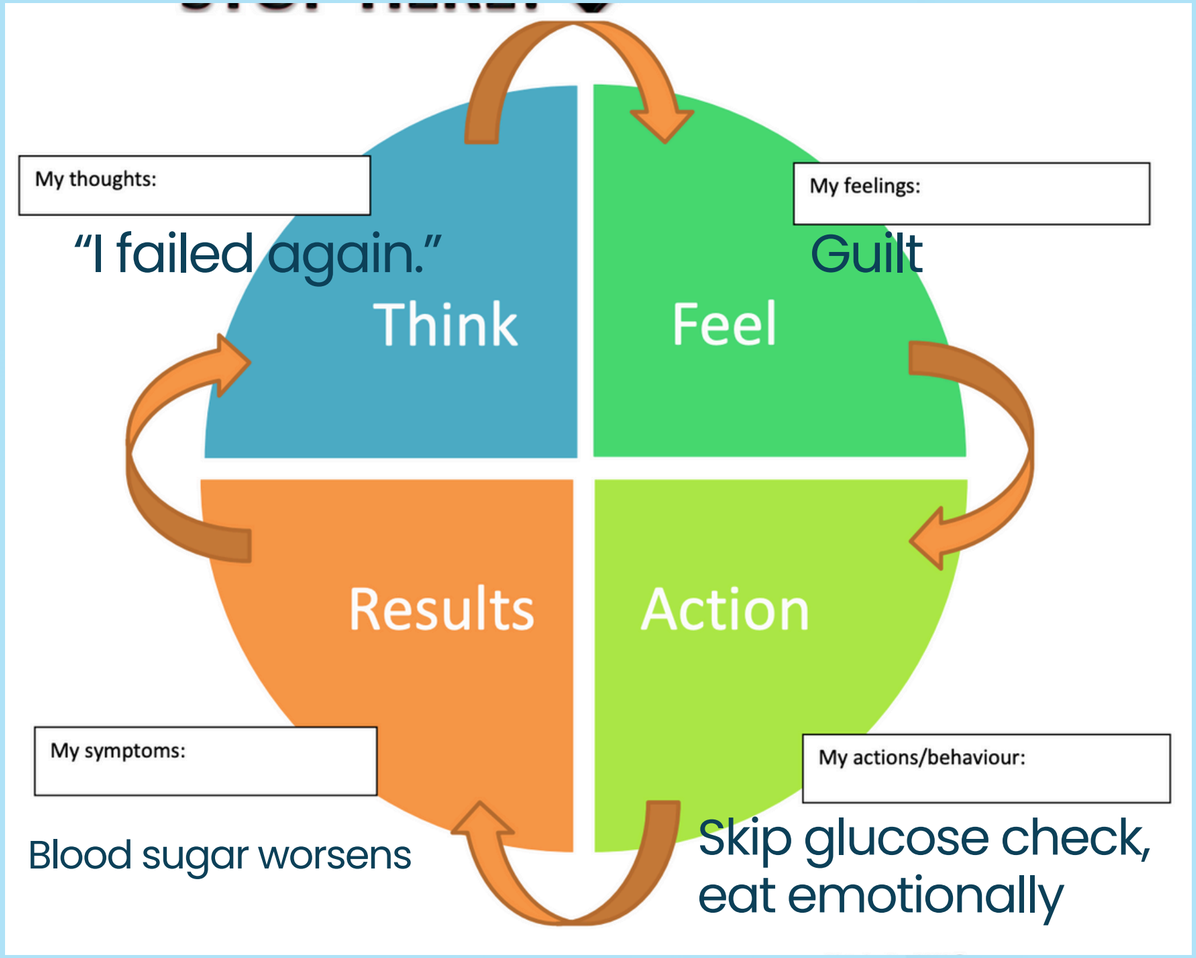
- Create a safe space where patients feel comfortable sharing honestly.
- Clarify that there is no judgment—this helps build trust and encourages openness.
- Assumptions can lead to misinformation—asking the right questions ensures better care.

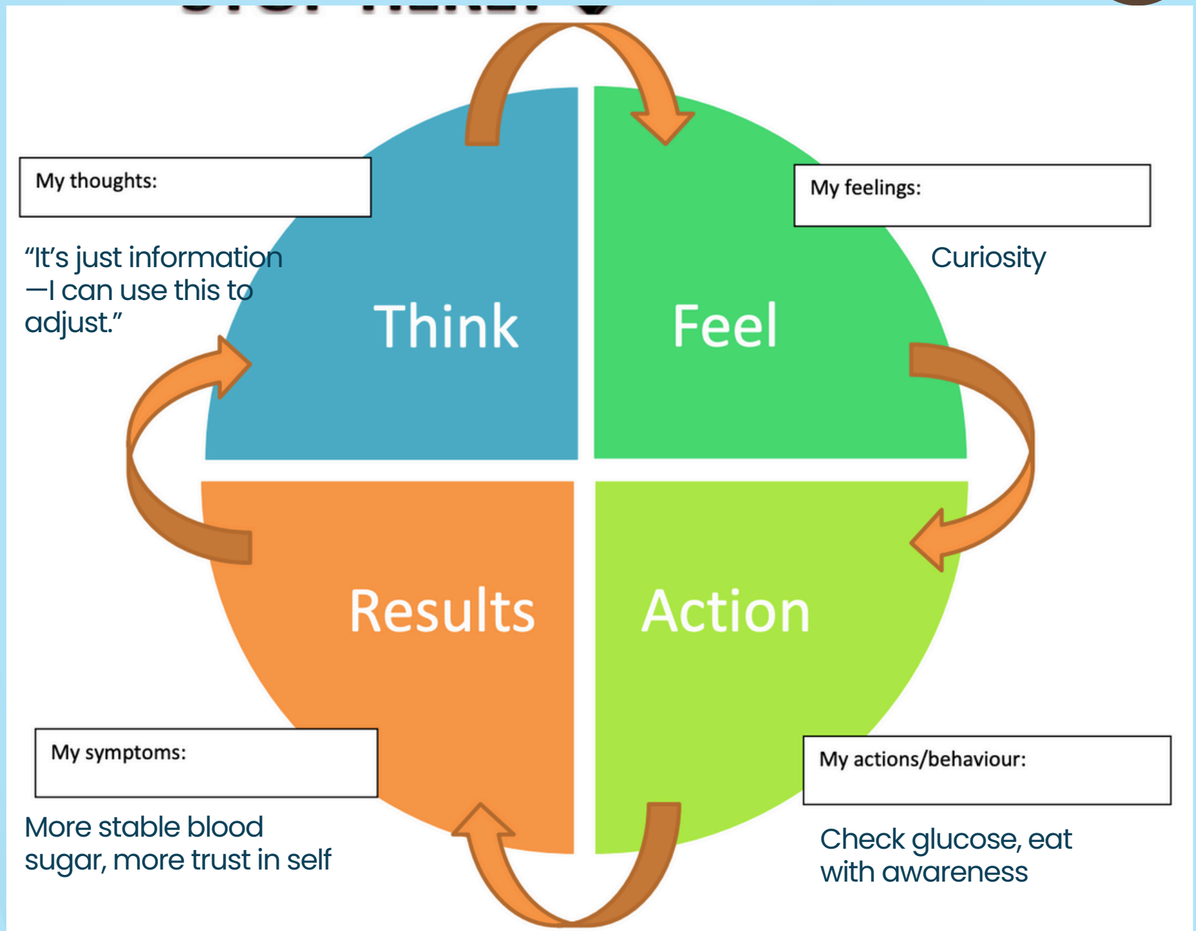
- **Dietary habits:** Typical meals, carbohydrate intake, hydration.
- **Physical activity:** Type, frequency, and *barriers to exercise.*
- Medication adherence & challenges.
  Self-monitoring of blood glucose (SMBG)/Continuous Glucose Monitoring (CGM): Frequency, patterns, challenges.
- Sleep patterns & stress levels.
  Smoking, alcohol, substance use.

Using Data Without Judgment

- Blood glucose monitoring as biofeedback.
- Encouraging curiosity instead of guilt. "Numbers are information, not judgment."
- Supports behavior-based change rather than perfectionism.




My thoughts:
"I failed again."
Think
My feelings:
Guilt
Feel
Results
Action
My symptoms:
Blood sugar worsens
My actions/behaviour:
Skip glucose check, eat emotionally


My thoughts:
"It's just information —I can use this to adjust."
Think
My feelings:
Curiosity
Feel
Results
Action
My symptoms:
More stable blood sugar, more trust in self
My actions/behaviour:
Check glucose, eat with awareness

Education & Shared Decision-Making.

- Medication adjustments and adherence.
- Lifestyle changes (diet, exercise, sleep, stress management).
- Blood sugar monitoring techniques.



THE INSULIN KNIFE

By Megrette Fletcher M.Ed., RD CDE

The Insulin Knife

By Megrette Fletcher M.Ed., RD CDE

- Imagine insulin is like a knife that helps chop up and process the sugar in your blood
- Now, let's say this knife gets dull. No matter how much you try to cut with it, it won't work as well.
- When insulin resistance increases, your knife gets duller.



At birth, your insulin knife is big and sharp.



As we age, our insulin knife shrinks.



By the time someone is diagnosed with diabetes, their knife is half its original size.

The Insulin Knife

By Megrette Fletcher M.Ed., RD CDE

What do you think we can do to make this knife work better?



Guide them toward behaviors (*rather than weight loss.*)

- ***Dulls the knife:*** Stress, poor sleep, sedentary lifestyle, inflammation.
- ***Sharpens the knife:*** Medications, movement, meal timing, fiber intake.

Which of these factors feels easiest for you to work on?

What's one small change you feel ready to make?

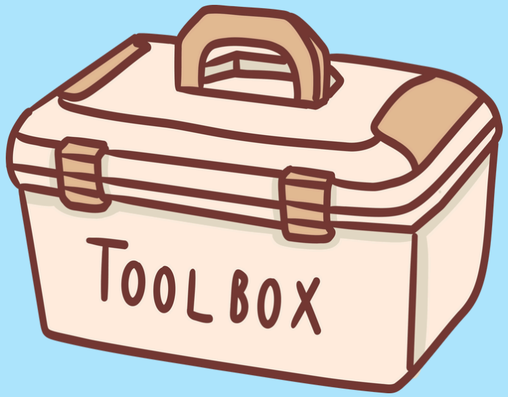
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Education & Shared Decision-Making: Patient Decision-Making Framework

1. *Understand the Patient's Perspective.*
2. *Provide Clear, Evidence-Based Information.*
3. *Explore Alternatives & Collaborative Goal-Setting.*
4. *Support & Implement the Agreed-Upon Plan.*
5. *Follow Up & Adjust Based on Patient Feedback.*

Treatment Plan & Goal Setting

- ***Set SMART goals.***
- Medications: Start, adjust, or discontinue based on needs.
- ***Lifestyle interventions: Nutrition, physical activity, stress management.***
- Referrals: RD, ophthalmologist, podiatrist, endocrinologist, mental health support if needed.
- Follow-up plan: Schedule next visit, specify monitoring requirements.

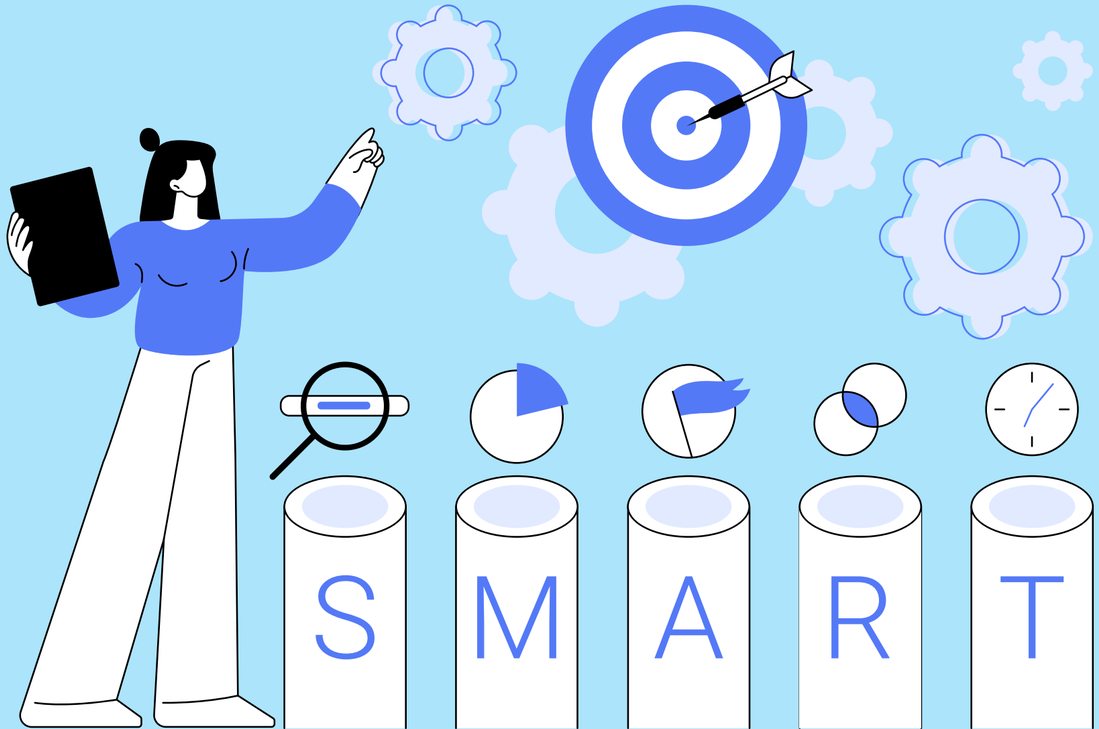


STRATEGIES

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Set SMART goals

Non-SMART Goal: "Improve blood sugar levels."
SMART Goal: "Check blood glucose before breakfast and dinner at least five days a week for the next month to identify patterns and adjust treatment if needed."

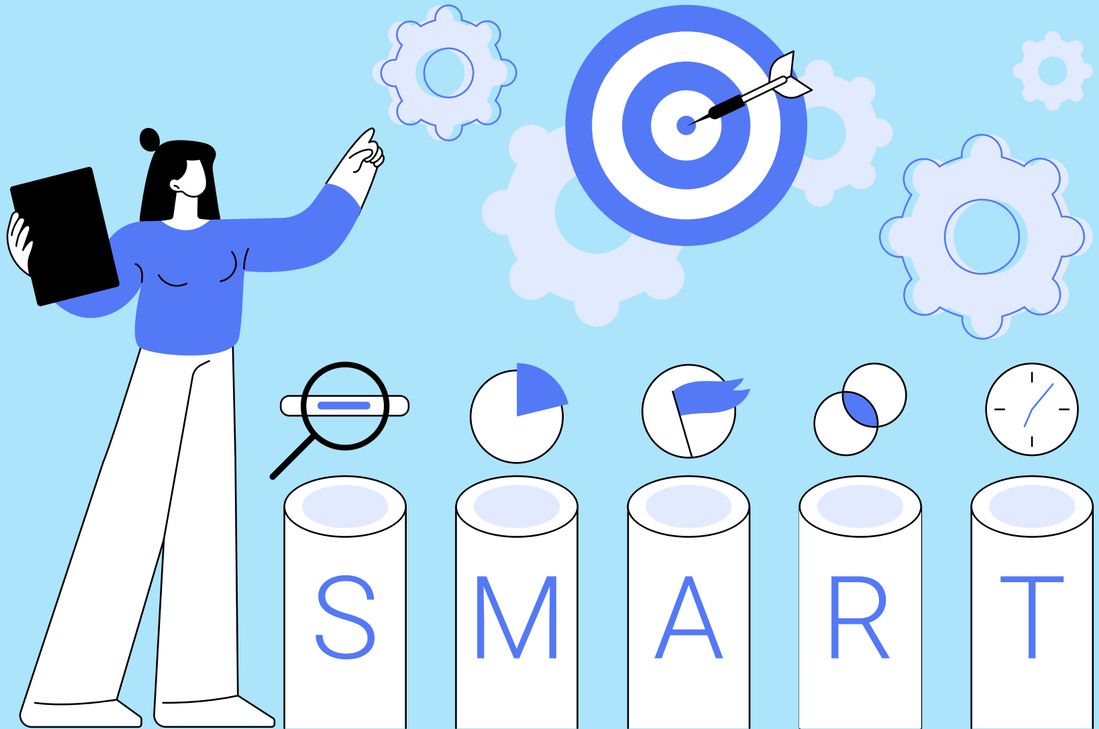


✅ **Specific:** Focuses on checking blood glucose at certain times.
✅ **Measurable:** At least five days a week.
✅ **Achievable:** Realistic based on the patient's routine.
✅ **Relevant:** Directly impacts diabetes management.
✅ **Time-bound:** Set for one month to evaluate progress.

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Example: Increasing Physical Activity

Non-SMART Goal: "Exercise more."
SMART Goal: "Walk for 20 minutes after dinner at least five days a week for the next month



✅ **Specific:** Walking after dinner.
✅ **Measurable:** 20 minutes, five days a week.
✅ **Achievable:** Fits into daily routine.
✅ **Relevant: S**upports blood sugar control and overall well-being.
✅ **Time-bound:** Set for one month to track progress.

MOVEMENT

Movement can get so fraught.
Nobody is obligated to participate but everybody should be welcome.



Resistance/strength work

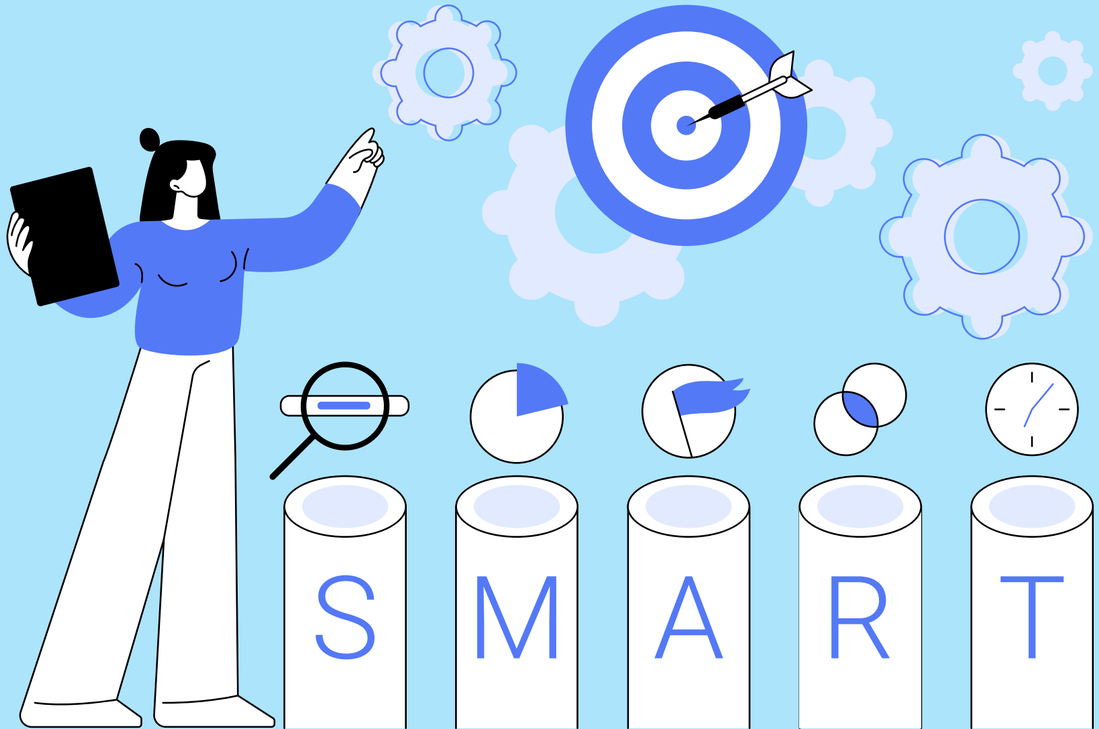
- 2x a week to significant improvements in insulin sensitivity with no variation in body mass.
- Increases insulin sensitivity for up to 24 hours.
- Aerobic movement: can help lower blood sugar immediately; effect can last up to 24 hours.
- **Limit inactivity.**



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Example: Improving Nutrition

Non-SMART Goal: "Eat healthier."
SMART Goal: "Include at least one serving of vegetables with lunch and dinner at least five days a week for the next month."



✅ **Specific:** Focuses on adding vegetables to lunch and dinner.
✅ **Measurable:** At least one serving, five days a week.
✅ **Achievable:** A realistic adjustment to current eating habits.
✅ **Relevant:** Supports blood sugar management and overall health.
✅ **Time-bound:** Set for one month to evaluate progress.

FOOD STRATEGIES

"Resistance starch"

Cooking and chilling.



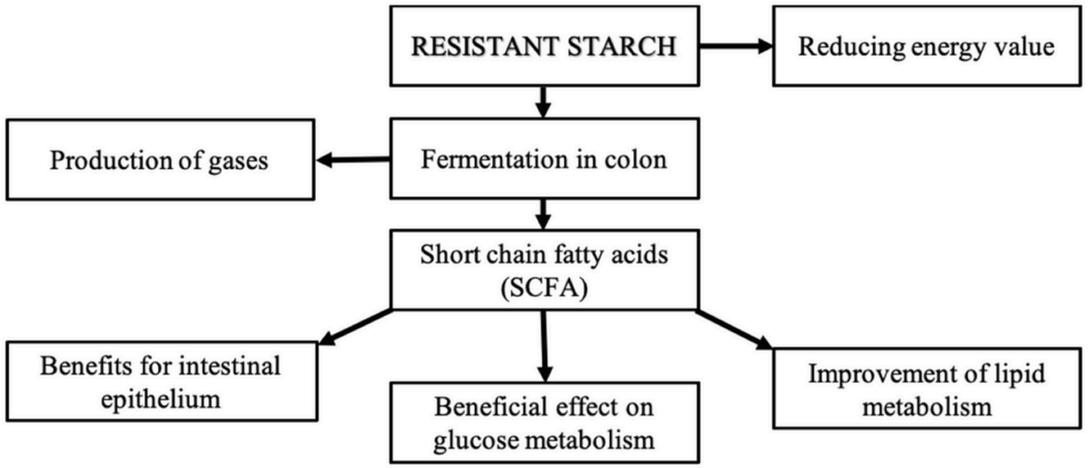
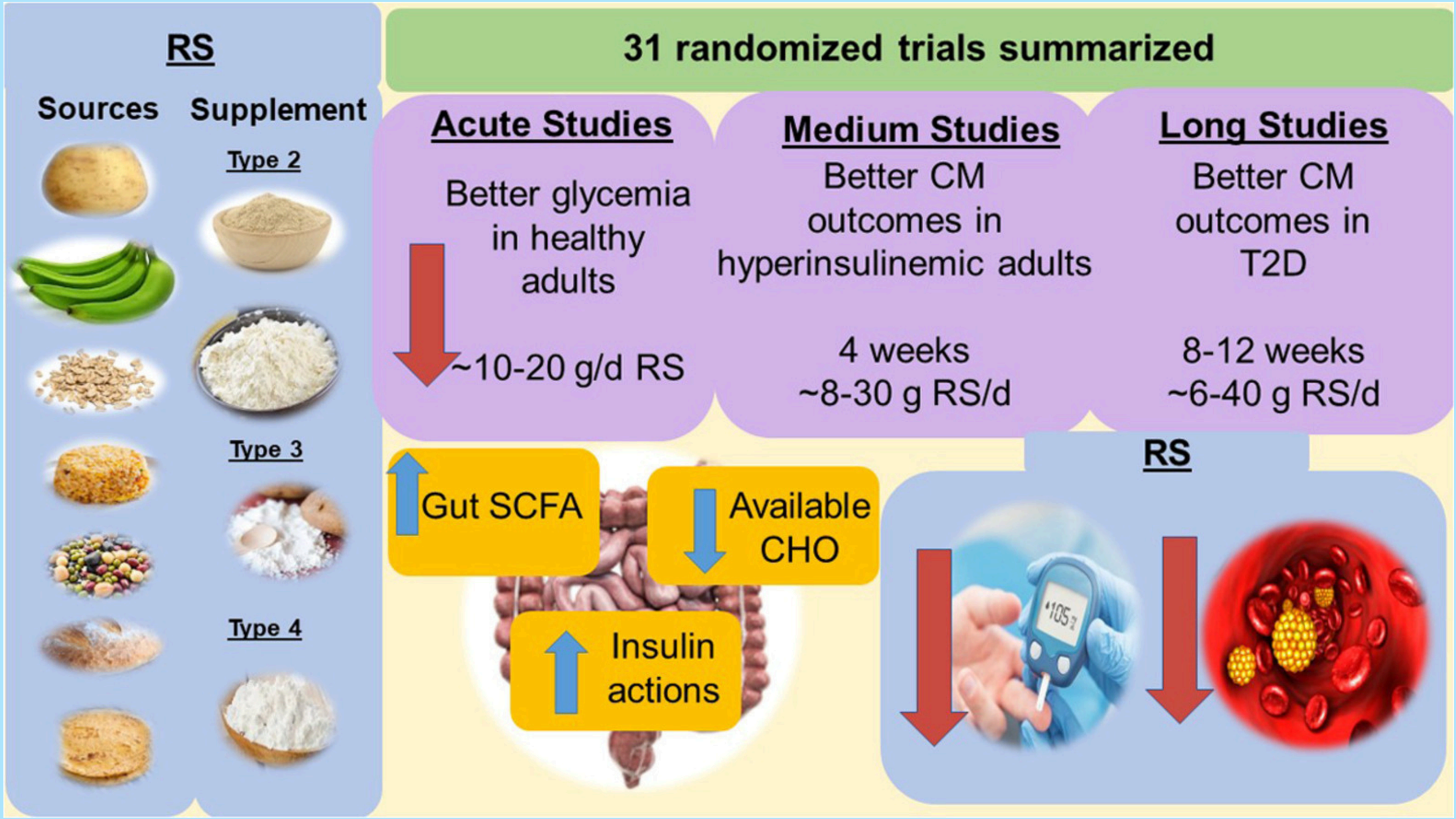
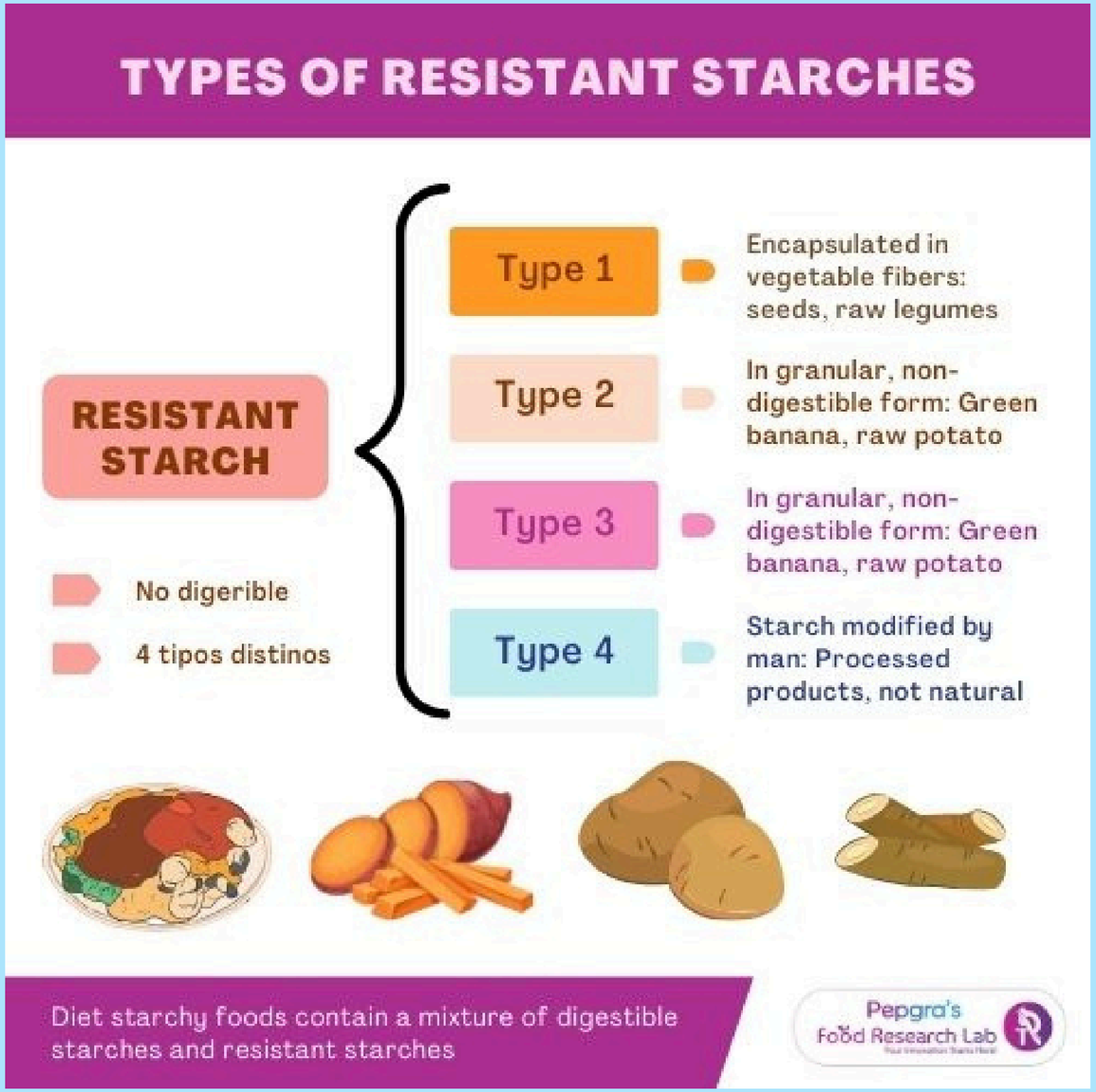


Fig. 3. Possible effects of resistant starch on the organism.

https://doi.org/10.1016/j.jff.2022.105094

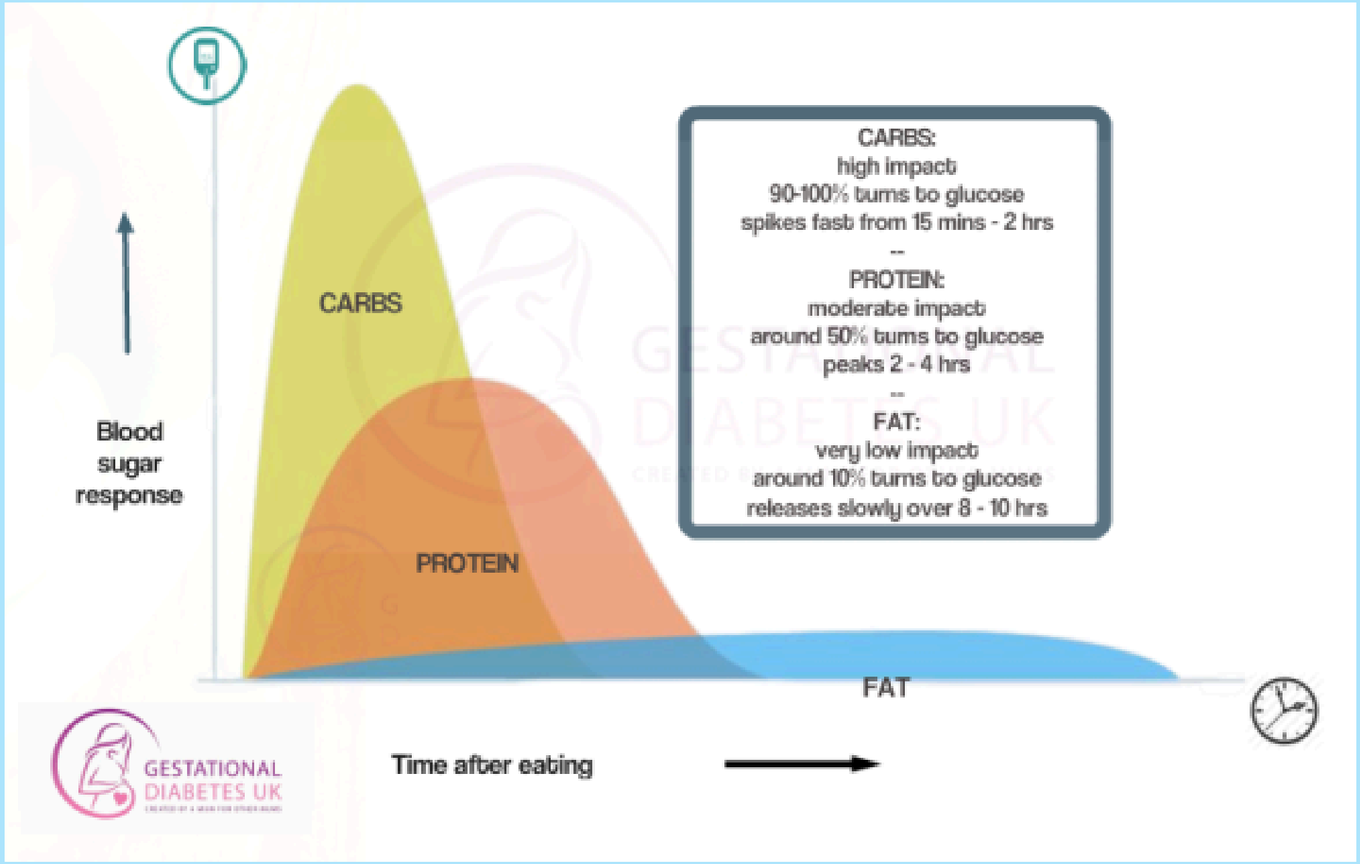


https://doi.org/10.1016/j.nutres.2023.04.001



One of the main reasons why resistant starch improves health, is that it feeds the friendly bacteria in your intestine and increases the production of short-chain fatty acids like butyrate.

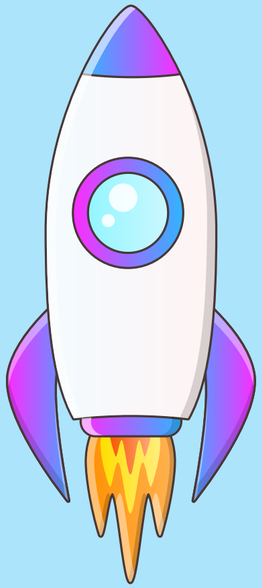
Food combinations.





What makes a meal satisfying?

What happens when you eat only carbs vs. when you add protein or fat?



Fast fuel (sugar, white bread, juice): Blasts off quickly but crashes.

Steady fuel (fiber, protein, fats): Provides slow, steady energy.

What foods in your diet are fast fuel vs. steady fuel?

How can we balance your rocket's launch?



What foods feel ‘off-limits’ to you?

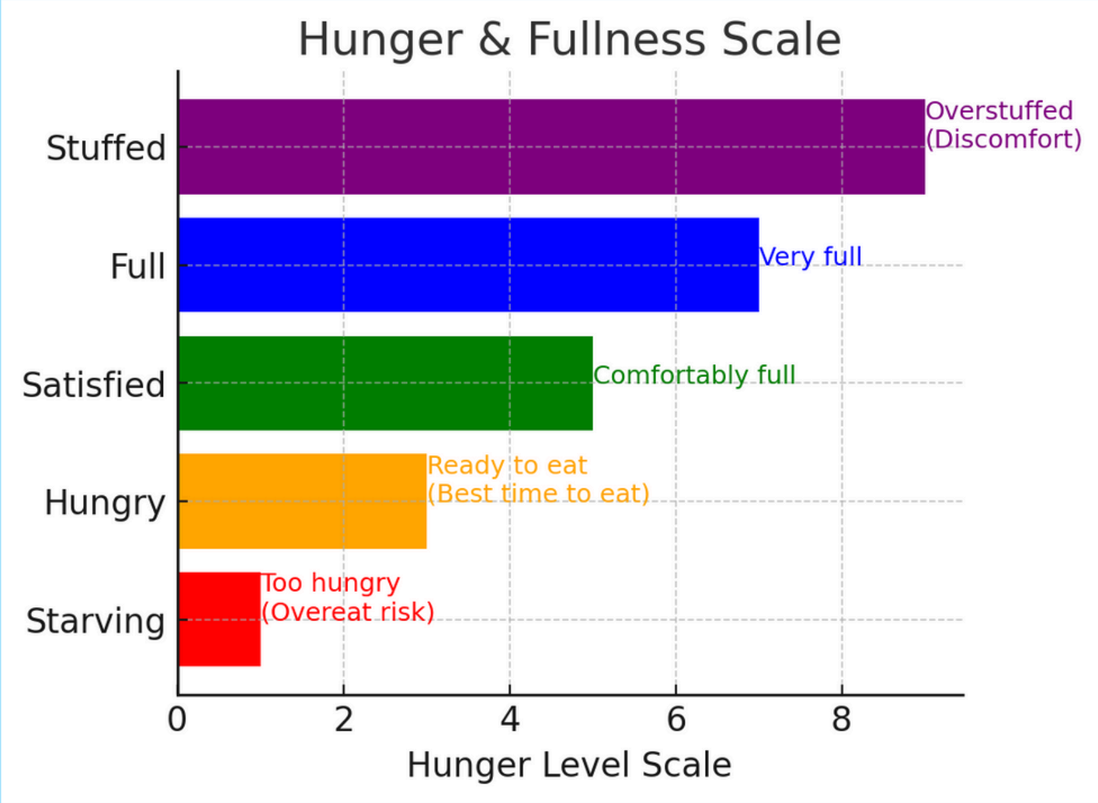
How do you feel when you eat those foods?

Let’s focus on adding nutrients rather than taking things away.



How?

- Sauté a range of vegetables together to add to whatever the family is having for dinner.
- Make some overnight oats for a quick breakfast.
- Add a fruit cup to lunch.
- Sliced apple with peanut butter (or other nut/seed butter)
- Add some beans or chickpeas to salads.



Helping Patients Tune In

Hunger/fullness scale.

- Mid-meal pause: “Do I still enjoy this?”
- Explore emotional vs. physical hunger.
- Gentle nutrition: adding before restricting.

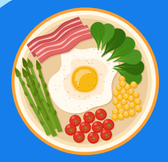
Flexible, Satisfying, Sustainable

- No one-size-fits-all.
- Satisfaction is a valid metric.
- Explore meal timing, balance, and preferences.
- Avoid restrictive "paint-by-number" eating plans.

Supporting the Whole Person

- Strength, stamina, flexibility—all benefit glucose control.
- Prioritize sleep, stress management, and pleasure.
- Encourage values-based goals.

HEALTH IS NOT A NUMBER. IT’S A SET OF SKILLS AND BEHAVIORS.



Meal distributions

1 meal	2 meals	1 meal
2 meals	snack	snack
		1 meal
		1 meal

- This pattern does not need to be static.
- It can and it has to adjust to fit into a your patients lifestyle.
- If the patient is not usually experiencing hunger cues that often, consider eating in a “mechanical” way - by the clock instead of relying on internal cues.

“SATISFACTION IS THE MISSING PIECE IN NUTRITION COUNSELING.”

What's My Capacity?

With ADHD, energy, motivation, confidence, bandwidth, etc. can fluctuate and dictate our ability to do the things we need to do. It can be helpful to plan snacks and melas for different levels of capacity, so that you have options for feeding yourself at any given time. Fill in some ideas below, and keep this sheet handy (i.e. on the fridge) for quick reference.

Level 1:
Completely depleted, no bandwidth, overwhelmed, intense emotions, ravenous, no time available

Level 2:
Exhausted, brain drain, stressed, big emotions, unmotivated, very hungry, little time available

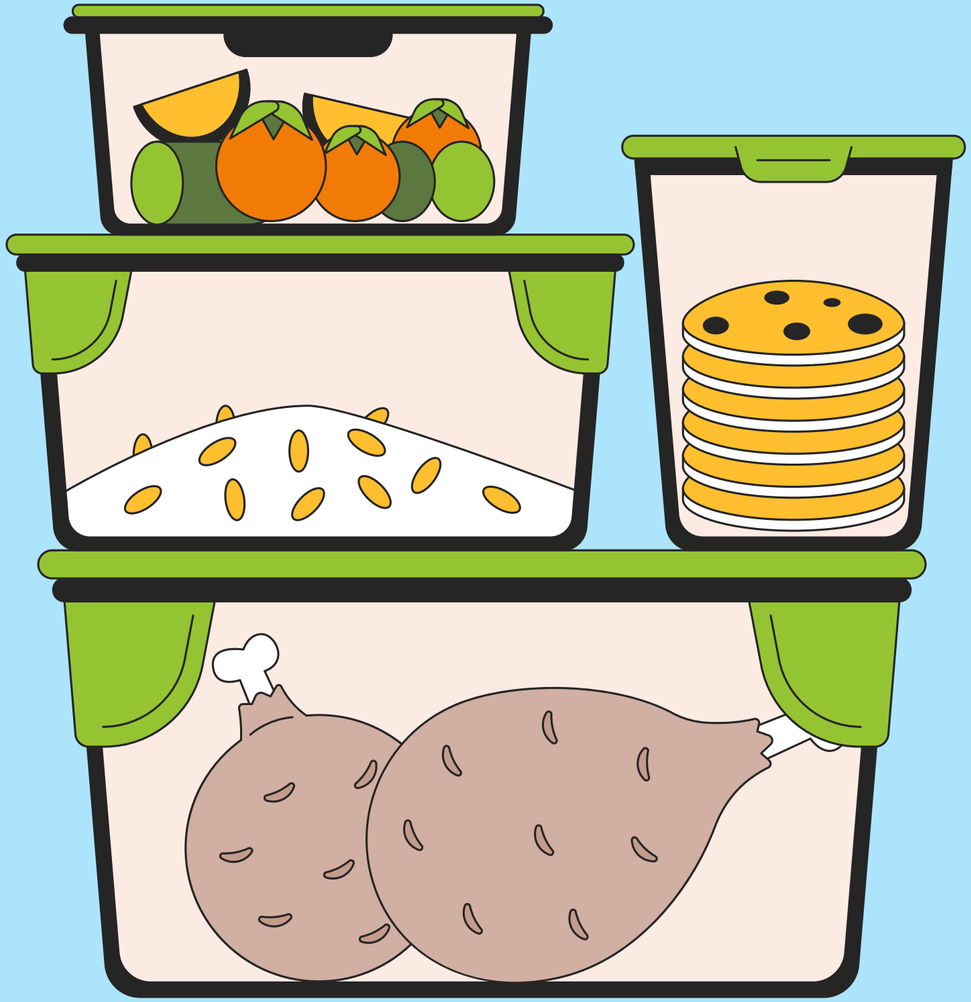
Level 3:
Tired, distractable, busy brain, moderate emotions, hunger kicking in, slightly motivated some time available

Level 4:
Slightly energized, manageable emotions, stable mood, capable, somewhat motivated, time to spare

Level 5:
Energized, ready to roll, confident, inspired, very motivated, all the time in the world

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09 Integrating Mindful Eating in Practice

A tool for awareness, not control. Helps patients reconnect with internal cues and break automatic patterns.

Useful in weight-neutral and inclusive care.

Builds trust and self-efficacy.

Encourages long-term behavioral change.

Little steps



- Adding a former “bad” food at mealtime
- Adding carbohydrates to each meal and check-in to see how you enjoy it
- Choosing foods based on taste
- Looking at your blood sugar with curiosity, not judgement
- Ordering your favorite meal at a restaurant and focus on the pleasure of the meal
- Stopping half-way through a meal to check-in and ask yourself: Do I still enjoy this? Am I getting full?
- Making your meal last 30 minutes

Enhancing Skills Through Role-Playing: Common Clinical Scenarios

In this section, we will practice real-world diabetes consultations through role-playing exercises. The goal is to enhance communication skills, reinforce stigma-free care, and apply structured consultation techniques in a supportive environment.

Role-Playing Common Clinical Scenarios

Scenario 1: A Patient Insists on Needing Weight Loss for Diabetes Management



- **Name:** Mr. Garcia, 55-year-old male
- **Medical History:** Type 2 diabetes, hypertension, hyperlipidemia
- **Current Medications:** Metformin, Lisinopril
- **Primary Concern:** “Doctor, I know I need to lose weight to get my diabetes under control.”

Traditional (Weight-Centric) Response:

"Yes, weight loss will improve your blood sugar. You should aim to lose 10% of your body weight."

Role-Playing Common Clinical Scenarios

Scenario 1: A Patient Insists on Needing Weight Loss for Diabetes Management

Weight-Neutral, Evidence-Based Response:

- **"Managing diabetes involves multiple factors beyond weight, including blood sugar control, physical activity, and nutrition. Instead of focusing on weight loss alone, let's work on behaviors that directly improve your glucose levels. Are you open to discussing strategies tailored to your lifestyle?**

- **Clinical Considerations & Supporting Evidence:**
  - **HbA1c reduction is primarily driven by behavior change, not weight loss. (Ross et al., 2000)**
  - **Weight cycling (yo-yo dieting) can worsen insulin resistance and increase cardiovascular risk. (Montani et al., 2006)**



Key Skills Used: *Motivational interviewing, behavior-focused discussion, patient autonomy.*

Role-Playing Common Clinical Scenarios

Step	Provider Response
1 Understand the Patient's Perspective	*"Can you tell me more about what concerns you most about your health?"*
2 Provide Clear, Evidence-Based Information	*"Sustainable changes in nutrition and movement improve diabetes control more effectively than weight loss alone."*
3 Explore Alternatives & Goal-Setting	*"Would you like to focus on stabilizing blood sugar and increasing energy first?"*
4 Implement the Plan	*"Let's create a meal plan that supports your glucose levels without strict dieting."*
5 Follow Up & Adjust	*"Your blood sugar has improved—how do you feel about your progress?"*

- **Ask Open-Ended Questions to explore why weight loss is their focus.**
  Example: "Can you tell me more about what concerns you the most about your health?"

- **Identify Their Health Priorities Beyond Weight**
  Example: "Besides weight, what other health improvements would feel meaningful to you?"

Role-Playing Common Clinical Scenarios

Scenario 2: A Patient Asks for a Diet Plan to “Lose Weight Fast”



- **Name:** Ms. Patel, 42-year-old female
- **Medical History:** Prediabetes, history of restrictive dieting, disordered eating patterns
- **Current Medications:** None
- **Primary Concern:** “I need to lose 20 pounds fast. Can you give me a diet plan?”

Traditional (Weight-Centric) Response:

"Yes, here’s a 1200-calorie meal plan to help you lose weight quickly."

Role-Playing Common Clinical Scenarios

Scenario 2: A Patient Asks for a Diet Plan to “Lose Weight Fast”

Weight-Neutral, Evidence-Based Response:

- "I understand that weight is a concern for you. Instead of restrictive dieting, we can focus on stabilizing blood sugar levels with a balanced meal plan. Would you be open to a structured eating pattern that prevents blood sugar spikes and supports sustainable health improvements?"

- **Clinical Considerations & Supporting Evidence:**
  - Restrictive dieting is associated with binge-eating episodes and worsened glucose regulation. (Polivy & Herman, 2002)
  - Patients with a history of weight cycling have a higher risk of developing type 2 diabetes, regardless of BMI. (Schwartz et al., 2014)

◆ **Present Multiple Options for Improving Health Without Focusing on Weight**
“Would you be interested in trying a structured meal plan that keeps blood sugar stable, regardless of weight changes?”

◆ **Encourage Patients to Choose What Feels Sustainable**
Example: “Between improving sleep, adding more fiber, or incorporating more movement, which goal feels most achievable for you right now?”

◆ **Use ‘Rolling with Resistance’ If the Patient Pushes for Weight Loss**
Example: “I hear that weight loss is something you’re interested in. Would you be open to trying strategies that focus on your blood sugar and energy levels first?”

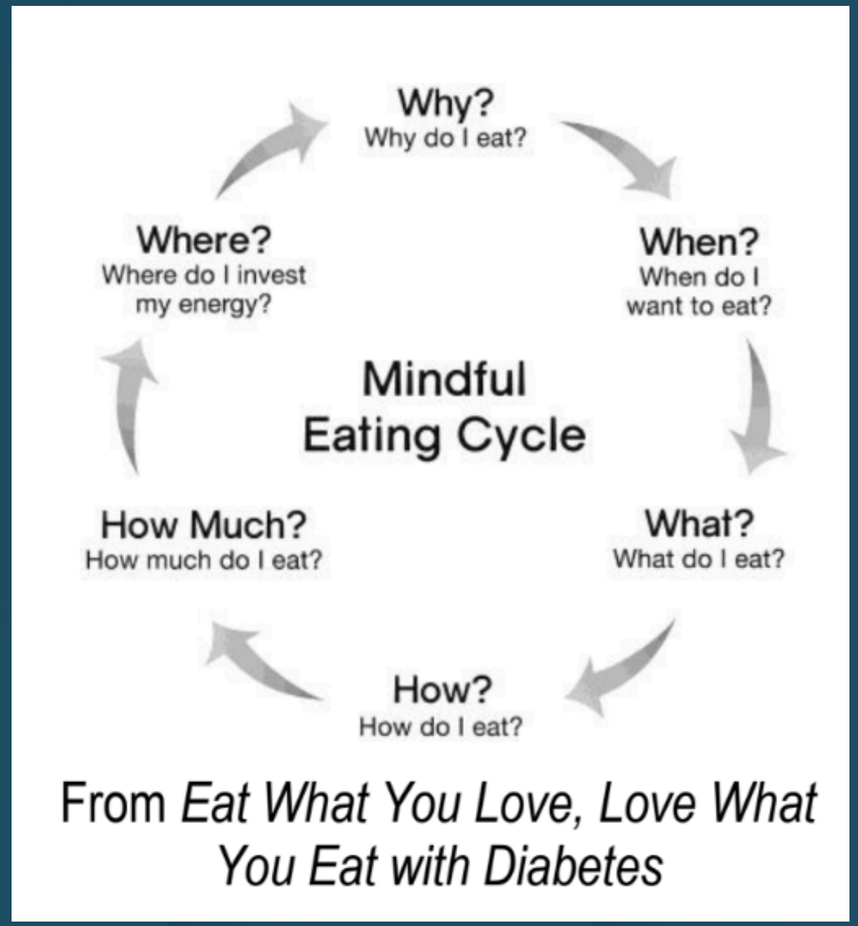
Key Skills Used: *Nutrition education, mindful eating principles, harm reduction approach*

Role-Playing Common Clinical Scenarios

Scenario 2: A Patient Asks for a Diet Plan to “Lose Weight Fast”

- **Check for Barriers & Troubleshoot Challenges**
  Example: “How have you been feeling since implementing the changes we discussed?”
- **Reinforce Positive Outcomes That Are NOT Weight-Related**
  Example: “Your A1C has improved, and you mentioned feeling more energized—those are great signs that your efforts are working.”
- **Modify the Plan Based on the Patient’s Experience**

Example: “If this plan isn’t working for you, we can adjust it. What do you feel would be more manageable?”



From *Eat What You Love, Love What You Eat with Diabetes*

Navigating Conversations When Patients Request Weight Loss Support:

Express Empathy: Acknowledge the patient's feelings and concerns without judgment.

"I understand that you're interested in weight loss to manage your health."

Explore Motivations: Discuss the underlying reasons for their weight loss goals to align on health objectives.

"Can you share what aspects of your health you're hoping to improve?"

Shift Focus to Behaviors: Emphasize sustainable lifestyle changes over weight-centric goals.

"Let's identify daily habits that can enhance your blood sugar control and overall well-being."

Role-Playing Common Clinical Scenarios

Scenario 3: A Referring Physician Criticizes a Weight-Neutral Approach



- **Dr. Thompson, Endocrinologist**
- **Concern:** “Why aren’t you advising your patients with diabetes to lose weight? We know that weight loss improves insulin sensitivity.”

Traditional (Defensive) Response to Avoid:

"Weight loss isn’t necessary for managing diabetes. I don’t focus on it."

Role-Playing Common Clinical Scenarios

Scenario 3: A Referring Physician Criticizes a Weight-Neutral Approach

"I appreciate your perspective. The latest research suggests that while intentional weight loss may improve glucose metabolism in some patients, the focus on weight alone often leads to weight cycling, which has negative metabolic effects. Instead, I emphasize sustainable behavior change—such as improved dietary patterns and physical activity—that lead to long-term glycemic control. Have you seen the recent studies on non-weight-centric approaches improving diabetes outcomes?

- **Clinical Considerations & Supporting Evidence:**
  - The Look AHEAD trial found no long-term cardiovascular benefit from weight loss interventions in patients with diabetes. (Look AHEAD Research Group, 2013)
  - Physical activity improves insulin sensitivity independently of weight changes. (Hawley & Lessard, 2008)
  - iabetes, regardless of BMI. (Schwartz et al., 2014)

Acknowledge the Skepticism
Begin by validating the concerns of skeptical healthcare providers:

- "But weight loss improves insulin sensitivity!"
- "Patients will get worse if they don't lose weight!"
- "Ignoring weight loss isn't evidence-based."



“I understand why the weight-focused model feels intuitive—we were all trained that way, and it’s deeply embedded in medical education.”

Key Skills Used: *Professional advocacy, evidence-based reasoning, interdisciplinary collaboration*

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
"But weight loss improves insulin sensitivity!"	"Yes, weight loss can temporarily improve insulin sensitivity. However, evidence (e.g., Look AHEAD trial, 2013) demonstrates no significant long-term cardiovascular benefit from intentional weight loss alone. Regular physical activity and dietary improvements sustainably enhance insulin sensitivity, independent of weight changes."

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
“Patients will get worse if they don't lose weight!”	“Research consistently shows that weight cycling (yo-yo dieting) increases cardiovascular risk, mortality, and insulin resistance (Montani et al., 2006). Weight-neutral approaches prioritize sustainable behaviors—balanced nutrition, regular physical activity, stress reduction, and adequate sleep—which directly enhance metabolic health.”

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
“Ignoring weight loss isn't evidence-based!”	“Weight-neutral care doesn’t ignore weight—it reframes health management by focusing directly on metabolic outcomes such as HbA1c, blood pressure, and lipid profiles. This approach aligns with the latest recommendations from the American Diabetes Association (ADA, 2024), which highlight behavior-based interventions as more effective and sustainable than weight-centric methods.”

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
“My patients specifically ask me for weight-loss advice.”	“Patients often request weight loss because they've been taught it's necessary. Offering education on behavior-focused health improvements (balanced nutrition, physical activity, stress management) shifts their goals toward sustainable health outcomes, reducing frustration from weight cycling.”

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
"Focusing on weight loss motivates patients."	"Short-term motivation from weight loss fades rapidly due to high regain rates (85-95%). In contrast, celebrating sustainable behavioral goals like improved energy, reduced medication use, or better blood sugar levels enhances patient motivation and engagement over the long term."

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
"Weight-neutral approaches aren't effective for managing diabetes."	"Evidence shows weight-neutral care significantly improves metabolic health indicators (HbA1c, blood pressure, lipid profiles) independently of weight loss. Patients using non-diet, intuitive eating approaches often show better long-term adherence and improved mental health, leading to sustained diabetes management outcomes."

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
“Isn’t weight loss still beneficial if done healthily?”	“Intentional weight loss—even if initially healthy—has low sustainability due to biological adaptations. Instead, prioritizing consistent health behaviors leads to stable metabolic improvements. Any weight change that occurs naturally as a result of these behaviors can be considered a neutral byproduct rather than a primary goal.”

Common skepticisms and concerns

Skeptical Statement	Evidence-Based Reframing
"Patients need structured plans, which typically include weight loss."	"Structured plans don't require a weight-loss focus to be effective. Evidence-based structured behavior plans targeting glucose stability, nutrient-dense eating, and regular movement have proven more sustainable and psychologically beneficial than structured diets focused solely on weight reduction."

"Weight-neutral care isn't about ignoring weight—it's about sustainably improving patient health through evidence-based behaviors, reducing stigma, and improving clinical outcomes."

Next Steps: What Can You Do?

We are all learning—progress over perfection.

01



Reflect on your own biases and assumptions.

The goal is not to place blame, but to raise awareness.

02



Implement one small change within the next month.

Revise clinic posters, offer patient education without weight-loss language.

03



Support and advocate for systemic changes in healthcare.

Stigma-free care improves patient trust, adherence, and outcomes.



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