Physical Activity and Behavior Change Guidelines

Christie Befort, PhD

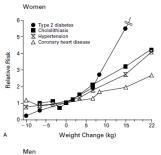
Professor, Department of Population Health
University of Kansas Medical Center
Associate Director for Cancer Prevention and Control
University of Kansas Cancer Center



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Small Changes in Behavior Impact Weight Over the Lifespan

- Average U.S. adult gains weight up to age 55
- 1 2 lbs per year
- Weight gain, independent of BMI, associated with increased cardiovascular and diabetes risk



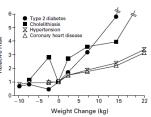
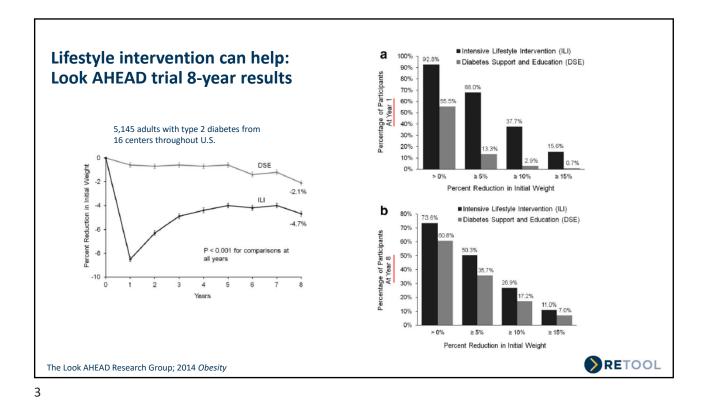


Figure 3. Relation between the Change in Weight and the Relative Risk of Type 2 Diabetes, Hypertension, Coronary Heart

anel Å shows these relations for change of weight from 18 ears of age among women in the Nurses' Health Study, initially 00 to 55 years of age, who were followed for up to 18 years. ⁸⁻¹⁸ Panel B shows the same relations for change of weight from 20 ears of age among men in the Health Professionals Followpublicy, initially 40 to 65 years of age, who were followed for up ~ 0.0 upons ⁸¹⁸

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Williamson, D 1993 Ann Intern Med; Willett et al. 1999 N Engl J Med



Treatment Guidelines: Comprehensive lifestyle intervention program plus adjunctive therapy

- 5-10% weight loss within 6 months
- Weight loss maintained for 1 year or
- Aim for 2-3% weight loss within 1 month

Participants failing to achieve ≥ 2% weight loss at 1 month are 5-6 times more likely not to achieve 10% loss at 1 year Unick et al., 2014, Obesity • Intensive behavior therapy includes **3 components**

Overweight and Obesity in Adults

2013 AHA/ACC/TOS Guideline for the Management of

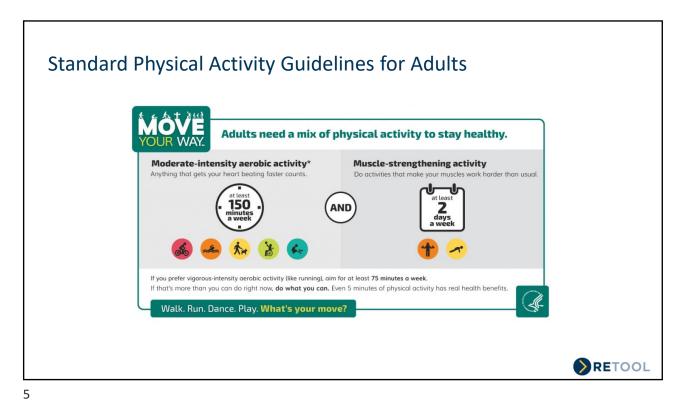
Circulation

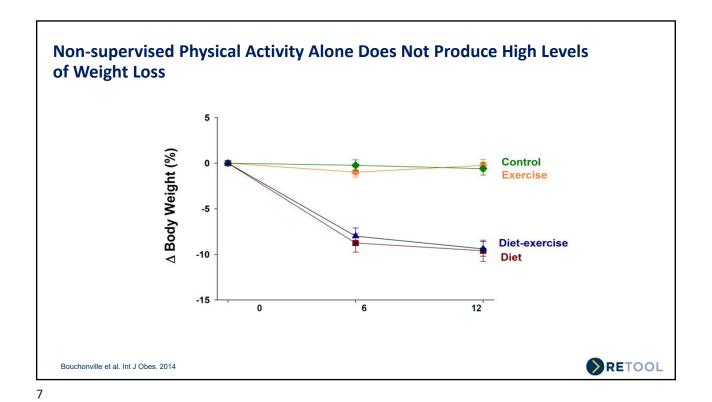
- Reduced-calorie diet: In comprehensive lifestyle interventions, overweight/ obese individuals typically are prescribed a diet designed to induce an energy deficit of \geq 500 kcal/d. This deficit often is sought by prescribing 1200 to 1500 kcal/d for women and 1500 to 1800 kcal/d for men. Alternatively, dietary energy deficits can be determined by one of the methods described in CQ3.
- Increased physical activity: Comprehensive lifestyle intervention programs typically prescribe increased aerobic physical activity (such as brisk walking) for ≥150 min/wk (equal to ≥30 min/d most days of the week). Higher levels of physical activity, approximately 200 to 300 min/wk, are recommended to maintain lost weight or minimize weight regain in the long term (>1 year).
- Behavior therapy: Comprehensive lifestyle interventions usually provide a structured behavior change program that includes regular self-monitoring of food intake, physical activity, and weight. These same behaviors are recommended to maintain lost weight, with the addition of frequent (ie, weekly or more often) monitoring of body weight.
- Strength of Evidence: High

Jensen et al., 2014, Circulation



American Heart Association





But...Physical Activity Is Highly Predictive of Successful Weight Loss Maintenance ◆ <150 min/wk (n = 86)

□ 150-249 min/wk (n = 19) △ 250-299 min/wk (n=21) ▲ ≥300 min/wk (n=44) % weight loss by physical activity level Body Composition

✓ Weight loss maintenance during caloric restriction -2 ✔Preservation of Muscle Mass during caloric restriction <u>Metabolic</u> ↑Hepatic Insulin Sensitivity ↑β-cell Function ↑Insulin Sensitivity ↑Glucose Effectiveness
↑Cardiovascular Fitness Skeletal Muscle
↑Capillary Density
↑Lipid Oxidation -14↑Mitochondrial Content

↓Lipotoxicity -16 12 18 Follow-up, mo It's all about long-term commitment! RETOOL Jakicic et al. 2008 Arch Intern Med

Strategies to Improve Physical Activity Adherence

- Home-based equipment and resources
- High frequency (5+ days/week)
- Consistent time of day
- Moderate intensity

Heart Rate Zone	Effort	How Hard It Feels	Heart Rate	Talk Test
Zone 1	Very easy	5 out of 10	50-60% Max HR	Can Sing
Zone 2	Easy	6 out of 10	60-70% Max HR	Comfortable to talk
Zone 3	Medium	7 out of 10	70-80% Max HR	Can Talk, but breathing heavily
Zone 4	Hard	8 out of 10	80-90% Max HR	Too hard to talk
Zone 5	Very Hard	9-10 out of 10	90-100% Max HR	Unable to talk

Wing et al. 2005 Am J Clin Nutr Perri et al. 2002 Health Psychol Jakicic et al. 1999 JAMA Schumacher et al., 2019, Obesity



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RETOOL Physical Activity Recommendations

- 225 min/week
- 10,000 steps/day
- Gradual progression over 3 months
- Strength training (optional goal-setting)
- Accommodations for injury, chronic pain, poor fitness, function, or balance
- Goals for higher intensity and resistance training incorporated over time

PA min/week progression

Week of Program	Days of Week	Minutes Per Day	Total Minutes Per Week
2	3	15	45
3	4	15	60
4	4	20	80
5	4	25	100
6	4	30	120
7	5	30	150
8	5	30	150
9	5	35	175
10	5	35	175
11	5	40	200
12	5	40	200
13+	5	45	225



Why Do People Change?

- 1. Disadvantages of status quo
- 2. Advantages of change
- 3. They believe they can

You can help them believe they can







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What Do Patients Want?

Treatment options

I started losing weight, and sure I failed, but then he picked me up, dusted me off, and said "Well, we know that didn't work, so let's go another route and try something else." That's what I needed to hear.

Accountability and feedback

Respect me, inform me, help me. Follow up on my progress, encourage me with realistic goals. Expect me to be accountable and responsible.

· Encouragement and understanding

We dread feeling judged or like a failure. So, we look for signs that we can trust you and your staff, that you will see us as people....

Long-term follow up

I need you to be invested with me for the long haul... I need you to not give up on me. Once I had a doctor tell me "every failure means you're going to be more successful next time." I never had a doctor tell me that before.

What I Wish My Doctor Really Knew: The Voices of Patients With Obesity

Janyce Johnstone' Cherie Herredsbergs Les Lacy' Peg Bayles' Lynn Dierking' Arla Houck' Margaret Kilpatrick' Luanne Krumer' Karen Mason'

Carla Mendez¹⁰

Frank Schrotberger Christie Refortis

REFLECTION

Few health care professionals receive comprehensive training in how to effectively help their patients with obeity. Fem is and round many familiar processing, and looking for help when they go to the blooms. We, as a group of patients with obeity, share our common experiences and many familiar processing of patients with the processing of the discovery of the processing of the processing of the discovery of the processing of the processin

Ann Fam Med 2020;18:169-171. https://doi.org/10.1370/afm.2494.

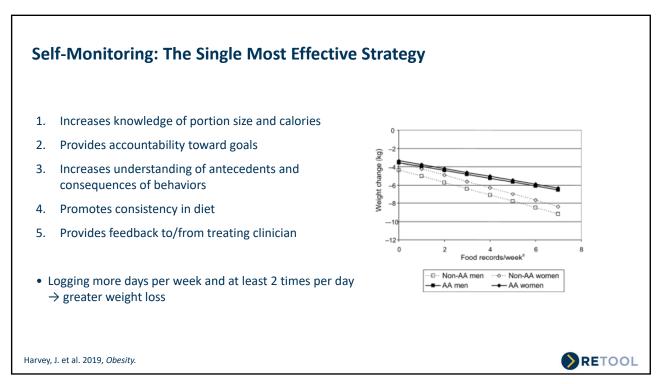
bese—what a cruel word. "O-be-si-ty"—the condition of being grossly fat. A medical diagnosis to describe us. We know it is a medical term, but it can still feel like a cruel word. It's the stigms the sense that it's a character defect.

Johnston et al. 2020, Ann Fam Med











Just an App: no difference Weight change Baseline 3 months 6 months -MyFitnessPal app Characteristic 42 (43) 22 (23) Participants who logged in, n (%) 94 (97) 53 (55) 46 (47) Seekaew et al., 2015, J Clinical Outco Mean logins, n 20.9 8.6 6.5 6.3 4.3 6.2 Management, Median logins, n 8 0 0 0 0 Interquartile Range 2-24 0-4 0-2 0-0 0-2 0-6 0-114 0-108 0-114 0-88 0-100 0-138 RETOOL

SMART Goal Setting

GOAL SETTING

Specific Measurable Achievable Realistic Timely



- 10% weight loss sustained for > 1 year
 - 5%+ clinically meaningful
- Unrealistic goals = goals not met →
 - negative affect
 - negative self-perceptions
 - abandonment of goals
 - weight regain

Not-so-SMART goals	SMART-er goals	
Stop eating out so much	Limit restaurant food to twice per month for the next 6 months	
Lose 75 lbs in 3 months	Lose 10% of body weight in 6 months	
Exercise more	Walk for 45 min/day, 5 days per week (225 min/week), every week for the next 6 months	



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Stimulus Control: Skill Power NOT Will Power

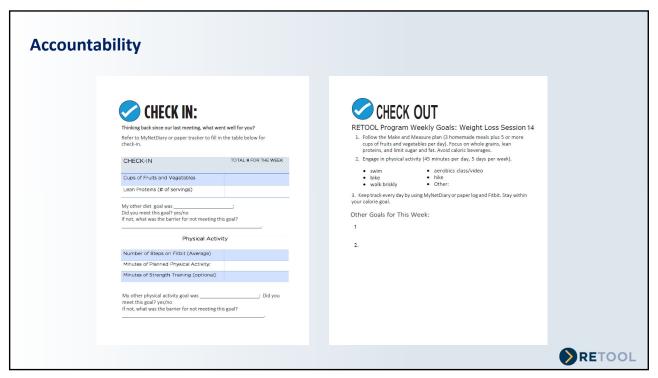
- Environments heavily influence individuals' daily choices
- Follow principles of delay discounting
- Take charge of environmental triggers

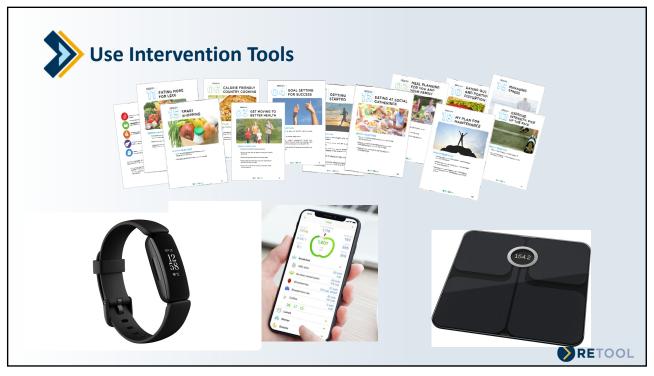












Provide accountability, feedback, and options at each visit

- Agree on short and long term goals for all 3: weight, diet, physical activity
- Help patients translate desires into SMART goals
- Recall and check in on progress toward goals
- Review self-monitoring logs with patient
- Link progress to specific health changes and labs

Setting and Short and Long-Term Goals	
Weekly short terms goals chart progress, while long term goals help clarify your destination. Both short and long-term goals need to be revisited and revised every m	
destination. Both short and long-term goals need to be revisited and revised every m along the journey.	ontn
aiong the journey.	
My Long-term goal(s):	
My 3-month goal(s):	_
My 6-month goal(s):	
My 12-month goal(s):	_
My 18-month goal(s):	_
Diet physical activity behaviors to focus on:	
Setting a calorie goal	
- Increasing fruits and vegetables	
- Choosing lean proteins	
- Adding steps to my day	
- Scheduling physical activity	
 Avoiding empty calorie beverages 	
My goals for this week include:	
wy goals for this week include:	
	_
	_
I will meet these goals by:	
	_
	_
	_
Potential barriers to meeting my goals:	
Potential solutions to managing these barriers:	
	_
If I get off track, I will:	
• -	

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Steer, encourage, provide options Patients do the work

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