



The Weight of Not Managing Weight

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The day I left for college, my mother hugged me tighter than she ever had. She tearfully whispered into my ear, “I love you. Take care of yourself, and don’t be as fat as I am.” It was the first time I realized that my mother felt limited by her weight. She did not want the same for me. At the time, I did not think much of it. I was young and invincible, and I felt good about myself despite my weight. Now as a family medicine resident training in obesity medicine and who continues to struggle with obesity, I wish that my physician had conversed with my mother and me about lifestyle changes and resources available to aid in obtaining a healthier weight when I was younger.

I began to gain weight in the second grade. While I noticed that I was bigger than my peers, my weight had not bothered me because it was the norm in my family. I participated in any activities I wanted (including dance and basketball), and frankly being “thick” was in. However, my college weight gain took me by surprise when my freshman 15 turned into a whopping 75 pounds. I slowly saw the changes, but I ignored them. Instead, I drowned myself in school and extracurricular activities—things I loved and excelled at. However, they also distracted me from focusing on more challenging issues like my unhealthy eating habits. In

reflection, I’m also surprised that no one, including any of my physicians, had talked to me about my weight except my college genetics professor. He warned me, “People may not take you seriously in medicine due to your weight.” While I know he said this from a place of concern, it took me a back to have someone overtly say my weight was a problem.

I went on to gain an additional 25 pounds during my gap year after college and it wasn’t until medical school that I realized that my weight was really a problem. I became more self-aware of my weight as I was learning about hypertension, diabetes, and hyperlipidemia; I realized that could be me. Even more than worrying about developing these chronic diseases, I feared that I was being a hypocrite by telling my patients to lose weight and live a healthy lifestyle when I wasn’t doing it myself.

I lost 50 pounds by my second year of medical school, but regained 20 pounds after boards. I recommitted to losing weight halfway through my second year of residency, and a few months later was introduced to obesity medicine through a colleague. It wasn’t until after completing the Obesity Medicine Association’s (OMA) Obesity Medicine 4-Week Course that I truly began to understand the intricacy and grave importance of obesity education and management. I became intrigued

by the pathophysiology, nutritional and exercise research, and pharmacological treatments, none of which I had known of prior to the course. I questioned why I hadn’t learned this in medical school or earlier in residency. Not only had I learned information to better care for my patients with obesity, but I also had gained a greater understanding of my own body. I learned the evidence behind some diets and exercise plans that I had blindly tried in the past on my own. Moreover, I came to understand obesity as a chronic disease that I’ll likely struggle with the rest of my life.

With this newfound knowledge and personal connection with obesity, a passion grew—I wanted to expand obesity care and education at my institution! Particularly in an under-resourced community, like the one in which I train, primary care clinicians have a pivotal role in providing this care. To address this, I have developed a multidisciplinary weight management clinic within my residency. The clinic includes a nurse, medical assistant, administrator, dietitians, myself, and two supporting family medicine physicians (one of whom is board certified in obesity medicine and the other in integrative medicine). While there have been challenges in starting

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this clinic during the COVID pandemic, there is a grave need for these services; there are currently nearly 150 unprocessed pending referrals for a previous nonsurgical Bariatric clinic at our health center! Moreover, with recent associations between obesity and COVID morbidity and mortality, treating obesity is even more important.

Providing obesity care has been an amazing privilege. I've found that obesity is so much more than what patients eat or how much they move, but also how they feel, their lived experiences, and their personal aspirations. In opening conversations about obesity, I often say to my patients, "I know it can be hard. I love food and have a few pounds to lose too." We chuckle, and the veil of embarrassment and fear of judgment dissipates. One of my patients

expressed that I was the first physician she's truly felt comfortable with. In addition to talking about lifestyle changes she's made to accomplish her now 5% weight loss, we've had very honest conversations delving into topics like self-love, self-worth, and body image. We've even discussed the struggle of exercising with large breasts, which I have also experienced, and was able to recommend a bra that worked for me.

My journey of learning about obesity and managing my weight has highlighted the importance for clinicians to more deeply understand their patients' lived experience and equip themselves with the knowledge to provide effective obesity treatments. I suggest starting by first asking the patient for permission to talk about their weight, then "How has your weight impacted

your life?" and "Are you ready to discuss and make small changes to live a healthier life?" I've learned that attentively listening, educating about the complexity and chronicity of obesity, and providing reassurance that they are not alone and we will work together has dampened patient self-blame, given them insight and the feeling of truly being heard.

I wish I had had someone do this for me, and this is what I strive to do for my patients.

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