BRIEF COMMUNICATION

Beginning a Conversation on Obesity: The 4A Approach

Sanjay Kalra[1], Rosslyn Ngugi[2], Tint Swe Latt[3]

[1]Dept. of Endocrinology, Bharti Hospital, Karnal, Haryana, India; University Center for Research & Development, Chandigarh University, Mohali, Punjab, India
[2]Hon Secretary, Kenya Diabetes Study Group, Nairobi, Kenya
[3]President, Myanmar Diabetes Association, Myanmar

Abstract

This communication shares a simple yet effective method of deciding how to start a conversation on obesity. The aid to decision-making ensures a person-friendly first conversation, which increases the chances of engagement with the health care system, acceptance of therapy and accomplishment of required outcomes. The alliterative 4A model classifies persons with obesity according to their attitudes and behavior as being "Affable" (happy), Apathic/frustrated, Antagonistic/angry/aggressive, or Active/anxious.

Keywords: Barocrinology, communication, obesity, person-centered care

Introduction

Obesity is a tricky subject. While for some people, obesity is a major concern and cause for seeking health care, for others, it is a touchy topic[1]. Inappropriate language may deter a person with obesity from interacting with health care professionals and seeking care for obesity[2]. Thus, the first conversation on obesity must be conducted with care. Guidance is available on introducing the topic of obesity while interacting with patients[3].

Similar guidance is also published for other chronic diseases, including diabetes and polycystic ovary syndrome[4,5]. It must be noted, however, that each person with obesity is unique. The chief complaints and concerns vary, as does acceptance of obesity and willingness to manage it. Psychological factors have a strong interplay with weight and weight management, which must be considered while interviewing any individual.

Address for correspondence
Dr Sanjay Kalra
Dept. of Endocrinology, Bharti Hospital, Karnal, Haryana, India; University Center for Research & Development, Chandigarh University, Mohali, Punjab, India
E-mail: brideknl@gmail.com

The 4A Model

Therefore, we suggest a 4A model which allows the health care provider to classify all persons with obesity and health care accepting behavior; persons can be described as "happy" (Affable), Apathic or frustrated, Antagonistic, angry or aggressive, and Active and anxious seekers of treatment (Table 1).

The model lists examples of statements that can help the professional diagnose the person's attitude and plan their response accordingly.

Application of the 4A Model

While this model provides a framework for the initiation of conversation, it is vital that the conversation is free of stigma,

Table 1. Person-centered Approach to Obesity Conversation

Psychology	Cue	Initial approach
Affable	"I am healthy; I do not need help"	Accept, decision; inform; share sources of information, pickup thread on the next visit
Apathic/ frustrated	"Nothing works; nothing will work"	Appreciate efforts; identify reasons for lack of results; share insights
Antagonistic/ angry/aggressive	"You are lying; you have medicalized a normal condition"	Acknowledge; shift the discussion to other comorbidities
Active seeker/ anxious	"I am overweight; I need help"	Reassure; inform about various options; initiate therapy

Table 2. Usage of Non-Stigmatizing Terms for Discussing Obesity

Words to be avoided	Words that could be used
Heaviness	Weight
Obesity	Body mass index (BMI)
Large size	Weight problem
Excessive fat	Excessive weight
Fatness	Unhealthy body weight

based on facts, strength-based, respectful, and inclusive. It should encourage collaboration and be person-centered. Table 2 summarizes the words that should and should not be used while conversing with a patient with obesity.

Summary

The model is a theranostic tool, as it helps in diagnosing the person's state of mind and attitude towards obesity care, as well as in ensuring persistence with planned therapy. It can be termed as VAT (value-added therapy) for obesity or as 'therapy by the ear' [6-8]. The same model can be used while intensifying or interchanging treatment for persons living with obesity.

References

1. Williams O, Annandale E. Obesity, stigma and reflexive embodiment: feeling the 'weight' of expectation. Health (London). 2020;24(4):421-41.
2. Kalra S, Kapoor N, Deshpande N. Obesity-friendly language. J Pak Med Assoc. 2022;72(6):1237-8.
3. Shippy R, Arena S. Care of patients with obesity: addressing clinician bias. Home Healthc Now. 2021;39(2):109-10.
4. Kalra S, Bajaj S, Sharma SK, Priya G, Baruah MP, Sanyal D, et al. A practitioner's toolkit for insulin motivation in adults with type 1 and type 2 diabetes mellitus: evidence-based recommendations from an international expert panel. Diabetes Ther. 2020;11(3):585-606.
5. Lathia T, Joshi A, Behl A, Dhingra A, Kalra B, Dua C, et al. A practitioner's toolkit for polycystic ovary syndrome counselling. Indian J Endocrinol Metab. 2022;26(1):17-25.
6. Kalra S, Gupta Y, Baruah MP. Insulin and value-added therapy. J Soc Health Diabetes. 2014;2(2):59-61.
7. Verghese A. Cutting for stone. New York, USA: Alfred A Knopf, 2009.
8. Kalra S, Unnikrishnan AG, Baruah MP. Diabetes therapy by the ear. Indian J Endocrinol Metab. 2013;17(Suppl 3):S596-8.

■ ■ ■ ■