The 5 A's In Managing and Approaching Obesity

Ask, Advise, Assess, Assist and Arrange

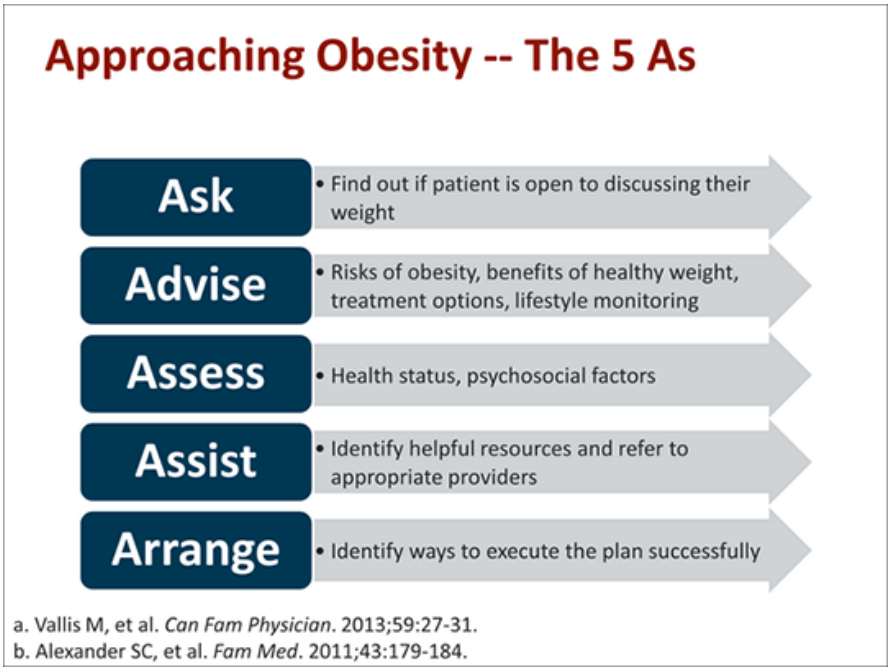
The 5 A's are meant to have the patient actually engage, activate, and change the behavior. The first is probably the most important, and that is "Ask." So if you are in a primary care practice and you are not actively engaged in weight management and are seeing a patient for something else, it is important to begin the conversation by asking, "Is this a good time to talk about your weight?" Because if the patient is not ready to undertake behavior change, you are wasting the rest of the visit.

The patient must be ready. And so if the patient is engaged and is ready to discuss their weight, then the next "A", Advise, is a good chance to make the case for weight management as a pathway to better health management. For example, you could say, "I think if we could make some lifestyle changes, and get some weight loss, we could have better control of your blood pressure and diabetes." This can help start toward whatever the targeted health goal is.

Assess, the third of the 5 As, is about trying to understand where the patient is coming from. What is the patient's starting point? What is the patient's health status? What is the patient's current diet, physical activity, and environment? What have they tried in the past that has or has not worked?

The fourth "A" is Assist, which is helping that patient develop a weight loss goal, a plan of action. The other very important 1, and many physicians forget this, is Arrange. This is not a task you are giving to the patient. It is important for primary care providers (PCPs) to help the patient, help arrange the plan, and make that plan work.

There are some studies in literature that show physicians find it more challenging once they reach the "Assist" stage. They ask, "What do I do now that I have a player? I have a patient who wants to lose weight. I have the time, but what do I do?"[1]



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