

Describing the characteristics of patients who sought treatment in a multidisciplinary weight management clinic in West Virginia

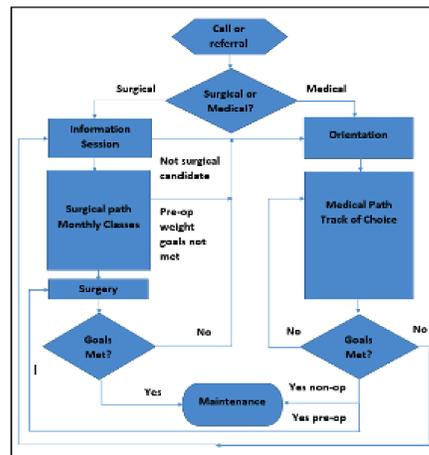


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Introduction

- Medicine and Surgery collaborated to form the “Medical and Surgical Weight Loss Center” at an academic medical center in Appalachia
- Medical program arm (“Medical Weight Management”) works with surgical arm to offer a comprehensive approach to obesity treatment

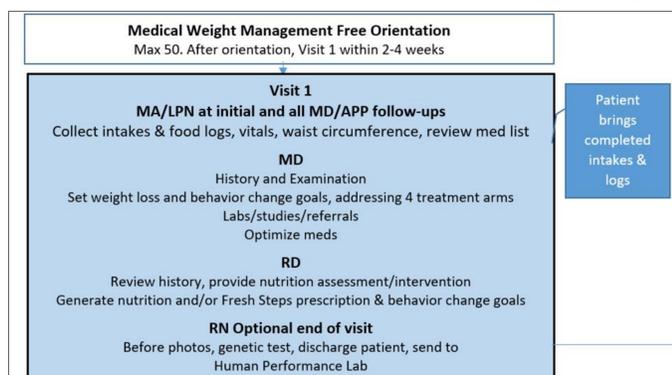
Flowchart for WVU Medicine Medical and Surgical Weight Loss Center



Medical Weight Management Program

- Utilizes evidence-based food, movement, behavior, & medical interventions to improve adherence to lifestyle changes
- Self-monitoring and support for helping patients make sustained lifestyle changes
- New patients evaluated by obesity medicine specialist and registered dietitian for development of individualized medical plan and nutrition prescription
- Patients encouraged to join Human Performance Lab (HPL) (gym staffed by faculty-supervised exercise physiology students where customized physical activity programs are developed)
- Frequent follow-up encouraged as that is known to be key to successful weight loss
- Flowcharts visually demonstrate a generally recommended patient progression through the program and workflow for each team member

Example of Part of Flowchart for Medical Weight Management



Approach

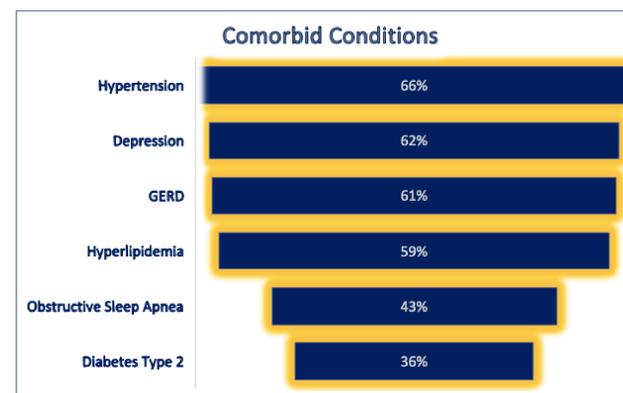
- In this retrospective chart review study, baseline factors were explored for patients that entered the weight management program from inception
- The Slicer Dicer tool within Epic’s EMR was used to obtain baseline results for demographics, comorbidities, medications, etc.

Baseline Metrics

Baseline characteristics of patients in Medical Weight Management (MWM), n=683

Characteristics	MWM Clinic	Health System
Average BMI	42.5mg/kg2	28.9 mg/kg2
Average Age	49 years	52 years
Female Sex	82%	51%
Race Black	3%	2%
Use of Tobacco	6%	7%
Electronic Portal Activated (MyWVUChart)	92%	14%

Percent of patients in Medical Weight Management with certain comorbid conditions



Percent of patients in Medical Weight Management with DM2 on certain medications

Medication	MWM Clinic	Health System
GLP-1 Agonist	39.50%	8.80%
SGLT2 Inhibitor	14.50%	7%
Sulfonylurea	10.10%	17.20%

Conclusions

- The most common comorbid conditions of patients in the MWM clinic are hypertension, depression, GERD, hyperlipidemia, OSA, and Type 2 Diabetes Mellitus
- All the above-mentioned comorbid conditions can be prevented/improved with lifestyle changes such as dietary modifications and physical activity
- Most of the patients seen in MWM clinic are female
- MWM clinic is more successful at optimizing patients’ medications to assist with weight loss compared to the overall health system
- Medication optimization may be easier in MWM clinic due to monthly follow ups

Future Endeavors

- Assess if comorbid conditions are under better control after weight loss, for example rechecking blood pressure, HbA1c, or lipid panel after weight loss is attained
- Implement the optimization of medication to assist with weight loss in primary care settings rather than solely in MWM clinic
- Explore the reasons why certain demographics (for example males) make up a minority of MWM patients

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