

# Inevitable weight regain

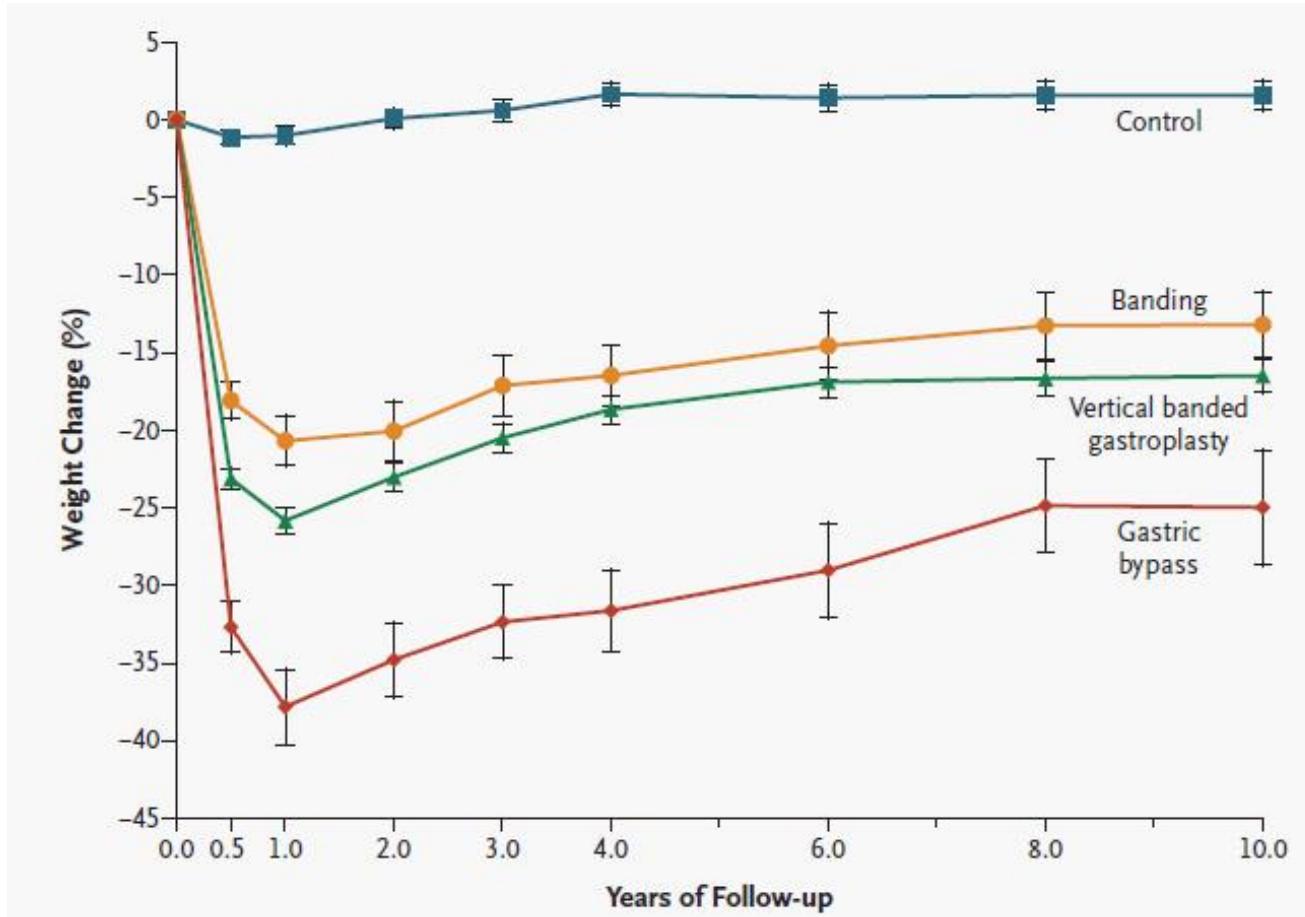
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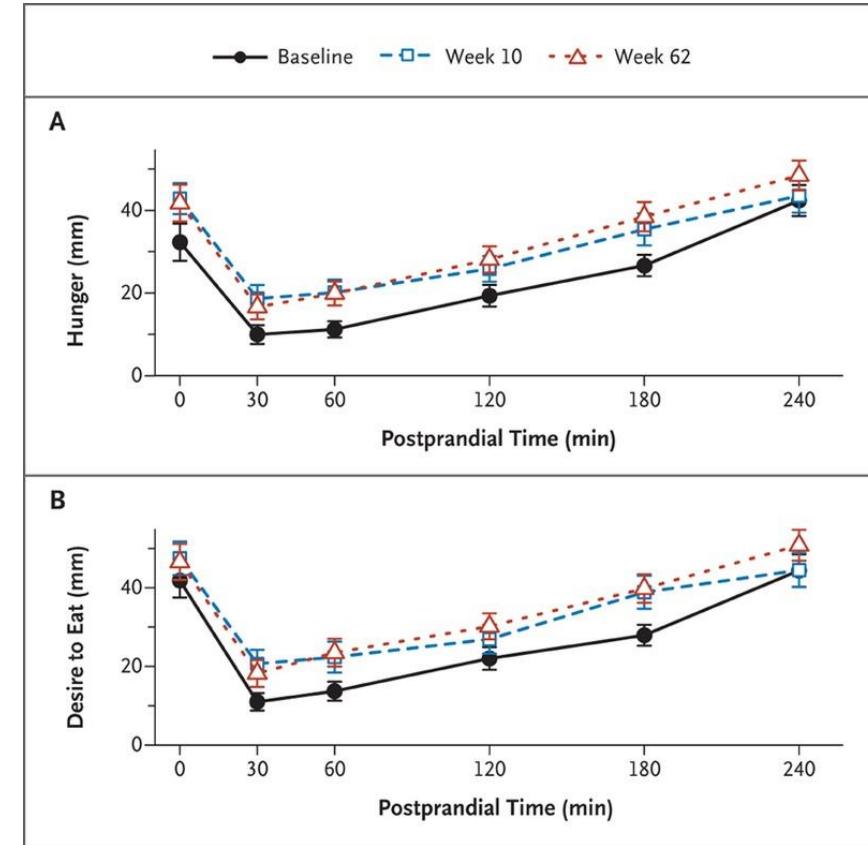
NSHA

# Weight trajectories after bariatric surgery

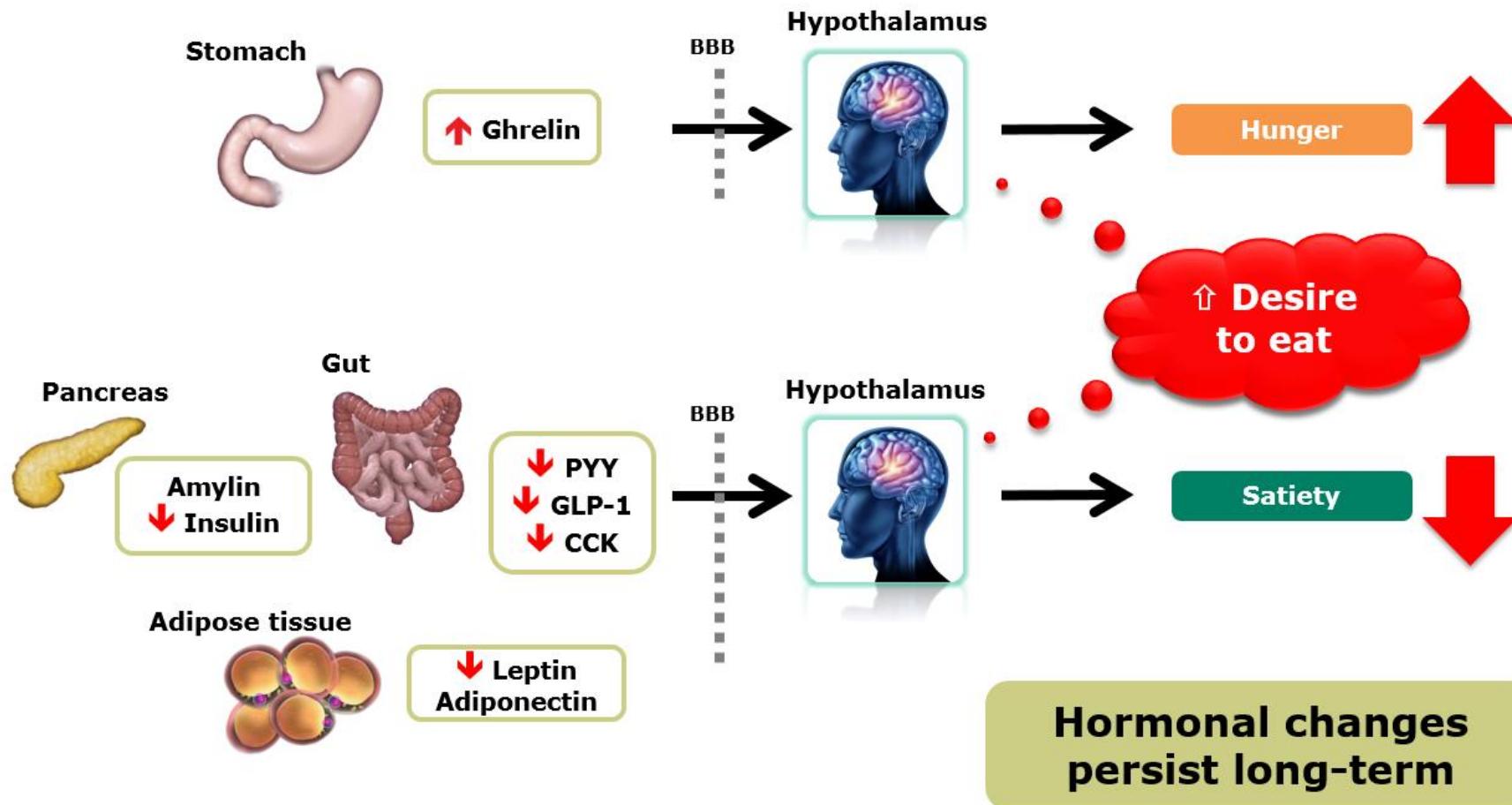


# Long term persistence of hormonal adaptations to weight loss

Persistence of hunger and desire to eat after weight loss



# Following weight loss, physiologic and metabolic responses favour weight regain



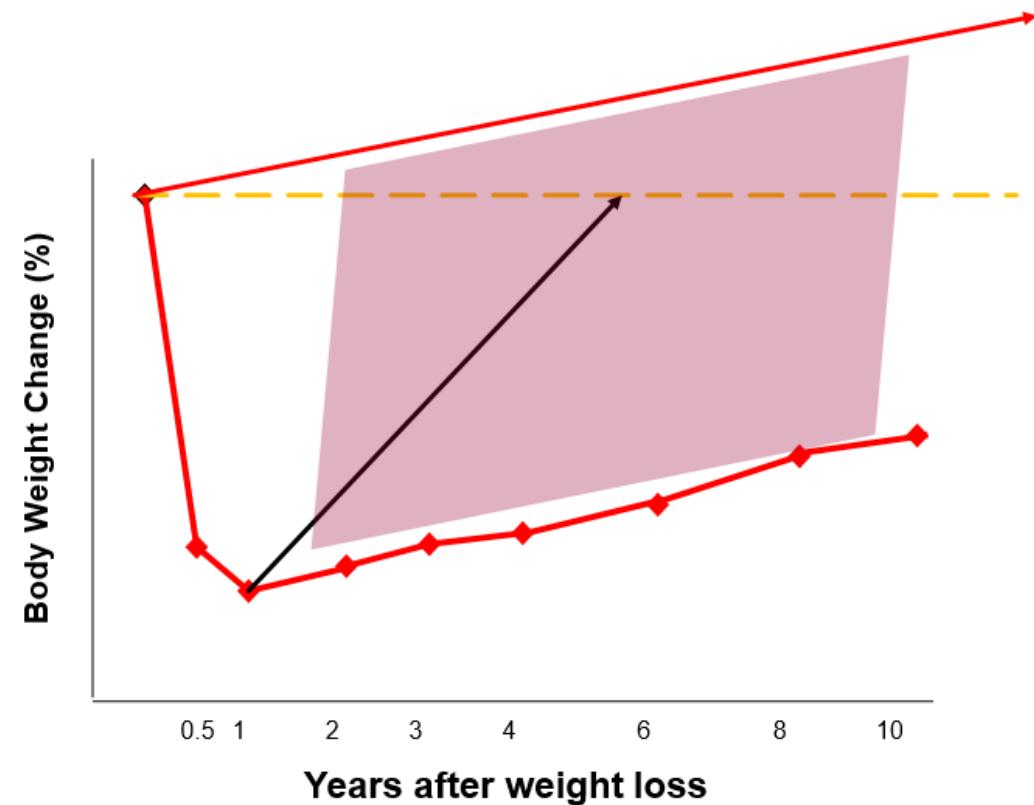
# Weight expectations

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Help patient understand weight regain to help reduce shame and blame

## Hunger and appetite training

- Practice mindful eating
- Monitoring hunger cues and triggers to eat
- Intensity of hunger (self management and awareness)
- Type of hunger



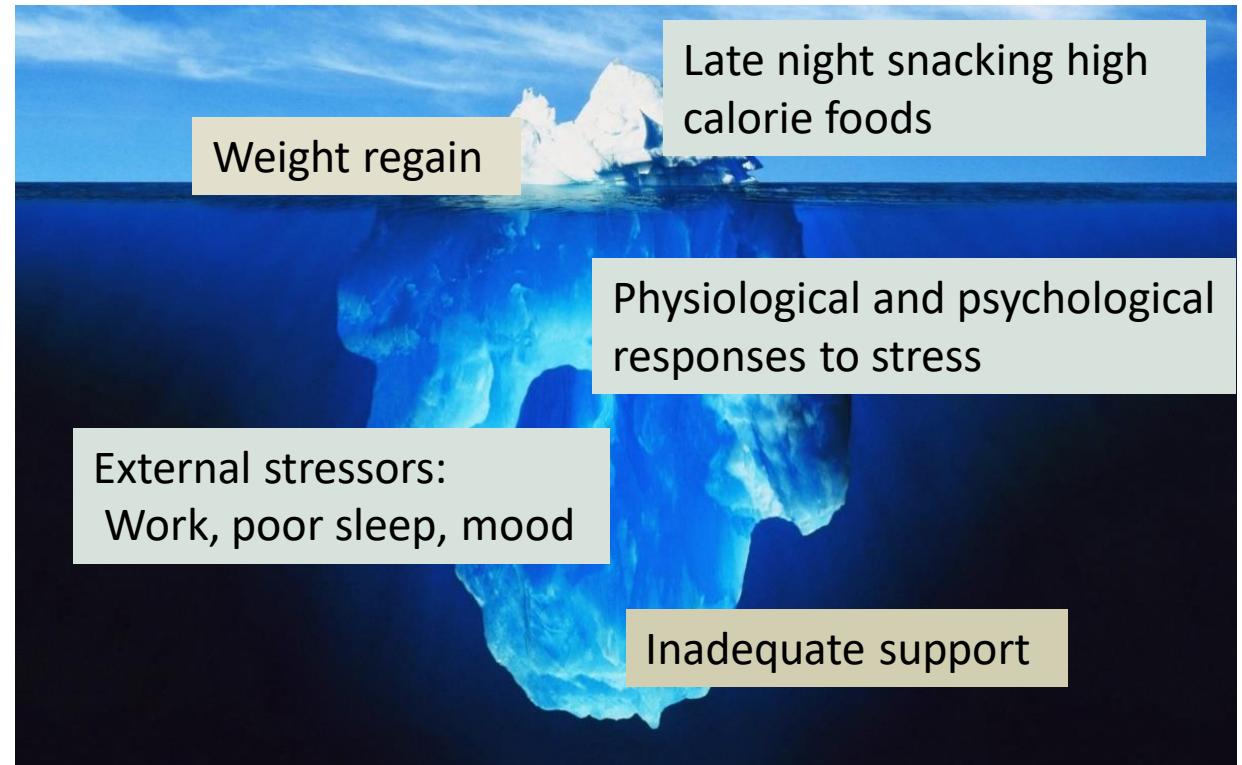
# What's under the iceberg?

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Weight regain often associated with shame, guilt, low self efficacy and binge type eating behaviours

Identify root cause

- Nutrition related
- Psychological
- Physiological
- Medical



# What can clinicians do?

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## Cognitive behavioral modification

- Goal setting
- Self-monitoring
- Stimulus control
- Cognitive restructuring
- Motivational interviewing
- Relapse prevention



# Self monitoring through journaling

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## FOOD INTAKE

Amount eaten  
Meal place and timing  
Frequency of meals  
Availability of food in the home  
How food is prepared  
Consumption outside of home (work)  
Hunger  
Rate of eating and when satiety occurs  
Macronutrient breakdown

## FOOD BEHAVIOURS

Cravings for food  
Emotional experiences surrounding food  
Cognitive and affective stimuli  
Experience and lack of control  
Feelings before, during and after eating  
Triggers for food intake (habit, convenience, addiction)  
Emotional eating  
Eating in absence of hunger

# Stimulus control

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Managing cues associated with eating and exercise behaviour

First identify cues through self monitoring

Minimize environmental cues

- Limit places they eat in home to kitchen
- Eat at regular times of the day
- Avoid distractions while eating
- Eating off smaller plates
- Avoid bringing trigger foods into home
- Place running shoes by desk to cue PA at lunch



# Cognitive Behavioural Modification

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## COGNITIVE RESTRUCTURING

Negative thoughts can create obstacles for behaviour change

↳ catastrophic thinking

- “I have blown it”

Help to recognize negative thoughts, understand function of these thoughts and counter negative thoughts with positive self statements

## MOTIVATIONAL INTERVIEWING

Counselling style

Helps clients explore ambivalence and discover personal reasons to change

Goal: increase intrinsic motivation by encouraging change based thinking

# Relapse prevention: Factors associated with weight gain

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Failure to reach a self-determined weight goal

Eating in response to emotions

Attributing obesity to medical factors

Depression

Sedentary lifestyle

Distress

Disinhibited eating

Poor coping strategies

More hunger

Escape-avoidance problems

Binge eating

Motivation for weight loss: medical reasons,  
other people

# Relapse prevention: Factors associated with weight loss maintenance

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Achievement of self determined weight loss goal

Better coping strategies

More initial weigh loss

Ability to manage cravings

Physically active

Self efficacy

Regular meal rhythm

Autonomy

Eating breakfast

Motivation for weight loss, becoming more confident

Reduced frequency of snacks

Flexible control over eating

Self monitoring