

Better Together? The Effects of Shared Medical Appointments on BMI in Obese Adults

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Significance of the Problem

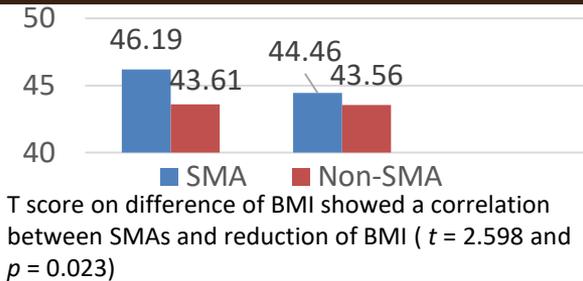
- Prevalence of obesity in the US is 42.4% (CDC, 2019), with Indiana ranking as the 15th most obese state with 34.1% of adults being obese (United Health Foundations, 2020)
- Obesity causes many other diseases, which increases medical costs by 36-150% (Public Health, 2020), however a 5% weight loss in those with a BMI greater than 40kg/m² is estimated to be \$2137 annually per person (Waters & ReVol, 2016)
- Current BMI in the site's county is higher than the state average at 38.6%. (Data USA, n.d.)

Best Practices

- The evidence supports use of a shared medical appointments (SMAs) to improve BMI and improve weight reduction
- An evidence-based protocol for SMAs was developed as a way for obese patients to improve their BMI through multidisciplinary care, behavioral interventions, and motivational interviewing.

Evaluation

BMI: Primary Outcome



PICOT Question

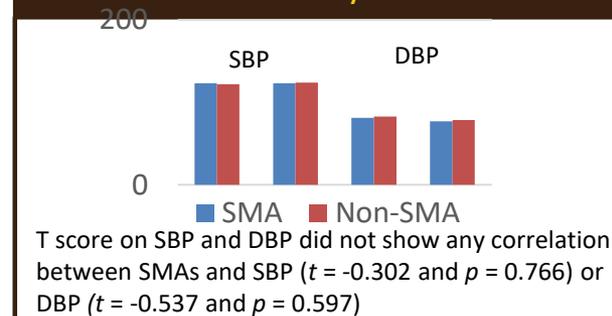
In patients that are obese or with a BMI ≥ 30 kg/m² (P), will implementing shared medical appointments in addition to standard care (I) compared to standard care alone (C) result in a greater reduction of weight and BMI (O) over 12 weeks (T)?

Implementation

- Sample: N= 40 obese adults, split between 2 groups; Age (M = 41.3) and BMI (M = 42.2)
- Setting: Primary care office in Central Indiana
- Design: Pre- , during, and post-intervention within group design and between group design to measure change in BMI.
- Time: 12 weeks, enrollment before first SMA
- Intervention: Obesity-specific, SMAs with multidisciplinary educational component occurring monthly x 3.

Evaluation

BP: Secondary Outcome



Evidence	Database	LOE/Quality
Axten et al., (2017)	MEDLINE	II A ^a
Flodgren et al., (2017)	Cochrane	I B ^a
Gilis-Januszewska et al., (2018)	MEDLINE	III B ^a
Graham et al., (2019)	MEDLINE	I B ^a
LeBlanc et al., (2018)	TRIP	II A ^a
Maciejewski et al., (2018)	PsychINFO	II B ^a
McRobbie et al., (2019)	CINAHL	I A ^a
Shibuya et al., (2020)	CINAHL	III A ^a
Slade et al., (2018)	JBI	I A ^a
Swe & Edu (2019)	JBI	I A ^a
Taylor et al., (2019)	PsychINFO	III A ^a
Tunay et al., (2018)	MEDLINE	III C ^a
Yager et al., (2020)	CINAHL	III B ^a

^a Johns Hopkins

Conclusion and Recommendations

- The reduction of BMI mirrored the results noted in the literature (Flodgren et al., 2017; Shibuya et al., 2020; Slade et al., 2018; Swe & Edu, 2019)
- Changes in both SBP and DBP were mixed in the literature (Axten et al., 2017; Gilis-Januszewska et al., 2018; Tunay et al., 2018; Yager et al., 2020)
- PCPs should consider changing the way they manage obesity to include SMAs
- Future projects/studies should consider a larger sample size, potentially occurring at multiple sites, not during the holidays, and for a longer duration than 3 months

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