



A CLIENT CARE MODULE: UNDERSTANDING OBESITY



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A Client Care Module:
UNDERSTANDING OBESITY

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Define "obesity" and explain how it differs from "being overweight."



Name at least three possible causes of obesity.



Describe how eating habits have changed in the U.S. and how that affects obesity.



Name at least five common complications of obesity.



Describe the two main bariatric surgeries.



Demonstrate your understanding of the prevention and treatment of obesity in your daily work with clients.



A Client Care Module:
Understanding Obesity

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JENNY IS JUST ONE OF MILLIONS...

Jenny knows she is very overweight—what doctors call *morbidly obese*—but she’s not sure exactly how much she weighs. She is too heavy for her bathroom scale and hasn’t visited a doctor to get weighed in a long time. Her best guess is that she weighs about 450 pounds.

Since she was a teenager, Jenny has lost—and gained—hundreds of pounds. Some diets worked, but she always gained back the weight. Last year, Jenny decided to get gastric bypass surgery, but called it off a few weeks before the operation. She was scared of dying from complications of the surgery.

Most of the time, Jenny just stays home. In the summer, she doesn’t go outside because the heat causes her to sweat and it’s difficult for her to keep her body clean. In the winter, she stays indoors because she is afraid of falling on icy sidewalks.

Every day, Jenny battles aches and pains stemming from obesity. Her hips and knees are especially painful after years of carrying around so much extra weight. She walks with a walker even though she is only 52. When she does venture outside her home, Jenny feels judged by other people. The way people look at her makes her feel ashamed and embarrassed.

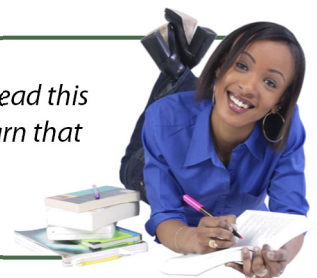
A few days ago, Jenny got up in the middle of the night to go to the bathroom. She tripped and fell on the hardwood floor. It took her twenty minutes to figure out *how* she was going to get up...and twenty more minutes to actually *do* it. When she finally got back in bed, Jenny was emotionally and physically exhausted. She cried herself to sleep.

Jenny takes medications for asthma, high blood pressure, high cholesterol, and type 2 diabetes. She knows her life is at risk and things have to change but she doesn’t know where to start.

Keep reading to learn more about obesity and how you can help your clients prevent or recover from obesity and its complications.

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn’t know before. Share this new information with your co-workers!



OBESITY OVERVIEW



BEING OVERWEIGHT



BEING OBESE

- People are considered **overweight** when their Body Mass Index (or BMI, for short) is **between 25.0 to 29.9**.
- The *average* woman in the United States is 5 feet, 5 inches tall and weighs 164 pounds. If you calculate her BMI, it comes out to about **27.5**—which is in the *overweight* range.
- What about the average man? He stands just over 5 feet, 10 inches tall and weighs 190 pounds. His BMI is also about **27.5**. So, the average American man is *overweight*.
- To be considered **obese**, people must have a Body Mass Index **between 30 and 39.9**. When people are obese, their risk for illness, disability, and death is higher than normal.
- If someone’s BMI is **40 or higher**, the person is considered **morbidly obese**. People who fall into this category have an even higher risk for serious, potentially life-threatening health problems.



The Facts

- Two-thirds of Americans are overweight. Worldwide, more than 1.4 billion people are overweight or obese.
- The annual healthcare costs of obesity in the U.S. are \$150 billion a year. This could rise to as much as \$344 billion by the end of the decade.
- Annually, employees call out sick due to obesity-related conditions nearly 40 million times!
- Nearly a third of American children are overweight—and, around the globe, 40 million children are too heavy.
- For the first time in U.S. history, medical experts are predicting that children today may be on track to have a shorter life span than their parents. This is a direct result of the obesity epidemic.

WHAT’S THE BIG DEAL ABOUT BMI?

Do you remember charts like this one where you could see the recommended ideal weight for your height? Wasn’t that good enough? Why do we need to measure people’s BMI?

Charts like the one pictured were originally created by insurance companies in the 1940s. They were based solely on *statistics*.

In contrast, Body Mass Index is a *mathematical formula*, based on height and weight. It is a fairly accurate way to measure a person’s level of “fatness.”

Range of Healthy Weight for Height				
Height	Female		Male	
	Frame Size Small • Medium • Large		Frame Size Small • Medium • Large	
5' 0"	90 • 100 • 110	95 • 106 • 117		
5' 1"	95 • 105 • 116	101 • 112 • 123		
5' 2"	99 • 110 • 121	106 • 118 • 130		
5' 3"	104 • 115 • 127	112 • 124 • 136		
5' 4"	108 • 120 • 132	117 • 130 • 143		
5' 5"	113 • 125 • 138	122 • 136 • 150		
5' 6"	117 • 130 • 143	128 • 142 • 156		
5' 7"	122 • 135 • 149	133 • 148 • 163		
5' 8"	126 • 140 • 154	139 • 154 • 169		
5' 9"	131 • 145 • 160	144 • 160 • 176		
5' 10"	135 • 150 • 165	149 • 166 • 183		
5' 11"	140 • 155 • 171	155 • 172 • 189		
6' 0"	144 • 160 • 176	160 • 178 • 196		
6' 1"	149 • 165 • 182	166 • 184 • 202		
6' 2"	153 • 170 • 187	171 • 190 • 209		
6' 3"	158 • 175 • 193	176 • 196 • 216		
6' 4"	162 • 180 • 198	182 • 202 • 222		
6' 5"	167 • 185 • 204	187 • 208 • 229		

WHAT CAUSES OBESITY?

The simplest way of looking at obesity is in terms of energy.

ENERGY IN = The foods and drinks that people take in (also called calories).

ENERGY OUT = The amount of energy used by the body.

If ENERGY IN **equals** ENERGY OUT, a person's **weight stays the same**.

If ENERGY IN **is more than** ENERGY OUT, a person **gains weight**.

If ENERGY IN **is less than** ENERGY OUT, a person **loses weight**.

Over time, excess weight happens when people *take in* more energy (calories) than they *use*. So, isn't the answer simple? People who are obese eat too much and exercise too little. Perhaps. But if the science of weight gain hasn't changed, why has obesity become such an epidemic in the United States?

Lifestyle

In recent decades, Americans have become *less active*, spending more time in front of the TV and/or the computer. Studies have shown that people who watch more than two hours of television every day are more likely to be overweight.

Americans walk less and ride more, relying on cars and public transportation to get them where they need to go.

Many schools have cut physical education programs due to financial constraints. This means that children have less opportunity to be active.

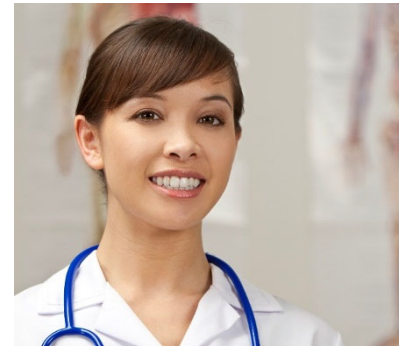
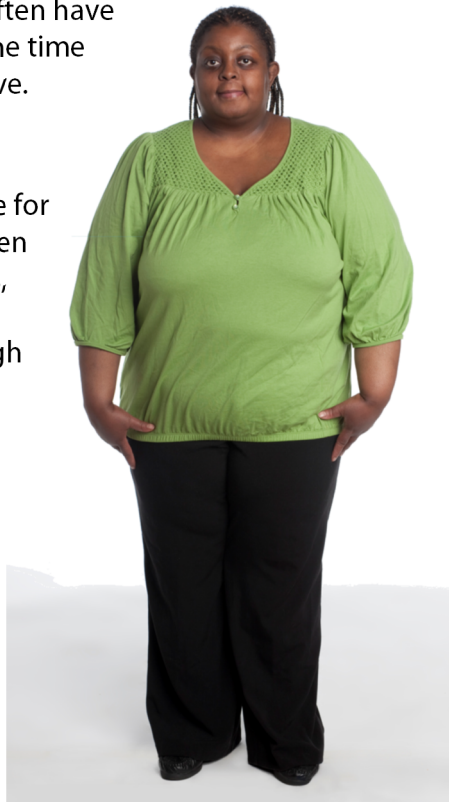
Americans spend long hours working and often have long commutes to their jobs. This eats up the time they might have spent being physically active.

Nutrition

In the past fifty years, the typical portion size for Americans has mushroomed! We have gotten used to "supersized" amounts in restaurants, fast food joints, movie theaters, and more. Many typical American meals contain enough food to feed two or more people.

Some Americans don't have easy access to healthy foods like fresh foods and vegetables. Or, if these foods are available, they might be too expensive.

Food-related advertising is a huge business America. The goal of the ads is to get people to buy high-calorie, high-carb snacks and sugary drinks. Based on statistics, the ads are working!



OTHER CAUSES!

Obesity has also been linked to:

- Family history. Obesity tends to run in families.
- Health conditions, especially hormone-related.
- Medications. Certain medications cause weight gain, including steroids (like Prednisone), antidepressants, and seizure medicines.
- Smoking Cessation. People who stop smoking are at risk for gaining weight.
- Age. As people get older, they have less muscle mass and burn less energy.
- Lack of sleep. Recent studies have shown that lack of sleep increases the risk of obesity because sleep helps maintain the body's hormone balance.



GET OUT!

THINK OUTSIDE OF THE BOX!

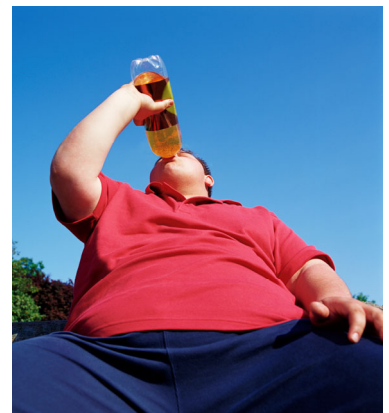
Working with clients in the home often requires coming up with creative solutions to uncommon problems.

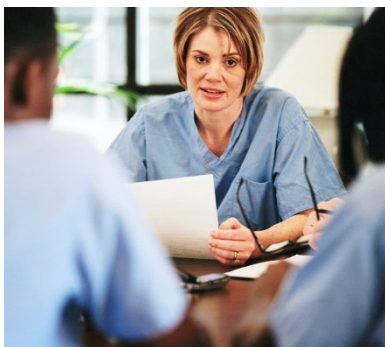
- **THE PROBLEM:** You are caring for a 62-year-old man who is wheelchair-bound. He is morbidly obese and has diabetes.
- His wife, who is slim, does all the cooking and does a good job of making healthy meals. However, your client snacks on “carbs” constantly throughout the day and evening.
- **WHAT YOU KNOW:** You know your client’s health status will not improve unless he changes his eating habits.
- **GET CREATIVE:** What will you do? Think of three creative solutions to this problem. If you don’t know how a problem like this can be managed, talk to your supervisor for ideas.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

EATING HABITS IN AMERICA

While obesity rates are increasing in other countries, there is no questions that the United States is leading the way. When you look at the facts about how Americans eat, it’s not surprising that obesity has become a national epidemic.

- Can you guess how many calories the average American eats every day? It’s about 3000 calories, much of which is sugar and other sweeteners.
- The average American adult eats just shy of ONE TON of food each year. That’s 2000 pounds of food!
- Americans eat 20% of their meals in the car.
- When you compare meat consumption today with what it was in the 1950s, the average person eats 57 *more* pounds of meat per year. This is not because people in the ‘50s had more vegetarian meals. It’s because, today, the typical serving of meat has been “supersized.”
- Line up 10 adults in the U.S. and seven of them will tell you that they eat pretty much whatever they want.
- Fruits and vegetables are losing popularity. People who eat more than one fruit and more than two vegetables each day are in the overwhelming *minority*. Most people choose fruits and vegetables as only 10% of their daily diet.
- Twenty-five percent of Americans eat some type of fast food every day. This is easy to do considering there are about 50,000 fast food chain restaurants across the United States.
- Throughout the U.S., people spend \$100,000,000,000 on fast food every year. That’s 100 BILLION dollars!
- The average American consumes 52 teaspoons of added sugar EVERY DAY!
- In the U.S., people consume eight times more corn sweeteners (like high fructose corn syrup) than we did 60 years ago.





CONNECT IT NOW!

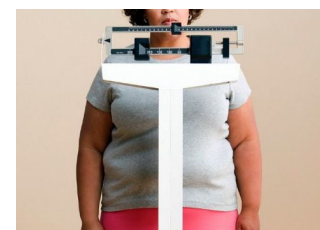
APPLY WHAT YOU KNOW!

- **THE PROBLEM:** Current research suggests that being obese increases the risk for becoming disabled at a younger age. Experts predict this will boost the population of nursing homes by up to 25%. Unfortunately, the nursing home system is already stretched to the limit.
- **WHAT YOU KNOW:** To handle obese and extremely obese people, nursing homes will need *more staff, stronger employees, and better ways to help care for heavy clients.*
- **GET CREATIVE:** How would you deal with this upcoming problem if you were in charge of a nursing home? Think of three creative solutions.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

A LIFETIME OF OBESITY

Unfortunately, obesity is a problem among all age groups. Consider these facts:

- Nearly 10 percent of infants and toddlers weigh too much in relation to their height.
- By the time they enter kindergarten, one in five kids (ages 2 to 5) is overweight or obese.
- Overall, about one in three Americans under the age of twenty is overweight or obese, nearly *triple* the rate from 1963.
- Doctors have detected abnormalities in obese toddlers, children, and teens, including problems with their insulin, liver enzymes, and cholesterol. In the past, these problems were only found in older adults.
- Children who are overweight or obese have substantially higher odds of *remaining* overweight or obese into adulthood.
- Recent studies found that the longer young adults (in their 20's, 30's and 40's) are obese, the greater their risk of developing hardened plaque in their arteries. This boosts their risk of a heart attack or a stroke later in life.
- While the United States seems to "top the charts" when it comes to obesity, the problem is definitely global. Worldwide, the rate of obesity has nearly doubled since 1980, with just over 200 million adult men and just under 300 million adult women obese.
- Among obese adults, age 60 and over, obesity increases functional impairments by 43 percent. These impairments include the most basic of activities such as climbing ten steps or simply bending over.
- Did you know that at least 15% of Americans over the age of 70 are obese? This number is already rising as the Baby Boomer generation gets older.
- In general, people who gain weight after age 60 do so because of a decrease in activity—and not because they are eating more.



COMMON COMPLICATIONS OF OBESITY

Being obese puts people at risk for a number of health problems that have the potential for being serious and/or life-threatening, including:



- High blood pressure
- High cholesterol
- Heart disease
- Stroke

- Type 2 diabetes
- Asthma
- Sleep apnea
- Gallbladder disease
- Cancer
- Menstrual issues and infertility
- Erectile dysfunction
- Fatty liver disease
- Kidney function
- Osteoarthritis
- Increased risk for immobility
- Skin problems, such as poor wound healing
- Increased risk for pressure ulcers
- Depression
- Increased risk for dementia
- Social isolation



THINK ABOUT IT!

SOME DAY TO DAY EFFECTS OF OBESITY

Being obese can lead to health complications, but it also creates obstacles for day-to-day life. For example, obese people may have trouble:

- Fitting into a booth at a restaurant.
- Putting on socks or tying their own shoes.
- Taking a bath (in a standard-sized tub).
- Fitting in the seat on an airplane, in a movie theater, or on a theme park ride.
- Walking up stairs without getting short of breath.
- Shopping for clothes at a “regular” clothing store.
- Riding a bike.
- Wiping their own bottom after going to the bathroom.
- Fitting into a car’s seat belt, especially in the front seat.

AND THERE IS MORE BAD NEWS...

- For every 10 pounds a person is overweight, the body produces an extra 10 mg of cholesterol every day—increasing the risk for heart disease.
- Inside the body, fat cells take up valuable space needed by vital organs. When organs are overcrowded, normal blood flow and organ function can be disrupted.
- People who are obese tend to have reduced mobility, making them more accident-prone.

HOW IS OBESITY TREATED?

EATING DIFFERENTLY

Making changes in eating habits is crucial for meeting weight loss goals.

- The goal is to reduce calories without making drastic or unrealistic changes. To keep weight off, it's important to adopt eating habits that can be maintained over time.
- A typical weight loss diet contains between 1000 to 1600 calories per day—but this is different for every person.
- Eating more foods that satisfy hunger with fewer calories can help win the weight war. For example, your client can eat a cup of healthy vegetables for the same calories as one bite of a rich dessert.
- It's best to avoid fad diets that promise fast and easy weight loss. While it may cause a person to lose weight in the short term, a fad diet is impossible (and often dangerous) to do for the long haul.

MOVING MORE

Increased physical activity is another essential part of obesity treatment.

- No fancy gyms or equipment are necessary. Even simple walking, done regularly, can boost weight loss.
- To lose a significant amount of weight, 250 to 300 minutes of exercise a week is recommended. That breaks down to at least 35 minutes per day.
- For many people, a gradual increase in activity is the way to go. Even five or ten minutes at a time, done daily, can make a difference!

CHANGING BEHAVIORS

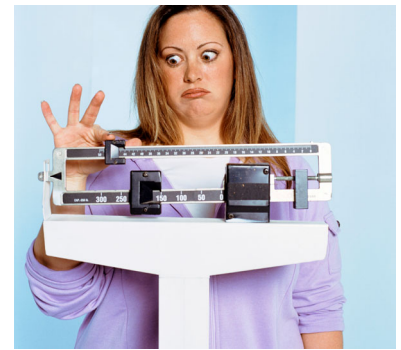
Many people benefit by learning why they overeat.

- Counseling or therapy can help identify the stresses, "triggers," or situations that cause someone to crave certain foods and/or to overeat.
- Support groups (like Weight Watchers meetings) provide the opportunity to learn from others who are battling their weight.

UNDERGOING SURGERY

Some obese people opt for bariatric surgery to help them lose weight.

- See pages 8 and 9 for more information about weight loss surgery.



WHAT ABOUT DRUGS?

Many overweight people wish there was a "magic pill" to help them drop the pounds—but such a pill doesn't exist! All weight loss pills have side effects...and limitations.

PRESCRIPTION

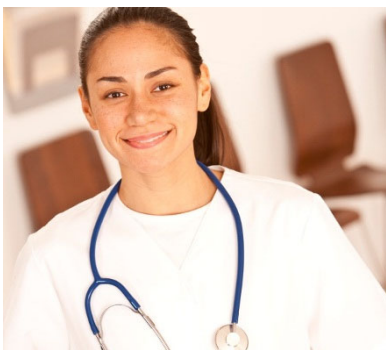
Prescription weight loss drugs are meant for people with a BMI of 30 or more.

The drugs either curb the appetite, help burn fat, or prevent fat from being absorbed by the body.

In general, these pills are meant to be taken for a short time—to "kick start" someone's weight loss.

OVER THE COUNTER

Most OTC weight loss supplements haven't been proved effective—and some may be dangerous or deadly! Despite what the package might say, there is no quick fix for obesity.



WHO GETS SURGERY?

Like any surgery, weight loss surgery has risks, including infection, blood clots, and a 1% chance of death.

So, who benefits from bariatric surgery? Doctors recommend it only for people who:

- Have a BMI of 40 or higher. (For men, this is about 100 pounds overweight. For women, it's about 80 pounds.)
- Or have a BMI of 35 to 40 but also have a serious health issue caused by obesity—such as heart disease, diabetes, or high cholesterol.
- Have tried to lose weight with other methods.
- Understand the risks and commitment involved with weight loss surgery.

COMMON TYPES OF BARIATRIC SURGERY

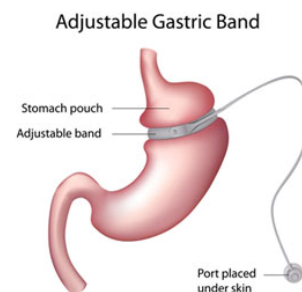
“Bariatrics” is the branch of medicine that deals with obesity...so “bariatric surgery” is weight loss surgery. These surgeries work to restrict the size of the stomach and slow down digestion.

**The average stomach can hold about three pints of food.
After weight loss surgery, the stomach can hold only a few ounces.**

ADJUSTABLE GASTRIC BANDING

One of the least invasive weight loss surgeries, gastric banding involves “belting” the stomach into two sections: a small upper pouch and a larger lower section. The belt—or band—can be adjusted later in a doctor’s office.

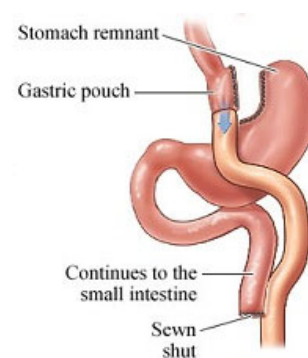
- The two sections of the stomach are connected by a narrow channel through which food can move very slowly.
- After gastric band surgery, most people must chew their food very well and feel full after eating 1/2 to 1 cup of food.
- People who undergo this surgery may lose weight more slowly and are at higher risk for gaining it back than those who have a gastric bypass.
- The most common side effect is vomiting, caused by eating too much food at once.



GASTRIC BYPASS SURGERY

The most common weight loss surgery is gastric bypass. The stomach is cut into two sections. The upper section is then stitched directly to the lower part of the small intestine. This forces food to “bypass” sections of the stomach and small intestine.

- Because food bypasses part of the digestive tract, fewer calories are absorbed by the body.
- After surgery, people tend to lose weight dramatically for the first six months. Then, they continue losing for up to two years after the operation.
- Long term studies show that, after gastric bypass, people keep the weight off for ten years or more.
- Common side effects include nausea, bloating, and diarrhea.
- Unlike gastric banding, gastric bypass is considered irreversible.



WHAT HAPPENS BEFORE AND AFTER BARIATRIC SURGERY?

BEFORE BARIATRIC SURGERY

While exact procedures vary, in most cases clients will need to:

- Be evaluated by a psychiatrist or a psychologist to make sure they are mentally prepared for the surgery.
- Have a sleep apnea evaluation at a “sleep lab.”
- Be checked out for any heart or lung problems that might cause a problem during or after surgery.
- Have a number of blood tests to check for health issues.
- Consult with a nutritionist to have the special diet explained to them.

AFTER BARIATRIC SURGERY

Generally, bariatric surgery takes an hour or less to perform. After the operation, most clients can expect to:

- Be sent home with a prescription for pain pills, which may or may not be needed.
- Spend about one to three weeks recovering from the surgery. During this time, they will follow a special liquid diet and a mild exercise program.
- Advance gradually from a liquid-only diet to a pureed plus liquid diet and, finally, to *small* amounts of regular food. It is very important to follow the prescribed diet to avoid unpleasant side effects. In addition, all food must be chewed slowly and thoroughly.
- Lose weight! Some people lose up to one pound per day. Others lose weight more slowly.



DID YOU KNOW?

BY THE NUMBERS...

- The first bariatric surgery took place in 1954.
- By 1992, surgeons were performing more than 16,000 weight loss surgeries every year.
- That number climbed steadily to about 47,000 in 2001.
- Just a few years later, the number of bariatric surgeries jumped to 171,000.
- The best guess today is that well over 200,000 weight loss surgeries are performed every year.
- Bariatric surgery costs anywhere from \$18,000 to \$35,000. Some insurance companies will pay for the operation if the person meets their strict requirements.

KEEP IN MIND . . . Bariatric surgery is not a cure for obesity. It is simply a tool to help people change the way they eat. While it can be an effective way to lose weight, people still have to make difficult changes in their diet and level of exercise. Without those changes, it is possible—and even likely—that the pounds will pile back on over time.

WEIGHT LOSS SURGERY IS NOT THE EASY WAY OUT AND IS NOT FOR EVERYONE. THE RISKS INCREASE FOR PEOPLE OVER AGE 65.



DOES FAT = FAILURE?

In the U.S., it seems so. There is a definite stigma against people who are overweight.

"You always feel judged when you're overweight."
~Mary Jean

"People don't know me as a person. They just see the size." ~Ron

"It's fascinating to be taking up so much space in a room and have people act as if you don't exist." ~Sara

"Shopping for clothes can be embarrassing. I usually wind up buying pants that are a size or two smaller than what I wear because I don't want the salesperson to know my real size." ~Mac

"We need to foster good health in a more positive way instead of vilifying and demeaning those of us who struggle with being overweight." ~Nancy

CARING FOR OBESE CLIENTS



Be kind! Our society tends to label obese people with many negative qualities, including laziness, poor hygiene, low intelligence, and poor social skills. Many obese clients have endured insulting comments from healthcare workers, causing them embarrassment, guilt, and humiliation. If a client hears repeated negative comments, his or her self-esteem will be affected.

- Remember to treat your clients with respect and dignity, regardless of their weight. Provide encouragement and praise to help them take steps toward improved wellness.
- If you believe that a client suffers from emotional issues relating to weight, let your supervisor know.

Help maintain skin integrity. Skin care is especially important for your obese clients. Excessive moisture tends to accumulate in skin folds. This can lead to infection, irritation, and odor. And, while pressure ulcers usually form on bony areas of the body, the skin folds on obese clients can cause enough pressure to cause skin breakdown. To help prevent skin issues:

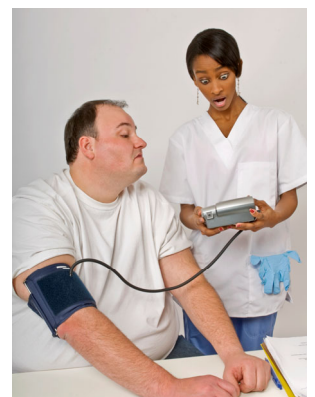
- If possible, see if your client can get a bed designed specifically for obese people. Typically, these beds have a wider mattress and are padded to prevent pressure ulcers.
- With the help of your co-workers and/or lift equipment, reposition an obese client every two hours (or according to your facility's policy).

Raise it up! If your client experiences shortness of breath when lying down, elevate the head of the bed by 30 degrees. This shifts abdominal fat away from the chest area, making it easier to breathe.

Size matters. When measuring blood pressure, be sure to use a cuff that fits your client's arm properly. Using a cuff that is too small or too tight will give an inaccurate (high) reading.

Practice safe lifting. Follow your organization's policies when it comes to lifting your clients. For example, there may be a no-lift or low-lift policy in place. Don't risk your own health by trying to lift an obese client by yourself.

Check the scale. Weigh your clients as ordered. Keep in mind that a standard scale may not be able to accommodate a morbidly obese client.



MORE CARE TIPS FOR OBESE CLIENTS

- **Watch for “stomach” trouble.** Remember that your obese clients are at risk for gallbladder disease and GERD (heartburn). Let your supervisor know if a client complains of:
 - Pain in the upper abdomen, especially after eating.
 - Nausea and/or vomiting.
 - Trouble swallowing.
 - Chronic sore throat.
- **Prevent accidents.** Unfortunately, obesity can lead to both urinary and fecal incontinence for several reasons:
 - The client may have difficulty sitting on a standard-sized bedpan, bedside commode, or toilet.
 - It can take extra time to get a client to the toilet.
 - Having an enlarged abdomen puts pressure on the bladder. It can also squeeze the bowel and anal sphincter, causing stool leakage.
 - To prevent incontinence, offer frequent toileting. If possible, see if your client can get an over-the-toilet commode, which may be easier to sit on. And provide thorough perineal care to prevent odor and infection.
- **Keep ‘em moving!** For obese clients, walking even short distances may lead to shortness of breath and fatigue. To encourage mobility, have them perform as many activities of daily living as possible. Encourage active range-of-motion (ROM) exercises as tolerated. Work up to a short daily walk but watch for signs of fatigue and respiratory distress. If your client sees a physical therapist, ask the therapist how you can assist.
- **Follow the food plan.** Your client may have a specific weight loss diet ordered by a nutritionist or a physician. Make sure you understand which foods your client should avoid, especially if you cook for your client. Praise any small step your client makes toward healthier eating habits. And, let your supervisor know if the client is having a hard time following the diet.
- **Be a good role model!** A recent study found that 55% of nurses were overweight and/or obese. If you fall into that category, maybe now is the time to make some healthy changes for yourself!



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Two-thirds of Americans are overweight. Twelve million of those people are considered severely obese (more than 100 pounds overweight).
2. In recent decades, Americans have become less active and the typical meal portion size has mushroomed!
3. Being obese puts people at risk for a number of health problems that have the potential for being serious and/or life-threatening.
4. The treatment for obesity may include diet, exercise, behavioral changes, medication, and surgery
5. By providing excellent personal care and observing closely for physical and emotional changes, you have the power to improve the lives of your overweight and obese clients.



A Client Care Module:
Understanding Obesity

EMPLOYEE NAME
(Please print):

DATE: _____

- *I understand the information presented in this inservice.*
- *I have completed this inservice and answered at least eight of the test questions correctly.*

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about obesity? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- 1. The causes of obesity can include all of these EXCEPT:**
 - A. Family history.
 - B. Lack of exercise.
 - C. Low intelligence.
 - D. Lack of sleep.
- 2. Obesity puts people at risk for which of these complications?**
 - A. Heart disease.
 - B. Sleep apnea.
 - C. Pressure ulcers.
 - D. All of the above.
- 3. Providing skin care is especially important for obese clients because:**
 - A. Moisture can build up in skin folds.
 - B. They can't take tub baths.
 - C. Obese people tend to smell.
 - D. It promotes weight loss.
- 4. The goal of bariatric surgery is to:**
 - A. Get rid of excess skin.
 - B. Restrict the size of the stomach.
 - C. Allow people to eat whatever they want.
 - D. Keep the person from gaining more weight.
- 5. True or False**
People are considered obese when their Body Mass Index (BMI) falls between 25.0 and 29.9.
- 6. True or False**
Weight gain happens when people take in more energy than they use.
- 7. True or False**
When elderly people become overweight, it's probably due to a decrease in their activity level.
- 8. True or False**
Weight loss surgery is the only successful treatment for obesity.
- 9. True or False**
Over-the-counter diet pills are a safe and inexpensive way to lose weight.
- 10. True or False.**
Most obese people have experienced hurtful discrimination and/or stigma because of their size.

