

A Practical Approach to Weight Loss

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Meet the Team



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Why Are We Here?



- **Goals:**

- Evidence-based, compassionate weight care
- Discuss how obesity is treated today
- Offer guidance and support for next steps

What To Expect Today



- What obesity is (and isn't)
- How we approach care
- Tools and support available to you
- Q&A session

What Is Obesity?

- A complex, chronic disease involving genetics, hormones, behavior and environment
- Not a matter of willpower
- Impacts nearly every system in the body



(CDC, 2023)

Why It Matters

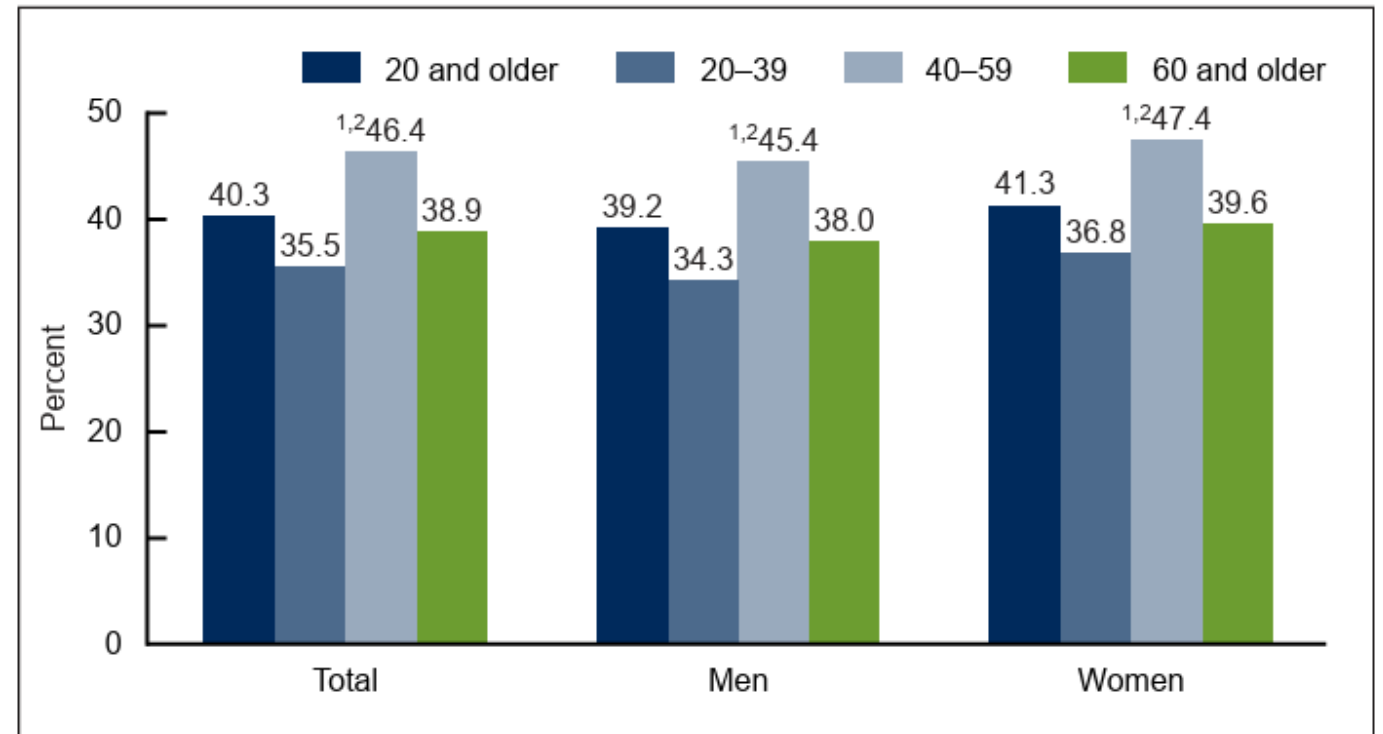
- Tied to diabetes, heart disease, cancer, arthritis and mental health disorders, etc.
- Reducing weight can dramatically reduce health risks
- Early intervention improves outcomes



How Common Is It?

- 40.3% of U.S. adults have obesity
- 9.4% have severe obesity
- Trends continue to rise across all demographics

Figure 1. Prevalence of obesity in adults age 20 and older, by sex and age: United States, August 2021–August 2023



¹Significantly different from ages 20-39 ($p < 0.05$).

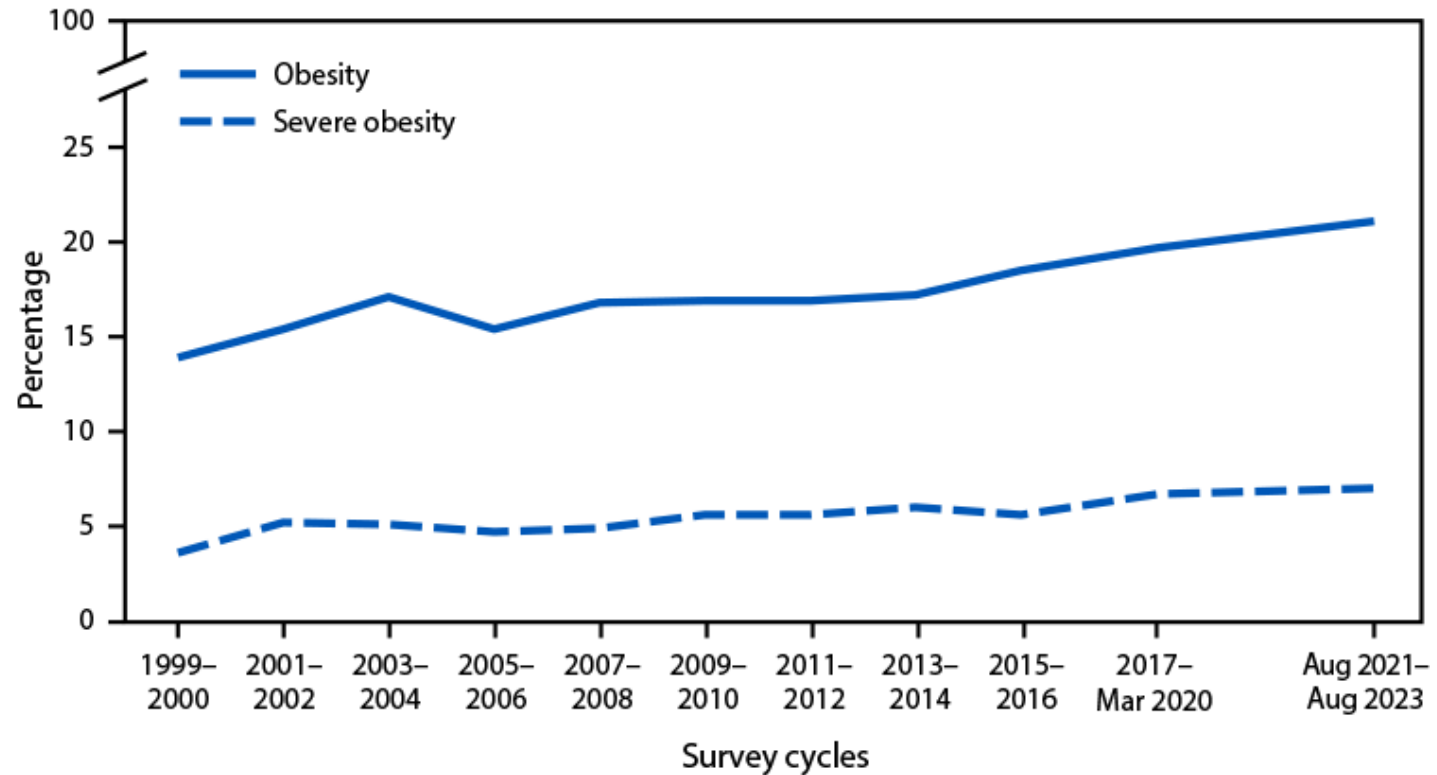
²Significantly different from age 60 and older ($p < 0.05$).

NOTE: Age-adjusted estimates for adults age 20 and older are 40.3% for the total population, 39.3% for men, and 41.4% for women and were age adjusted by the direct method to the U.S. Census 2000 population using age groups 20-39, 40-59, and 60 and older.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, August 2021–August 2023.

Childhood Obesity

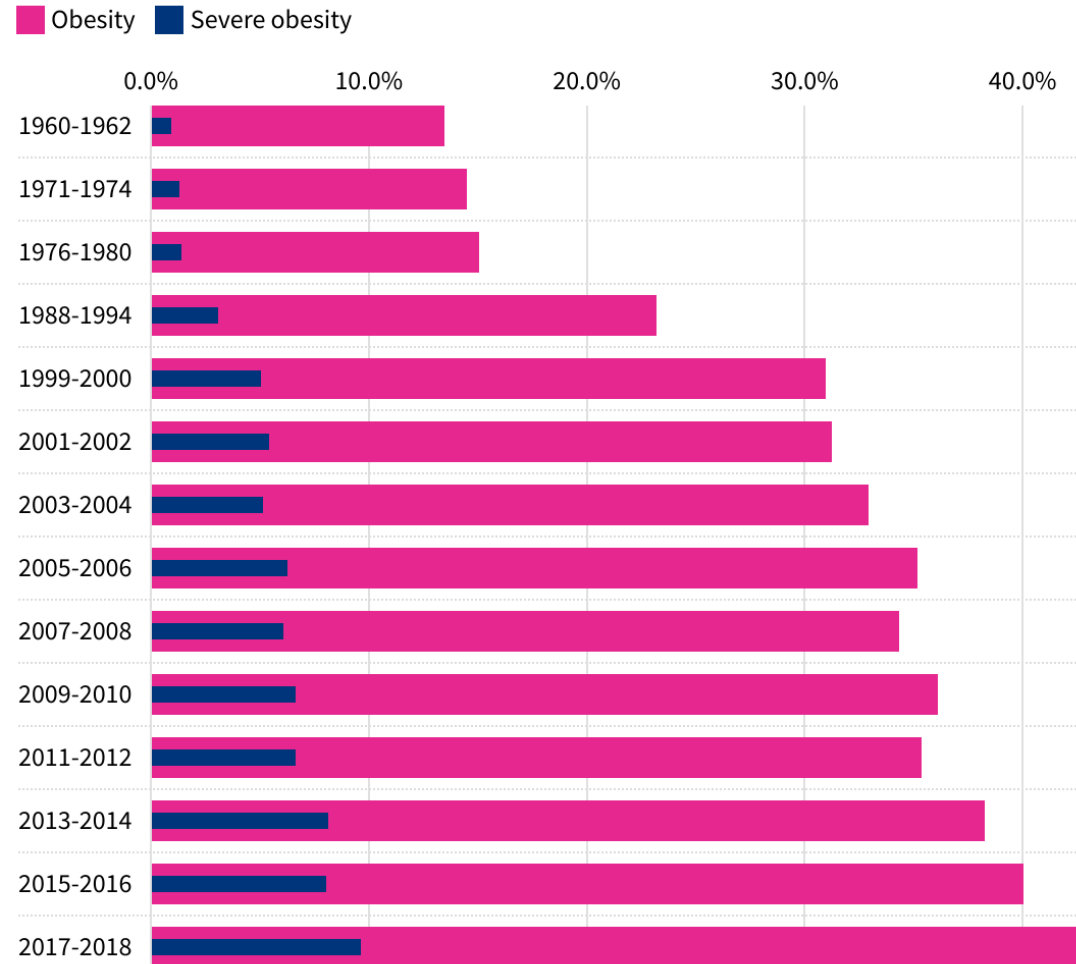
- 21.1% of U.S. children (ages 2-19) have obesity
- 7% have severe obesity
- Increases lifelong risk of chronic disease



(CDC, MMWR 2023;72(28):739-745)

Trends Over Time

- Obesity rates have tripled since the 1960s
- Particularly rising in children and young adults
- Urgency for earlier, preventative action



This accounts for the population between the ages of 20-74. The obesity category already includes severe obesity.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics **USA FACTS**

Economic Burden

- \$173 billion in annual medical costs
- Productivity losses: \$3.38-\$6.38 billion per year
- Major impact on employers, insurers and healthcare systems



(CDC, The Health and Economic Costs of Obesity, 2019)

Our Approach To Care



- Get to know our patients
- Incremental change – no crash diets or bootcamps
- Using science and experience
- Supportive, personalized change
- Focus on long-term success, not quick fixes that result in rebound

Our Approach To Care

- 60-minute intake visit to explore goals and history
- Monthly 20-minute follow-ups to discuss building new goals, medication management and accountability.
- Medication management and lab monitoring
- Dietician available for meal planning and support
- Specialty referrals for comorbid conditions.



What We Do

- We address obesity for what it is: a multifactorial condition
- Treatment involves addressing all contributing factors—biological, behavioral, emotional, and social
- We focus on long-term health, not short-term numbers
- We work collaboratively with you to create a sustainable plan



What We Don't Do



- Shame or blame
- Extreme diets or rapid weight loss programs
- “Sweat it out” bootcamps
- Cookie-cutter advice

We Focus On

- Sustainable nutrition and activity
- Behavioral support (stress, motivation, environment)
- Incremental changes with monthly goals
- Creating a safe, stigma-free space
- Empowering patients to take control of their health



- Individualized guidance tailored to culture, access, goals
- Focus on quality (whole foods, fiber, protein)
- Mindful eating and portion awareness
- No calorie obsession or rigid meal plans



(Obesity Medicine Association Algorithm, 2023)

Nutrition – Takeaways

- Focus on regular meals throughout the day to avoid hitting a meal overly hungry
- Focus on high protein and fiber diets.
- Minimize processed foods. Focus on whole foods.
- Reduce caloric intake from liquid sources.



(Obesity Medicine Association Algorithm, 2023)

Physical Activity

- Our bodies have evolved to move
- Regular exercise is one of the healthiest interventions we can engage in to improve our metabolic and mental health
- You have the time – you may need to be creative



(CDC Physical Activity Guidelines, 2018)

Physical Activity – Takeaways

- Start where you are – incremental change will prevent overuse injuries
- Goal: 150 minutes/week of moderate to intense activity
- Resistance training = muscle mass = metabolic gold
- Orthopedic issues can be addressed with physical therapy or physiatry



(CDC Physical Activity Guidelines, 2018)



- Poor sleep alters hunger hormones (ghrelin \uparrow , leptin \downarrow)
- Associated with weight gain and insulin resistance
- We screen for OSA, especially in patients with fatigue or snoring

(Journal of Clinical Sleep Medicine, 2021)

- Obstructive sleep apnea is when you stop breathing during sleep
- It can lead to increased hunger, decreased movement and insulin resistance
- Also increases risk of heart attack and stroke
- Signs/symptoms may be – loud snoring, witnessed events of stop breathing, waking up gasping, morning headaches or non-restorative sleep.

Sleep - Takeaways

- Try maintaining a sleep schedule across all 7 days.
- Regular bed-time routine
- Discuss insomnia with your PCP to see if there are options for treatment.
- If you think you may have sleep apnea, discuss with your PCP to get screened and possibly be referred for a sleep study.



Mental Health Assessments:

- Depression: PHQ-9
- Anxiety: GAD-7
- BED: BEDS-7

Emotional health influences **food, movement, sleep**. We identify and support co-occurring conditions.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all
☐

Somewhat
difficult
☐

Very
difficult
☐

Extremely
difficult
☐

Mental Health – Takeaways

- If you have depression and/or anxiety which you feel leads you to emotionally eat – this may be something to discuss with your PCP.
- In addition, some medications which treat these conditions can cause weight gain.



- Prescribing based on co-conditions, insurance, patient comfort
- Deprescribing/changing medications for weight gaining drugs



Medication Options

- GLP-1s (semaglutide, tirzepatide), metformin, bupropion/naltrexone, phentermine/topiramate, etc.
- Used when clinically appropriate and safe
- Part of a holistic treatment plan



- Review of meds that promote weight gain:
 - Antipsychotics, SSRIs, insulin, beta-blockers
- Explore alternatives or dose adjustments when appropriate
- When feasible, we collaborate with prescribing providers to discuss safe adjustments



Dual Benefits of Medication

- Binge eating: lisdexamfetamine
- Alcohol Use Disorder: naltrexone
- Depression/Anxiety: bupropion
- Migraines: topiramate
- Insulin Resistance/PCOS: GLP-1s, metformin
- "Food noise" - any of the above, phentermine

Is Surgery Right For You?

- Option for patients with BMI ≥ 40 or ≥ 35 with comorbidities
- Effective tool, especially for type 2 diabetes
- Requires commitment to lifelong follow-up



Behavior & Mindset

- Behavior change is a skill
- Goal setting: achievable, measurable, meaningful
- Motivation is dynamic — we help keep the fire stoked
- Encourage use of self-monitoring tools (journals, apps, check-ins)



Weight Loss Goals

- 5–10% loss improves:
 - Blood sugar, blood pressure, cholesterol, sleep apnea
- Emphasis on what's realistic and maintainable



Monthly Goal Planning



- Choose one change to focus on at a time
- Create specific, attainable targets
- Track and celebrate progress—success means healthier behaviors, not just numbers on the scale

Month / Year							Notes:
Sun	Mon	Tue	Wed	Thu	Fri	Sat	

Designed by 123FreeVectors.com

Tracking Wins

- Non-scale victories:
 - More energy, better sleep, clothes fitting better
 - Mood and confidence boosts
 - Reduction in need
- Patient-centered success metrics



Patient Success By The Numbers



- **Patients seen: 684**
- **Weight lost: 6,794 lbs**
- **Highest %: 43%**
- **Highest weight lost: 159 lbs**

As of 7/2/2025

- If you're motivated to make meaningful changes, we're here to support you
- We see adults and children
- We can refer for bariatric surgery evaluation when appropriate
- Bring your questions and goals—we'll meet you where you are

Recap & Key Takeaways

- Obesity is treatable
- It's not your fault — and you're not alone
- You deserve real support, real science, real care



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of health care in our community**

COMMUNITY

We believe everyone should have a fair and just opportunity to reach their full health potential, both physically and mentally.

PATIENTS

We believe providing the community with the highest value in health care requires an innovative, patient-centered environment.

WORKFORCE

We believe it's imperative to invest in the professional growth and physical and mental health of BCH's greatest asset—the staff and physicians providing care to the community.

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