Appendix A

Obesity Management

An overview of the disease and new treatments available in Canada

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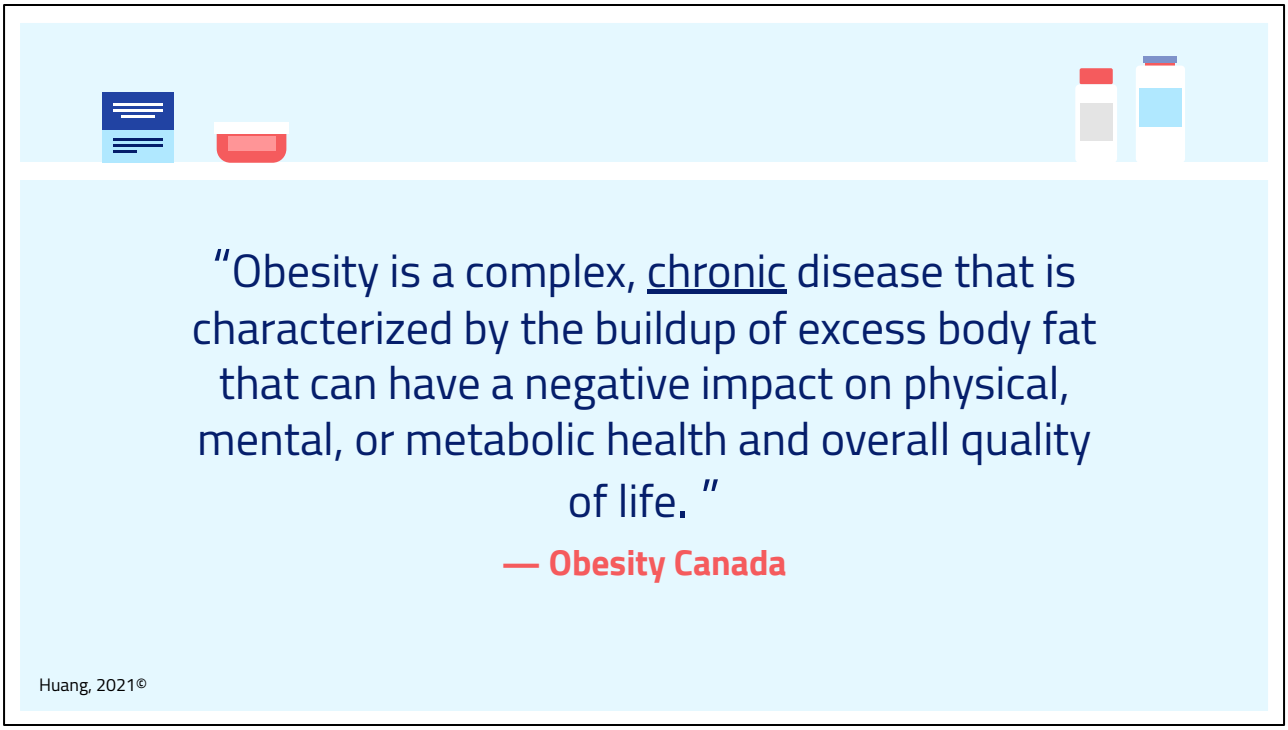
#1
Overview

#2
New Guidelines

#3
Treatment Options

#4
Medications for Weight Loss



Let's start with an overview of the topic. What is obesity? Obesity Canada states that obesity is a complex, chronic disease that is characterized by the buildup of excess body fat that can have a negative impact on physical, mental, or metabolic health and overall quality of life.

Source: https://www.cmaj.ca/content/192/31/E875, https://obesitycanada.ca/understanding-obesity/

Since 2015, obesity has been recognized by several organizations as a chronic disease - including the Canadian Medical Association, American Medical Association, Obesity Canada, and the World Health Organization. There has been a push in all provinces for the provincial medical associations to follow suit and obesity has been recognized as a chronic disease by several provinces (i.e. SK, Yukon)

Source: https://obesitycanada.ca/obesity-in-canada/

What Does Obesity Look Like in Canada?

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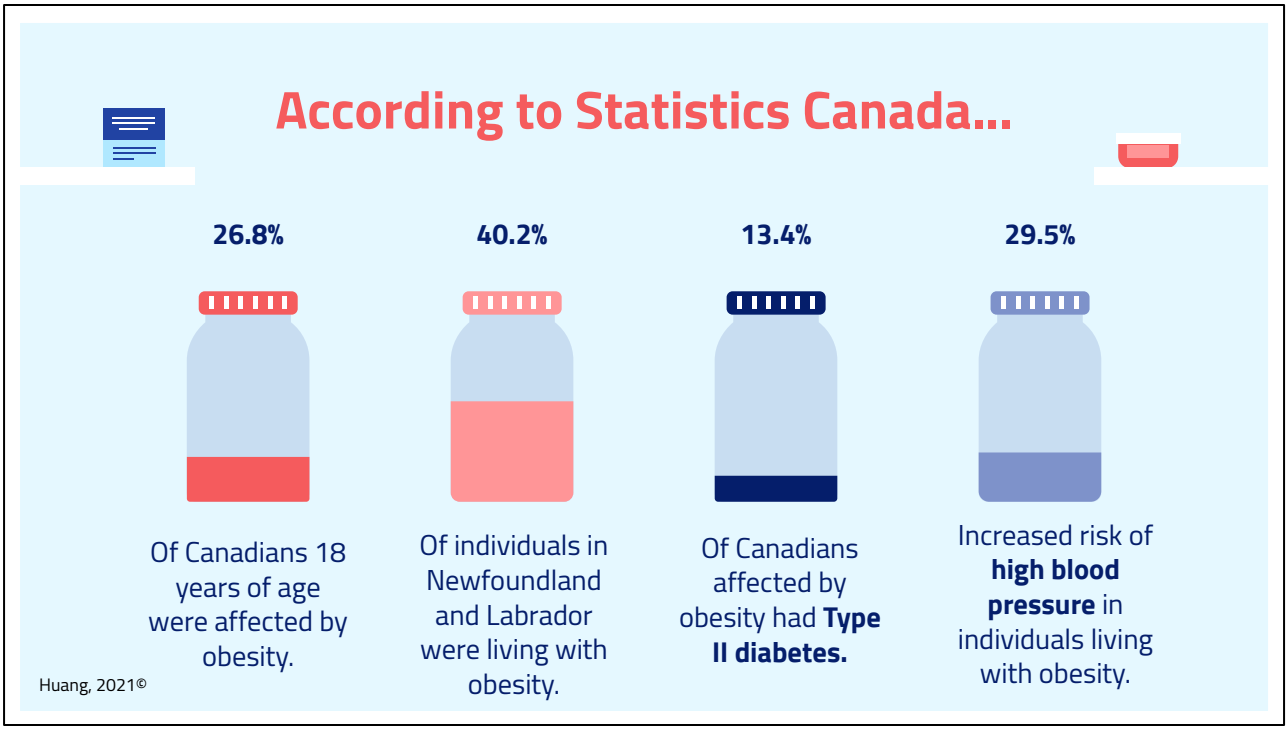
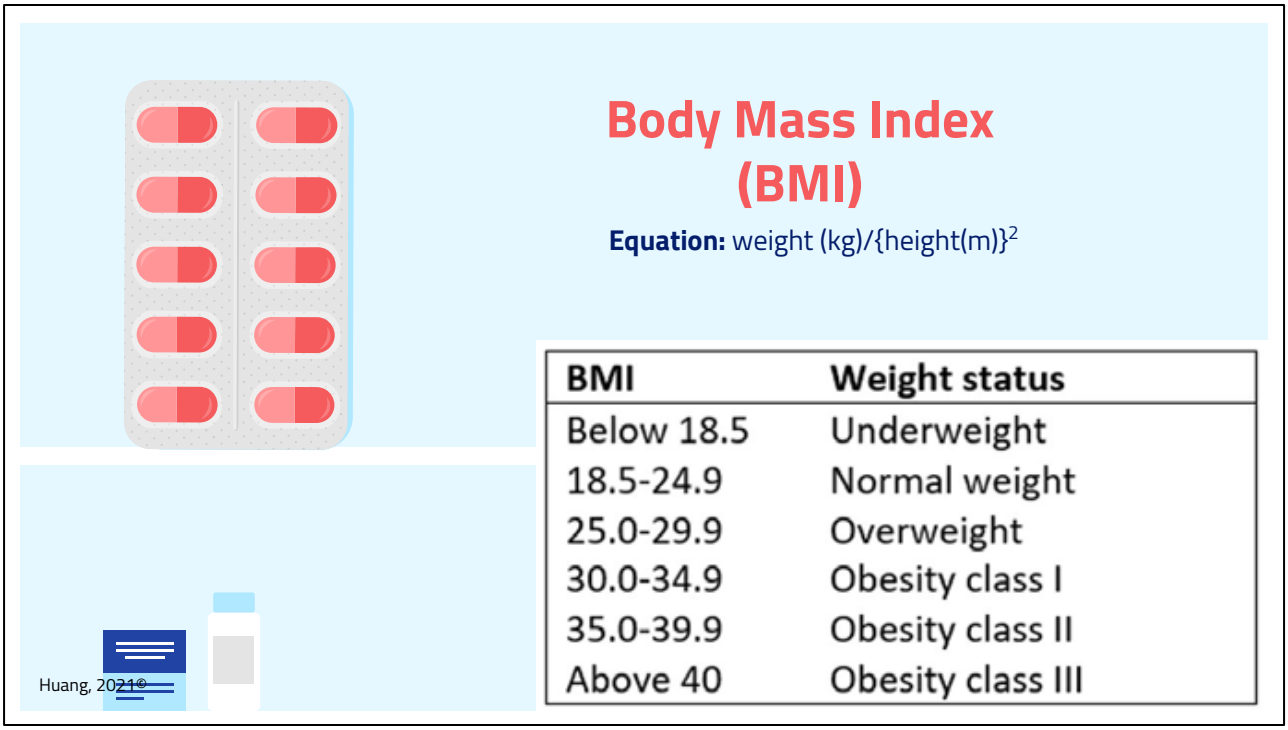


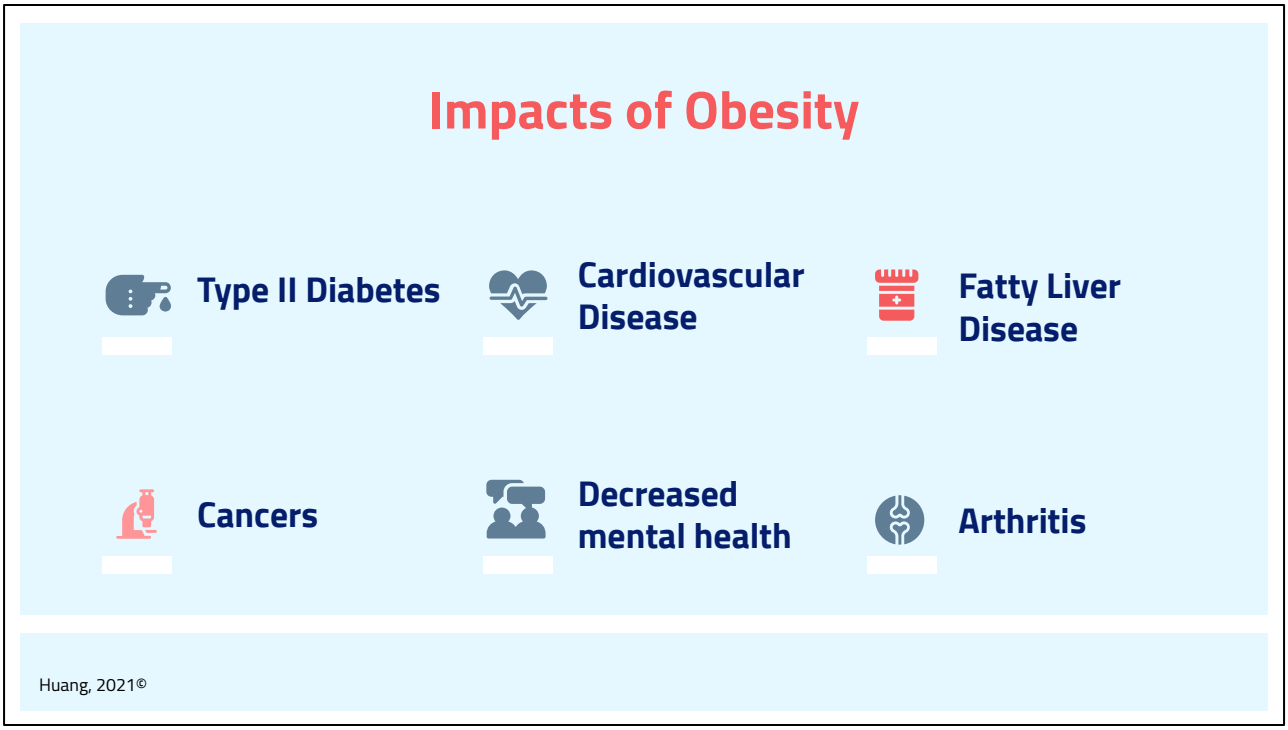
According to Statistics Canada, in 2018, 26.8% of Canadians 18 years of age or older were affected by obesity based on BMI (height and weight). This accounted to around 7.8 million Canadians. In Newfoundland and Labrador in 2018, 40.2% of individuals were living with obesity, placing the province the highest in Canada. In British Columbia, in 2018, 23.1% of individuals were living with obesity, placing the province the lowest in Canada

Obesity can increase the risk of several chronic diseases. The prevalence of Type II diabetes in patients affected by obesity was 13.4% compared to 2.9% in the general population. Adults affected by obesity had a 29.5% chance of being diagnosed with high blood pressure compared to 9.5% in the general population.

Source:
https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00005-eng.htm

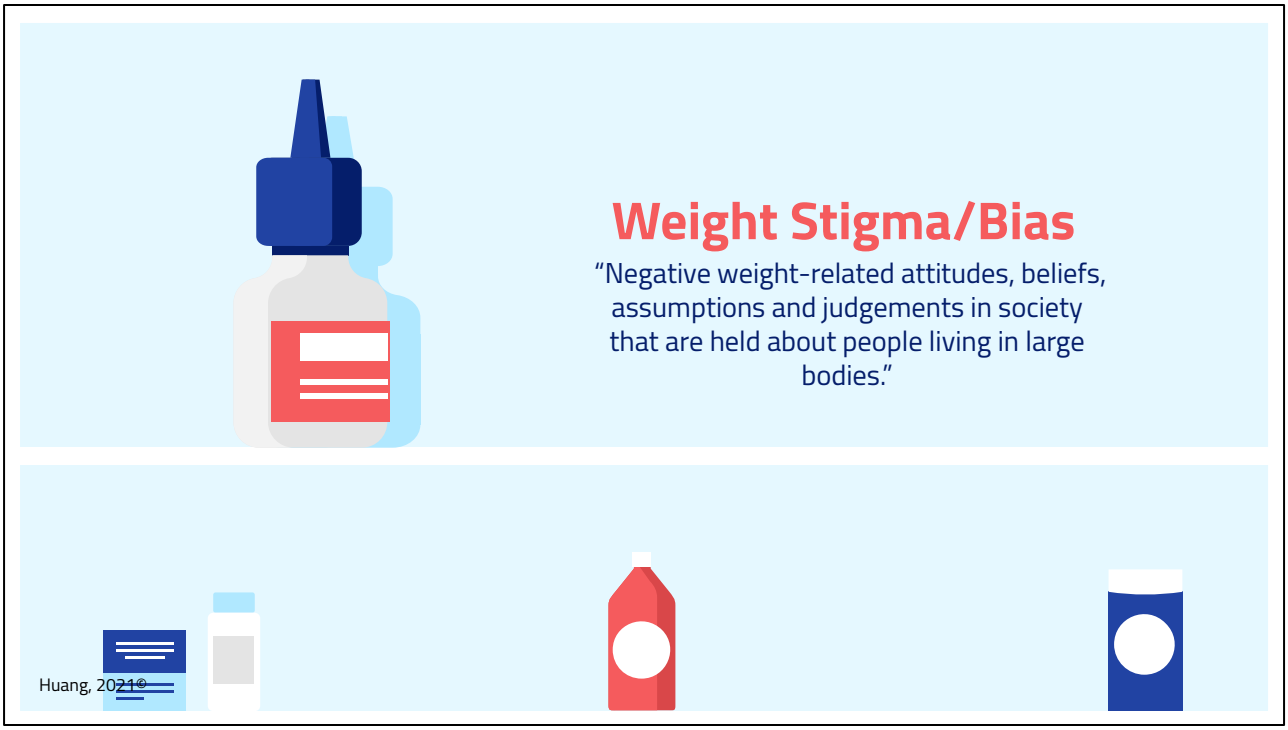


Currently, it is most common to use the body mass index (BMI) equation to classify obesity. This measurement is not perfect however and is usually only the first measurement taken to get a general understanding of the disease. It does not give information about the risk of complications related to obesity. Many clinicians are using several measurements (including BMI and waist circumference) to get a better picture.



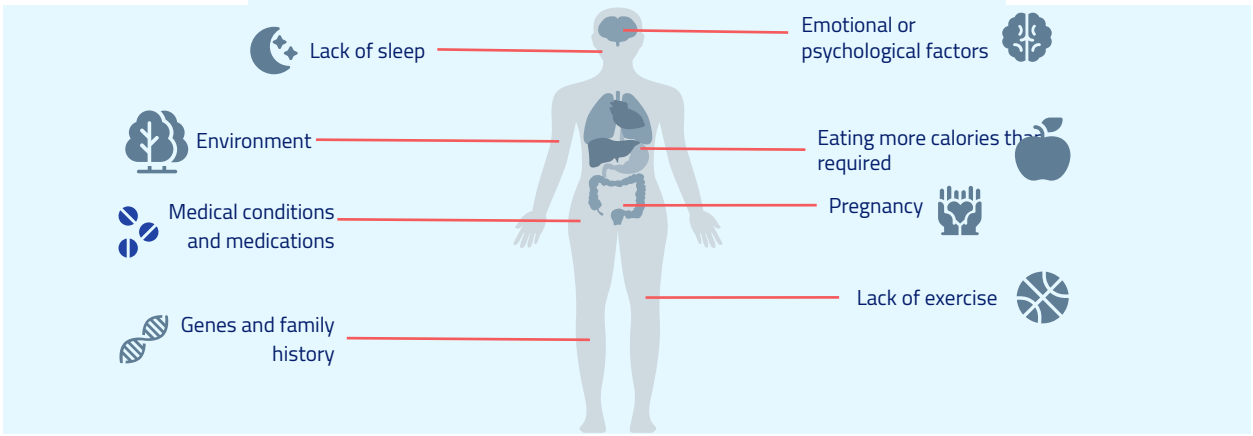
Obesity is the leading cause of many other chronic diseases including Type II diabetes, cardiovascular diseases such as high blood pressure, heart disease, and stroke, fatty liver disease, several types of cancers including colon, kidney, esophagus and breast cancers, and arthritis. Obesity also impacts mental health (i.e. depression, anxiety) and monetary health (i.e. education, employment, costs of living/weight loss aids).

Source: https://obesitycanada.ca/understanding-obesity/health-impacts-obesity/, https://www.cdc.gov/healthyweight/effects/index.html, https://www.cmaj.ca/content/192/31/E875



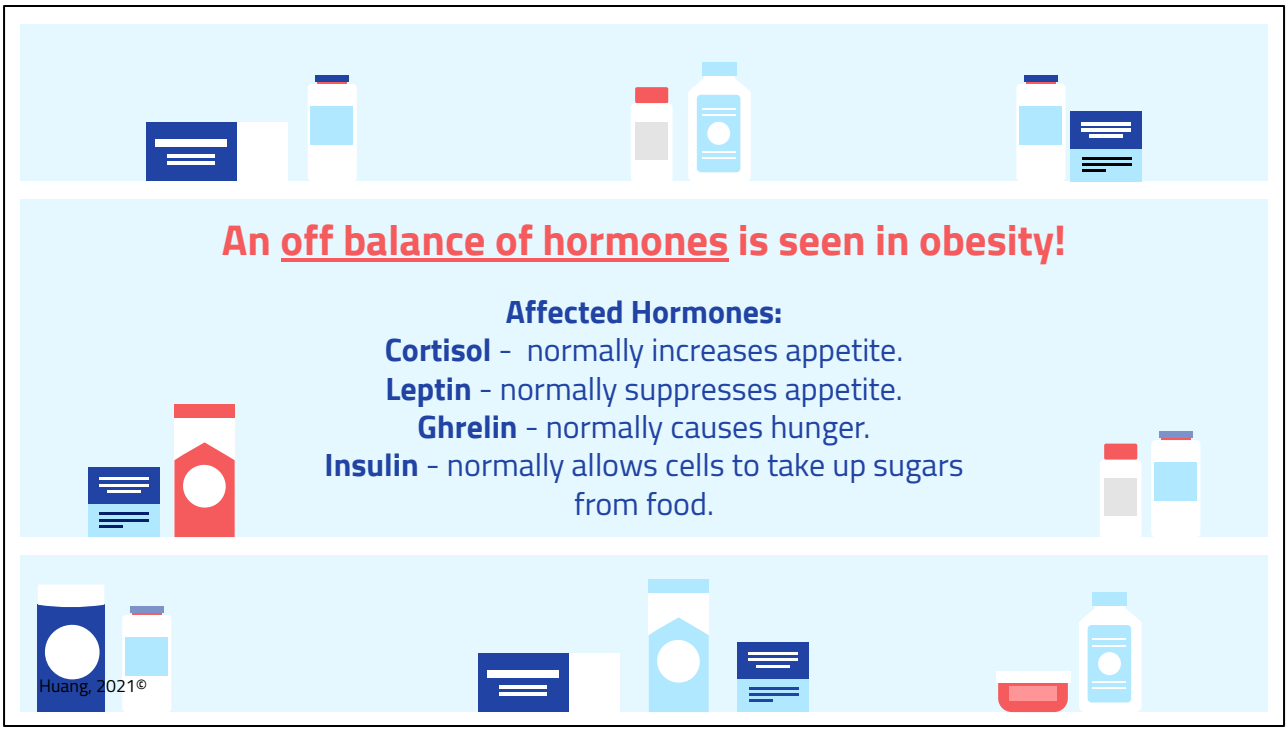
Weight bias can be explicit (people are aware they have biases towards obesity), implicit (people are unaware they have biases towards obesity), or internalized by the individual. Research has shown that weight bias can lead to complications independent of obesity itself. Weight bias is very prevalent in society and 40% of adults report experiencing some sort of weight bias or stigma. Addressing weight bias is an important aspect of the treatment of obesity.

Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/1-Reducing-Weight-Bias-v6-with-links-1-1.pdf



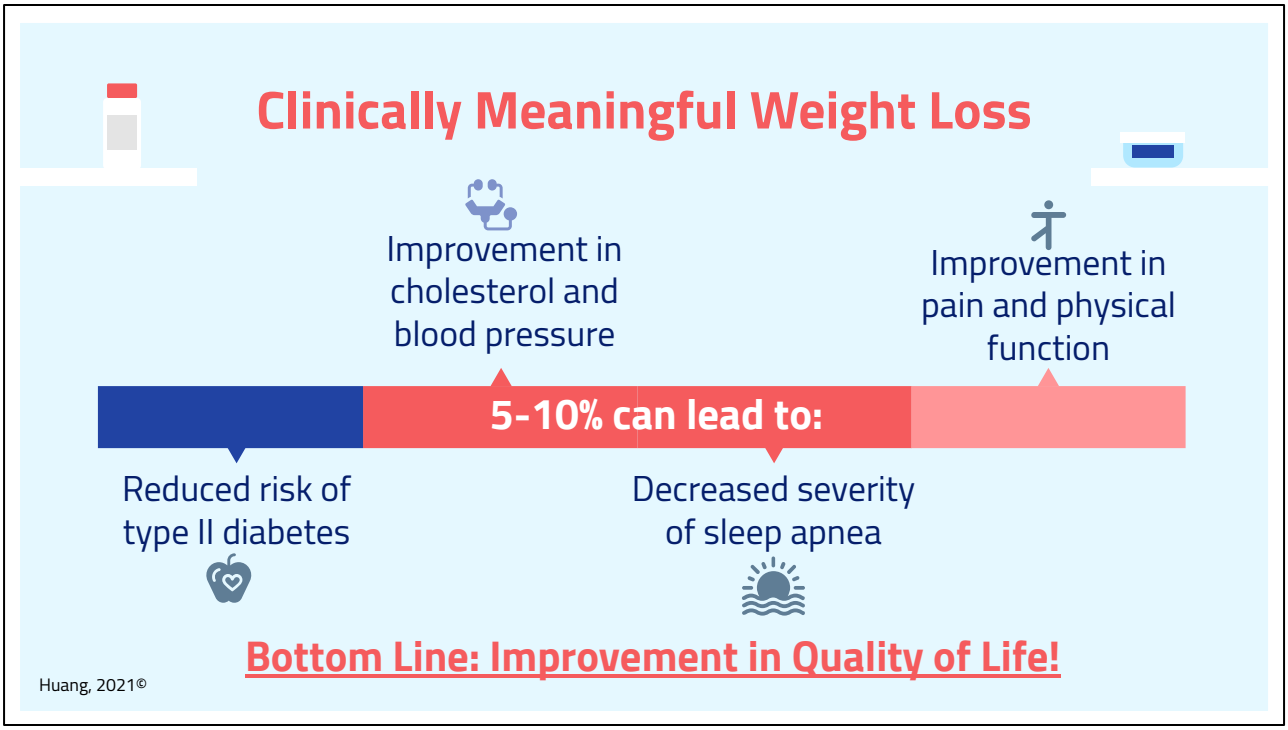
Usually when we think about the causes of obesity, the first thing that comes to mind is eating too much (usually processed and fast foods) and not exercising enough. However, for many individuals, there are many other factors that are associated with obesity. It is a combination of these factors that can result in obesity. Some causes of obesity can include: eating more calories than the body requires, difficulty losing weight after pregnancy and childbirth, lack of exercise, environment (long work schedule that leaves no time for exercise, easy access to processed or fast food, advertising, high cost of gym membership, high cost of healthy foods and low costs of processed/fast foods), medical conditions (polycystic ovarian syndrome, thyroid disorder, Cushing's syndrome - all hormonal disorders) and medications (certain antidepressants/antipsychotics, some diabetes medications, steroids), genes and family history (diet and lifestyle habits from childhood/family members), lack of sleep which can cause an imbalance in the hormones that control appetite, and emotional or psychological factors (stress, depression, low self-esteem, disordered eating).

Source:
https://www.baystatebanner.com/2013/10/10/americas-battle-against-obesity/,
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5958156/



Stress is present in everyone's life and can be caused by work, school, or family life. Stress causes the amount of a hormone in our body called cortisol to increase. Cortisol can cause overeating by increasing appetite. It can also move fat from other areas of the body to the belly.

In obesity, many hormones in the body that help control feelings of hunger and fullness are affected. For example, a hormone called leptin tells the brain we are full and suppresses appetite. However, some people can become resistant, where their brain does not respond as well to leptin. Another hormone called ghrelin makes us feel hungry when our stomachs are empty. When we are full, ghrelin decreases. However, in obesity, this hormone does not decrease as much as normal, so the brain does not get a signal to stop eating. Insulin is released into our bodies after eating to tell cells to take up sugars for energy. However, sometimes cells do not respond to insulin (called insulin resistance). When this happens, more and more insulin is released causing weight gain and obesity. As we can see, there are many hormones that are abnormal in obesity. That's one of the reasons why it can be challenging to loss weight and easy to regain weight that has been lost!



Before we look at the guidelines and the treatment of obesity, let us look at what successful treatment looks like. For many patients and clinicians alike, success may be achievement of a normal weight or BMI. Anything less than that is failure. However, it has been shown that 5-10% weight loss can have clinically meaningful effects such as reduced risk of Type II diabetes, improvement in cholesterol and blood pressure, decreased severity of sleep apnea (when breathing stops during sleep), improvement in pain and physical functioning and overall improvement in quality of life!

Success is very individualized and may mean maintaining current weight, improved mood, being able to walk up the stairs, being able to play with children, even if the individual is still classified as living with obesity by BMI. Need to find what works for you!

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120182/

Canada recently published new guidelines surrounding obesity management in 2020.

This was the first time the guidelines had been updated since 2006.

Photo Credit: Obesity Canada

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In 2020, Canada published new guidelines to help guide clinicians in the treatment of obesity. This was the first time the guidelines had been updated since 2006. It shifts the focus of obesity management towards improving patient centered health outcomes, rather than losing weight alone.

Source: https://www.cmaj.ca/content/192/31/E875

The guidelines highlight a patient's journey in obesity management. It highlights obesity as a complex disease and the prevalence of weight bias in society.

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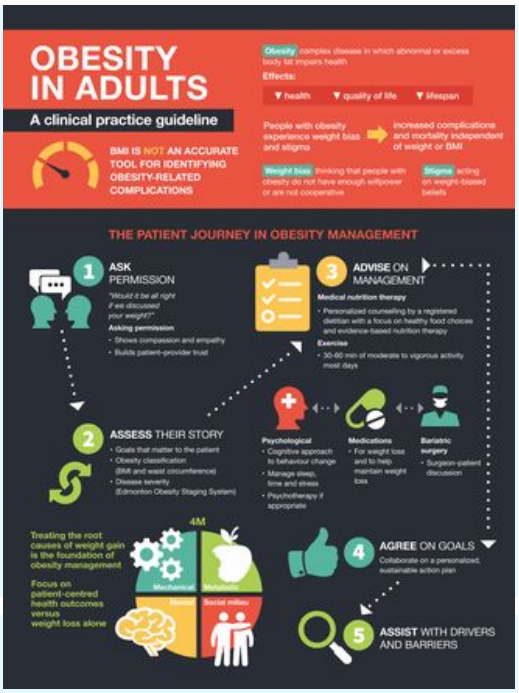

Photo Credit: Obesity Clinical Practice Guidelines

The guidelines mention five steps in a patient's journey in obesity management. The first step is for the clinician to ask permission to discuss a patient's weight to develop trust and a good relationship. A good patient-provider relationship is a key aspect of successful weight management. The second step is to assess the patient's story. This includes goals that matter for the individual (i.e. being able to play with children) and the root cause of obesity (i.e. social factors, mental health). The clinician would also classify a patient's obesity using many screening tools. The third step is advice on treatments for obesity, including diet, exercise, medications, and surgery. After treatment has been decided and discussed, the clinician and patient will agree on goals and create a sustainable action plan. After its implementation, the patient and clinician should have regular appointments to discuss drivers and barriers and develop plans to overcome barriers. Throughout the whole process, education should occur.

Source: https://www.cmaj.ca/content/192/31/E875

Treatment of Obesity

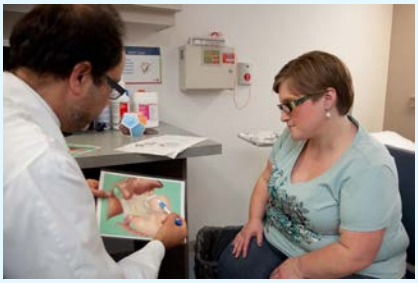

Photo Credit: Obesity Canada

Options to help manage obesity include:

- Medical nutrition and physical activity.
- Psychological and behavioural interventions.
- Surgery.
- Medications.

These treatments are often used **together** to help people manage obesity successfully!

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There are many options for treating obesity and helping with weight loss. Some are familiar and some are new! These options include medical nutrition and physical activity, psychological and behavioural interventions, medications, and surgery. Often times, a combination of these treatments are used to help people manage obesity successfully. Sometimes, during an initial consultation with a health care provider, patients will be assessed for the ability to complete activities of daily living, have their blood pressure measured, receive blood work, and be assessed to see if there are any medications that can contribute to weight gain.

Source: https://www.cmaj.ca/content/192/31/E875

Medical Nutrition and Physical Activity

Photo Credit: Obesity Canada

A treatment plan that is individualized should be provided!

- Diet plan with the help of a dietitian.
- Aerobic physical activity.

Nutrition and physical activity is recommended for adults of all body sizes!

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Treatment plans are not one size fits all and should align with the beliefs, attitudes, culture, lifestyle, and socioeconomic status of the individual. A diet plan should be discussed with a dietitian to ensure the plan is safe, effective, provides enough nutrients, is culturally acceptable and affordable so that it can be maintained long term. Fad diets (i.e. liquid diet, detox diets) are not sustainable in the long term and are NOT safe! Aerobic physical activity (30-60 minutes of moderate to vigorous exercise most days of the week) can be added on to assist with weight loss/weight loss maintenance and improve health related quality of life (i.e. mood, blood pressure, cholesterol).

Some people think that to lose weight, they only need to increase the amount of exercise they do everyday without changing their diet. However, it has been shown that people who exercise without changing their diet will not lose much weight if at all. Some might even gain weight. This is because exercise increases hunger which can cause people to consume more calories than normal. That is not to say exercise is not an important aspect of obesity management, as it can improve other aspects of a patient's life (i.e. lower blood pressure, increase mood).

Source: https://www.cmaj.ca/content/192/31/E875, https://www.aace.com/disease-and-conditions/nutrition-and-obesity/fad-diets-explained,

Psychological and Behavioral Interventions

Different strategies can be incorporated into the weight loss plan including:

- Behavior modification (realistic goal setting, self monitoring).
- Cognitive behavioral therapy (CBT).
- Value based strategy for diet and activity.

Health care professionals can help patients develop confidence and motivation!

Photo Credit: Obesity Canada

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Different psychological and behavioral interventions can be incorporated into the weight loss plan. Strategies include behavior modifications such as realistic goal setting, self monitoring and problem solving, cognitive behavioral therapy (CBT) such as reframing (shifting one's viewpoint) and value based strategies to alter diet and exercise. Health care providers can help in the development of confidence in overcoming barriers (self-efficacy), intrinsic motivation (personal, meaningful reasons to change), setting and sequencing (ordering) of realistic and achievable goals, self monitoring of behavior, and analyzing setbacks using problem solving and adaptive thinking (i.e. what can I learn from this setback, this is only a minor setback not failure).

Source: https://www.cmaj.ca/content/192/31/E875

Bariatric Surgery

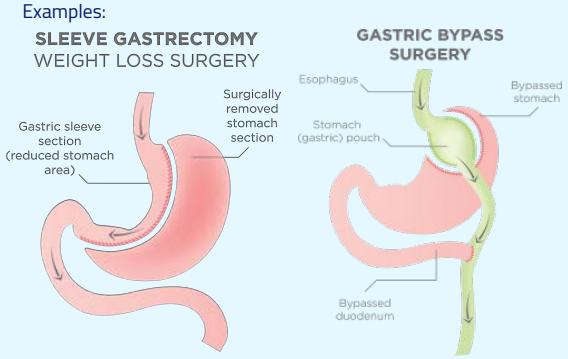
Indicated for individuals with a BMI≥40kg/m^2 or ≥35kg/m^2 with a weight related disease (i.e. high blood pressure).

It is the most successful weight loss treatment (20-30% sustained weight loss).

However….not very accessible and wait times are long…

BMI	Weight status
Below 18.5	Underweight
18.5-24.9	Normal weight
25.0-29.9	Overweight
30.0-34.9	Obesity class I
35.0-39.9	Obesity class II
Above 40	Obesity class III

Examples:



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New recommendation: individuals with diabetes and a BMI≥30kg/m^2

Surgery is only accessible to 1/171 Canadians living with severe obesity and wait times are 2-8 years long.

Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/12-Bariatric-Surgery-%E2%80%93-Preoperative-Workup-v4-with-links.pdf


Medication
Options
in Canada
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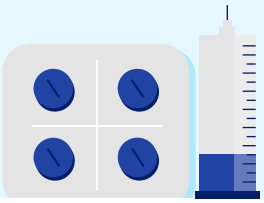
Who are medications recommended for?

BMI≥30kg/m^2 or ≥27kg/m^2 with a weight related disease.

BMI	Weight status
Below 18.5	Underweight
18.5-24.9	Normal weight
25.0-29.9	Overweight
30.0-34.9	Obesity class I
35.0-39.9	Obesity class II
Above 40	Obesity class III

Only 3 medications approved for use in Canada.



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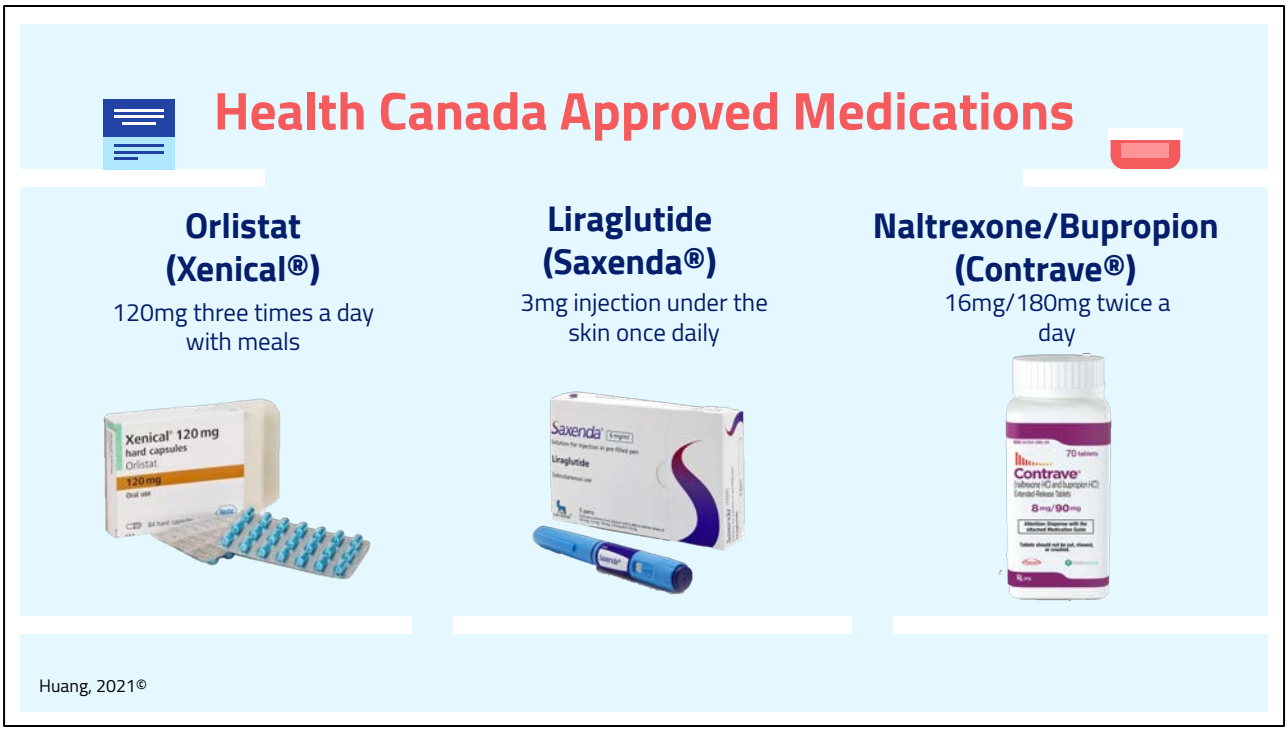
Weight loss medications should be used in combination with medical nutrition therapy, physical activity, and psychological interventions.

Aside from the 3 mentioned in this presentation, the guidelines do not recommend any other prescription or over-the-counter medications for weight loss.

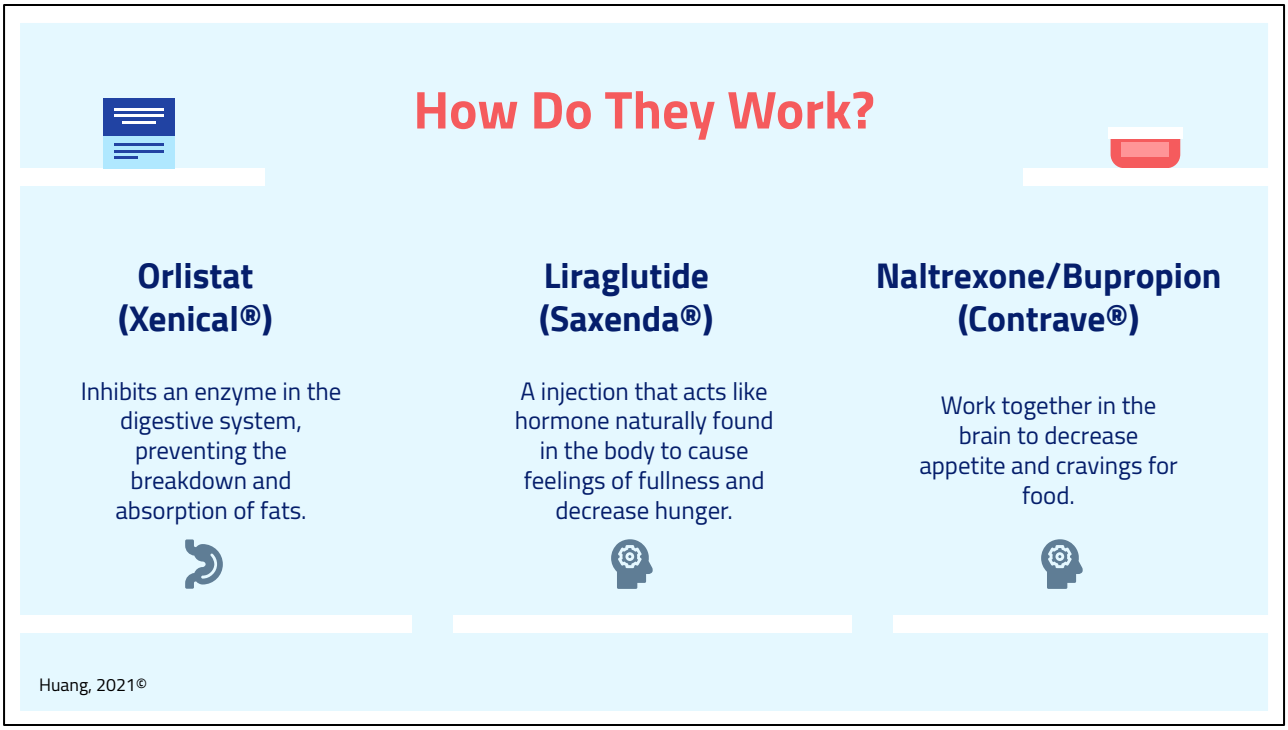
Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/Pharmacotherapy-v6-with-links.pdf



The first option is orlistat or Xenical®. This medication comes in a 120mg tablet form. The individual would take one tablet 3 times a day during or up to one hour after meals. The second option is liraglutide or Saxenda®. This medication comes in 6mg/mL prefilled syringes. The individual would inject 3mg (0.5mL) subcutaneously or under the skin once daily. Liraglutide is also used for treatment of type II diabetes at a lower dose and the brand name is Victoza®. The final option is a combination pill containing two medications - naltrexone and bupropion which together is sold under the brand name Contrave®. It comes in a tablet containing 8mg of naltrexone and 90mg of bupropion. A individual would take 2 tablets twice a day (morning and evening). Both liraglutide and naltrexone/bupropion require dose titration or slow increases over a period of time to get to the recommendations mentioned above. For liraglutide, the dose starts at 0.6mg and is increased up to 3mg by 0.6mg every week (5 weeks). For naltrexone/bupropion, the dose starts at 1 tablet in the morning and is increased by 1 tablet each week up to 2 tablets twice a day (4 weeks).

Orlistat has been approved for weight loss in Canada since 1999. It has only been recently that liraglutide and naltrexone/bupropion have become options. Liraglutide was approved in 2015 and naltrexone/bupropion in 2018. This shows that we have come a long ways in terms of options!

Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/Pharmacotherapy-v6-with-links.pdf



All three medications work in very different ways:

1. Orlistat inhibits an enzyme in the small intestine called pancreatic lipase. This prevents the enzyme from working properly and prevents the breaking down of fat in food to smaller molecules that can be absorbed by the body. It prevents fat from entering the body. Instead, the fat is eliminated via feces.
2. Liraglutide is designed to act in the same way in the body as a natural hormone called glucagon-like peptide 1 (GLP-1). When this hormone binds to receptors in the brain, it suppresses appetite, causing a person to feel full and decreases feelings of hunger. Similar to GLP-1, it can also cause increased insulin release from the pancreas and make cells in the body more sensitive to insulin. Insulin resistance is a big problem in both obesity and diabetes, which is why liraglutide can be used in the treatment of both!
3. Naltrexone and bupropion are two medications that are often prescribed by themselves to treat other conditions. Naltrexone is used to treat addictions related to opioids and alcohol. Bupropion is an antidepressant. Together, however, they work on the brain in another way - to decrease appetite and cravings for food. This medication acts in an area of the brain that is responsible for food cravings/addiction and the feeling of reward associated with eating. It helps reduce these feelings.

Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/Pharmacotherapy-v6-with-links.pdf, https://diabetes.diabetesjournals.org/content/51/suppl_3/S434

Interpreting Study Results

- **Effect on % Weight Loss:** The percentage of weight loss that is caused by the medication. This is a placebo subtracted value. In the trials some people are not given a medication but experience weight loss just because they think they are taking the medication. The percentage of weight that is lost by people not taking the medication is subtracted from the total effect.

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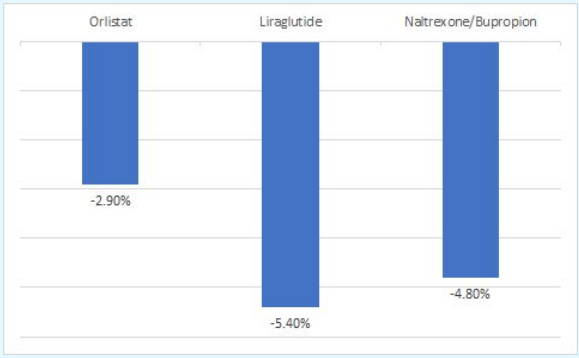
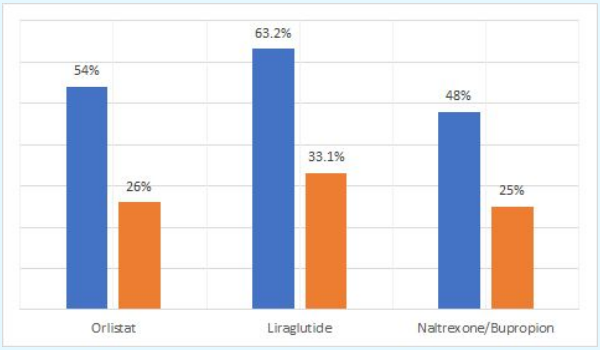
Before we look at how effective the medications are, let's go over some definitions so we can understand what we are looking at.

How Effective are They?



Graph 1: Effect on % Weight Loss at 1 Year



Graph 2: % of Patients Achieving ≥5% (blue) and ≥10% (orange) Weight Loss at 1 Year

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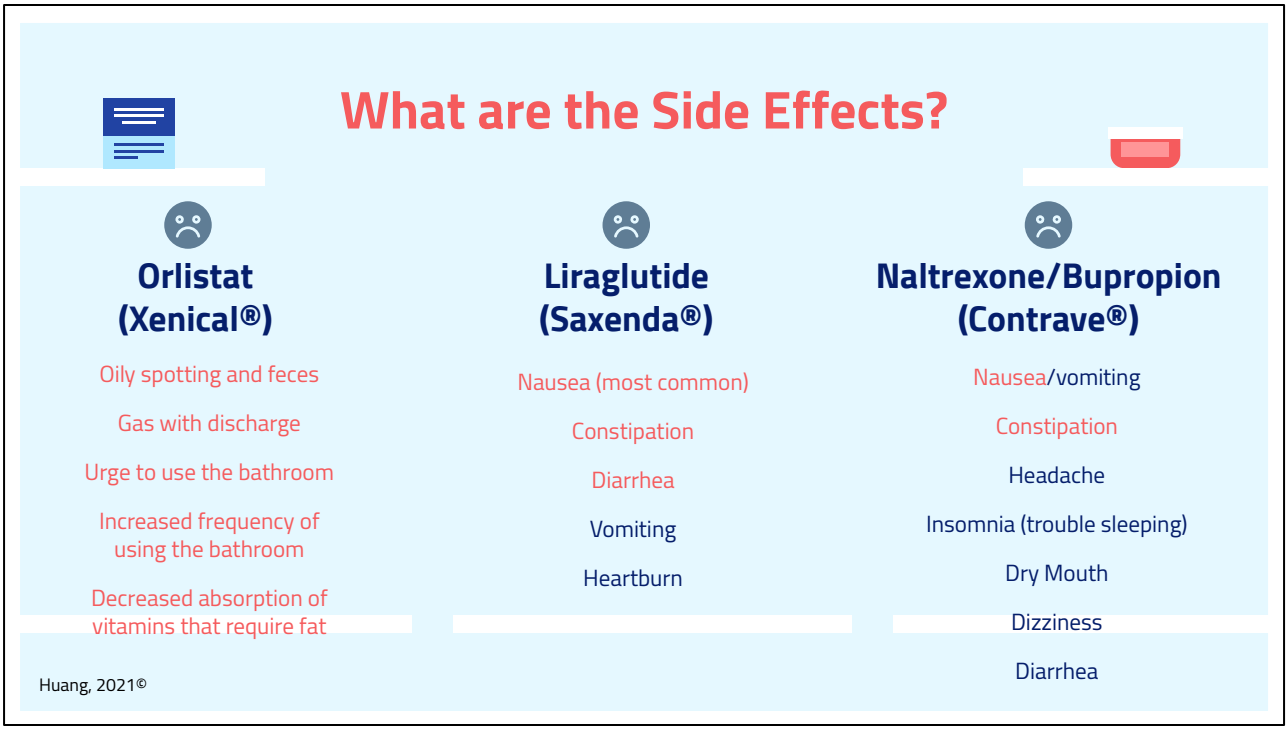
From the graph on the left, we can see that at 1 year, the effect on % of weight loss for orlistat was -2.9%, for liraglutide it was -5.4%, and for naltrexone/bupropion, it was -4.8%. From the graph on the right, the percentage of patients achieving a ≥5% and ≥10% weight loss at 1 year was 54% and 26% respectively for orlistat, 63.2% and 33.1% respectively for liraglutide, and 48% and 25% respectively for naltrexone/bupropion. All medications must be tried for 3 months at the recommended dose before assessing how effective they are. The weight loss provided by the medications can improve many chronic diseases and lead to changes in therapy for other diseases (i.e. decreased blood pressure medication dose)

Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/Pharmacotherapy-v6-with-links.pdf

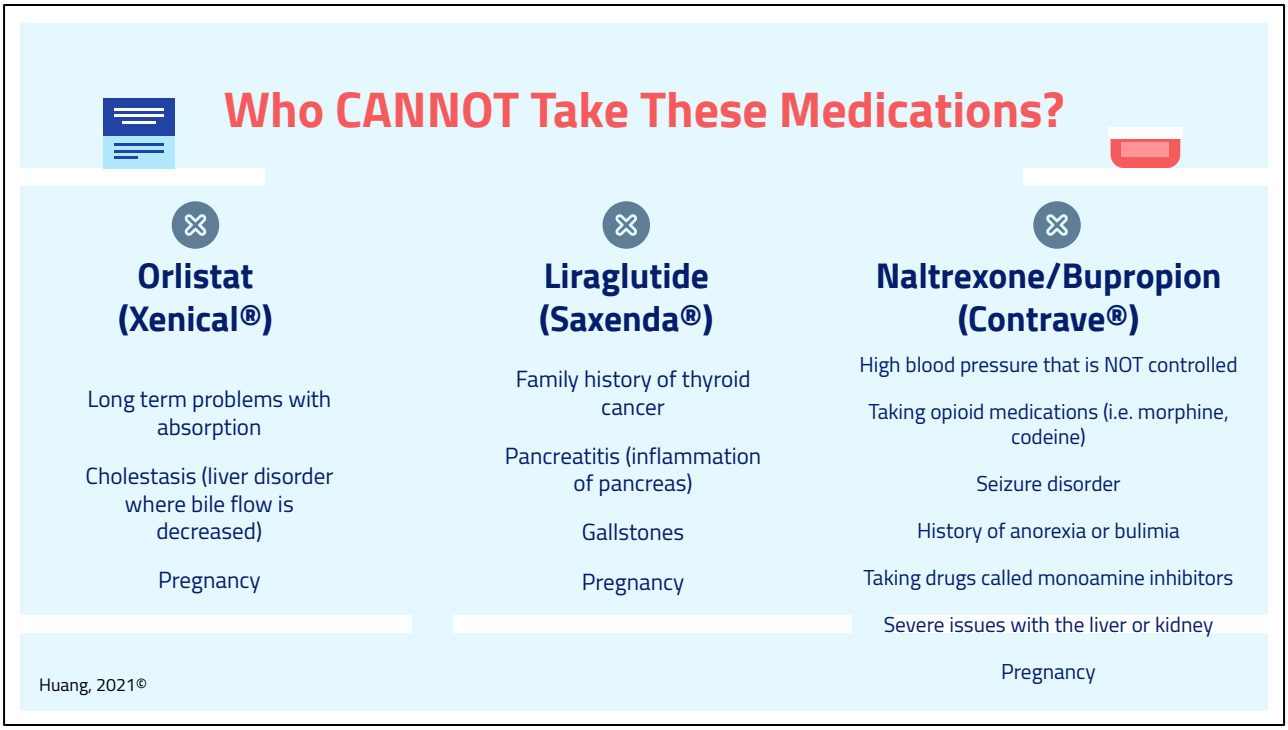


Orlistat may impair the absorption of vitamins that require fat to be absorbed. Patients would need to take a daily multivitamin 2 hours before or after taking orlistat.

For liraglutide and naltrexone/bupropion, side effects improve over time and are worse during dose increases. Naltrexone/bupropion should NOT be taken with a high fat meal. This is because fat increases the amount of drug that enters the body and can lead to more side effects. It is important to note that everyone is different and not everyone will experience all of these side effects. Some people tolerate the medications very well and don't experience anything!

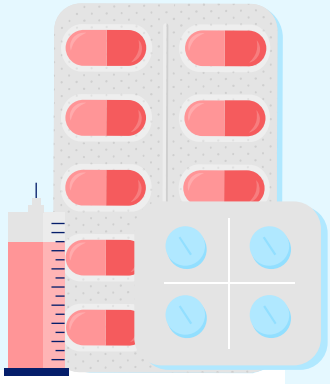
Red: More common side effects (around 20% or more of patients that received the medication when it was tested during clinical trials experienced this side effect).

Source: http://obesitycanada.ca/wp-content/uploads/2021/05/Pharmacotherapy-v6-with-links.pdf, Health Canada Drug Product Database Drug Monographs (https://health-products.canada.ca/dpd-bdpp/index-eng.jsp)



Source:
http://obesitycanada.ca/wp-content/uploads/2021/05/Pharmacotherapy-v6-with-links.pdf

What Else Should I Be Aware Of?



Cost (1 Month)

Orlistat: ~$165
Liraglutide: ~$465
Contrave: ~$290

Length of Treatment

Usually long term. Combination may be needed.

Coverage

Not covered by provincial plans. Few covered by private insurance.

Results

Can vary from person to person!

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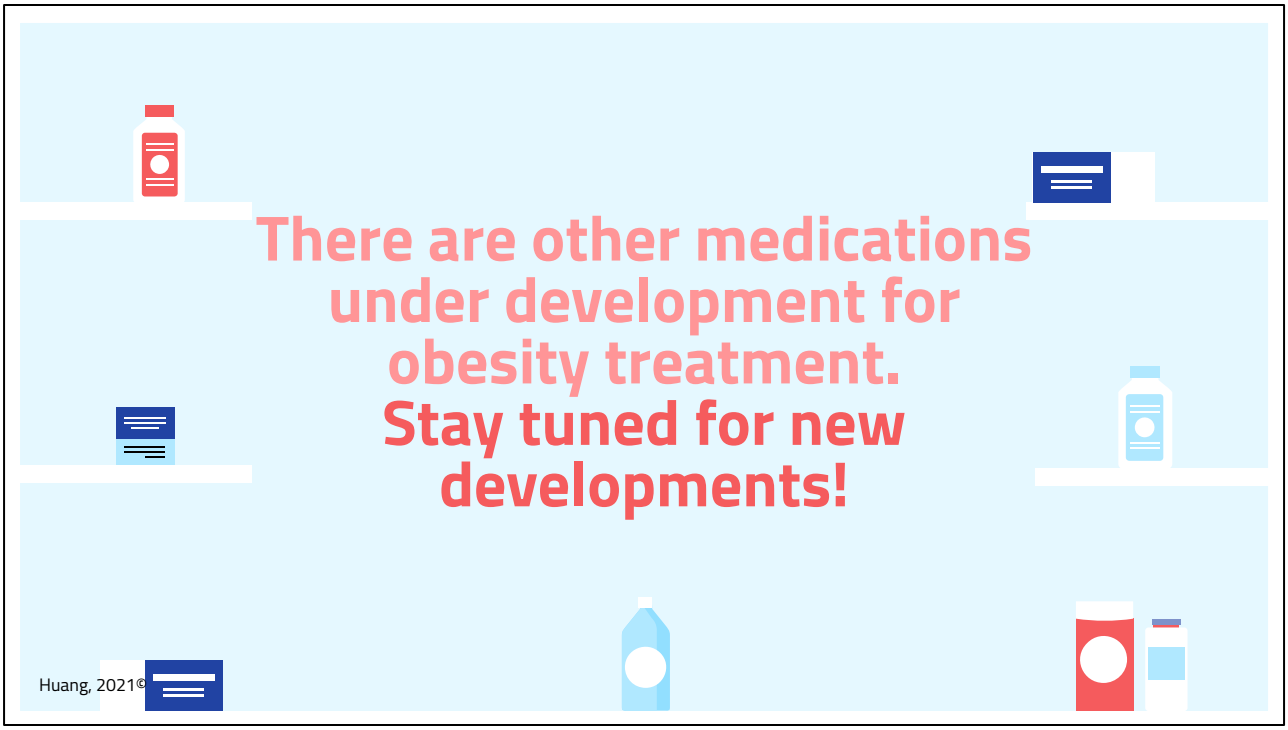
Cost for a one month supply (drug cost only - does not include dispensing fees)

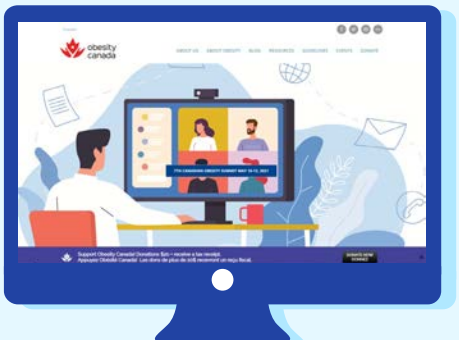
Source: CPS Obesity (https://www-myrxtx-ca.qe2a-proxy.mun.ca/search), https://www.gov.nl.ca/hcs/prescription/covered/



Examples of medications that are used but are not approved: topiramate (used for seizure disorder), fluoxetine (antidepressant), metformin (anti-diabetic medication), semaglutide (anti-diabetic medication), exenatide (anti-diabetic medication).

Looking for More Information?

Obesity Canada is a great resource!
Website: https://obesitycanada.ca/



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Obesity Canada has a lot of information about the disease itself, the new guidelines, and more information about treatment options. They have resources for health care providers and the public. As well, Obesity Canada has an online community called OC Connect where individuals living with obesity can connect with others who are also living with obesity across Canada. To join visit: https://www.oc-connect.ca/

Photos in this presentation have been sourced from the Obesity Canada photo bank with permission.
https://obesitycanada.ca/resources/image-bank/

Appendix B

MEMORIAL UNIVERSITY

School of Pharmacy

Patient Preferences in Anti-Obesity Medications

Facilitators Guide

Spring 2021

Table of Contents

Overview

Overarching Goal:

We are seeking to identify the attributes of choice that patients consider when starting a new drug therapy for weight management.

Goals of Workshop:

1. Provide education regarding obesity as a chronic disease, obesity management in alignment with the *2020 Obesity Canada Clinical Practice Guidelines for Obesity Management*, and novel anti-obesity medications available in Canada.
2. Understand patient considerations when choosing a new anti-obesity medication.

Facilitators:

Two facilitators will be present during each focus group. For the first half of the session, one facilitator will give the educational presentation while the other will monitor the chat for questions or comments. For the second half of the session, both facilitators will guide the discussion and steer the conversation in the right direction. Again, one facilitator will be in charge of monitoring the chat for comments.

Technical Tips

General Tips for Good Quality Audio:

We will review these tips prior to the focus group with participants.

1. **Headphone** use will make it easier to hear the discussion and filter out background noise.
2. Sit close to the **microphone** or use a headset with a built-in microphone. This will ensure others can hear you.
3. **Close any other applications or programs that are open.** This will improve Internet speed and thus video and audio quality.
4. **Mute** your line when not speaking to prevent feedback.

General Tips for Viewing:

1. Use **"Gallery View"** instead of **"Active Speaker**" to allow you to see everyone in the focus group clearly. To change the setting, click View in the top right-hand corner of the application and then select "Speaker" or "Gallery".

Recording:

Please ensure that recording begins at the end of the presentation as soon as participants start asking questions. **Both facilitators should record the session.**

Note: A free Zoom account is a requirement for recording so ensure that it is installed prior to the session. The host should ensure that the other facilitator is given permission to record.

How to Record:

1. Click on the option to **Record**. This button is located at the bottom of the screen.
2. If there is a menu, select **Record on this Computer**.
    a. Dial-in participants will hear a message informing them that the meeting is now being recorded unless disabled by the host.
3. Please record the video file directly to the **encrypted USB** you have been supplied.
4. After the meeting has ended, Zoom will convert the recording so you can access the files.
    a. Conversion time may take twice as long as the recording. Do not close Zoom or your computer until it is finished processing the file or the recording will be <u>lost.</u>

5. Once the conversion process is complete, the folder containing the recording files will open. By default, the audio/video file (MP4) will be named **Zoom_0.mp4**. The audio only file (M4A) is named **audio_only.m4a**.

Screen Sharing:

The facilitator who is presenting will likely also be the one screensharing. The host should ensure they have given permission.

1. To start screensharing, click the **Share Screen** button at the bottom and select which screen you would like to share.
2. While you are screensharing, it is likely you will not be able to see participants or the chat function. Ensure the other facilitator is aware to unmute and read questions or comments that appear in the chat.
3. While presenting, it is recommended to have two screens (if possible), one with the presentation in **Presenter Mode** and the other with speaker notes. Speaker notes can also be printed off.
4. Ensure you know where the camera is when presenting. Participants may get disengaged if they see you continuously looking away from the camera.

Conducting the Focus Group:

1. Breakout rooms will not be required for the focus group.
2. Ask participants to **turn on their video** if they are comfortable doing so. This will allow more engagement.
3. Remind them that they can use the **Gallery View** so they can see everyone on the screen.
4. **Record** your session.
5. **Advise** participants to keep muted when not speaking.
6. The discussion should flow freely but **advise** participants to raise their (actual) hand if they cannot get their comments in or use the **Raise Hand** feature.
7. Keep the Chat function open and let people know they are free to use it.
8. Note any participants that disconnect before the session is over.
9. At the end of the session, thank participants for their contributions and remind them that they will be receiving their gift card via email.

Debrief:

1. After each session, it is recommended that both facilitators stay on the call to have a quick discussion about the session and adjustments needed for the next session (if required).

Other Notes:

1. **Some participants** will be much more willing to give their opinions than others. Try to include everybody in the discussion.
2. **Keep an eye on the time**. You need to have some idea of the priorities by the end of the session.
3. **Re-direct** the discussion back to obesity medications if it starts to get away from you.
4. **Do not be afraid** to stop a participant if they are dominating the discussion but be respectful.
    a. "Thanks for sharing, but let's see if anybody else has something to say about this…"
    b. "Just to make sure everybody has time to give their opinions…"
5. **If a participant states incorrect information,** you may consider providing clarification if it is relevant to the discussion. You do not want the incorrect information to derail or otherwise create conversation that does not address the question at hand.

Presentation

General Overview:

The presentation includes the following components: definition of obesity, statistics relating to obesity in Canada, definition of body mass index (BMI), impacts of obesity, factors associated with obesity, clinically meaningful weight loss, introduction to the guidelines, treatments for obesity (medical nutrition, physical activity, psychological interventions, and surgery) and finally Health Canada approved medications for weight management (administration, mechanism of action, effectiveness, side effects, contraindications, and other factors).

Link to Presentation (View Only):
https://docs.google.com/presentation/d/1DkkAcafVzkyRajnRh3VDpaDujFcsHuz_bUjVB2X1FuE/edit?usp=sharing

Participants may want clarification or additional information surrounding any of the sections of the presentation. Ensure you are familiar with the guidelines prior to the session.

Link to Guideline Chapters: https://obesitycanada.ca/guidelines/chapters/

Participants will receive a pdf copy of the presentation after the session for their reference.

Focus Group Session (30 minutes)

****Start recording when participants start asking questions*****

Welcome: Facilitators to introduce themselves. Remind participants that all information shared is to be kept confidential and not shared outside the group.

Goal: Understand patient considerations when choosing a new anti-obesity medication.

Discussion Questions:

1. After hearing this presentation, have your thoughts and attitudes changed about weight loss medications?
    a. Are you more or less likely to consider taking a medication?
2. When you think about the three medications that are approved for use to manage weight in Canada, which medication are you mostly likely to select and why?
3. How important is the dosage form of the medication you use (i.e., injection vs. oral)?
    a. (If against injection) would this change depending on if you received training?
    b. Do the administration requirements change your preference (i.e., twice a day vs. three times daily, taking with food)?
4. What side effects mentioned concern you the most? What side effects concern you the least?
    a. Would this change depending on how severe or how frequent the side effect occurred?
5. In general, how much weight loss do you believe is acceptable when taking a weight loss medication?
    a. If you personally were to start taking a weight loss medication, how much weight loss would you like to see?
6. When it comes to price, how important is the out-of-pocket cost in your decision to start a new weight management drug?

General Facilitation Tips

Guide the group in presenting and sharing information.

You should include all members in the discussion and prevent one or two members from dominating the dialogue. Keeping all members involved does not mean that everyone has to speak, but it does mean that everyone has the opportunity to be involved in the learning, sharing, and collaboration process.

Keep the discussion focused.

It can be difficult to stay on target sometimes, especially when we are engaged in a subject about which we are very passionate about. It is your task to ensure this happens. If you notice the conversation heading in a direction away from the question at hand, re-focus by asking probing questions or using a “parking lot” for ideas that warrant exploration at another time.

Handle conflict in a sensitive and appropriate manner.

This includes steering members to dialogue, not debate:

- In a debate, participants try to convince others that they are right and bring the community around to their side.
- In a dialogue, participants try to understand each other and increase their learning by sharing experiences and listening to each other actively.

Your job is to ensure that tensions are managed and produce results, not arguments.

Identify and intervene if a group member is acting inappropriately.

Sometimes people try to control (lead) the group, are disrespectful to other participants, or show other inappropriate behaviour. If behavior is inappropriate, it needs to be redirected. If the behavior is particularly out of hand, or if the participant continues to exhibit the difficult behavior, you may need to consult with the disruptive member “offline.” Do not mute or remove the member without their permission or warning.

Paraphrase and synthesize ideas and summarize the discussion.

Ensure to include everyone’s discussion points when summarizing. By including everyone’s point, you validate their participation if not their point of view.

Examples of Probing Questions

1. “Is there anything else?”
2. “Tell me more about that.”
3. “Can you explain that again?”
4. “And how did you feel about that?”
5. “What do you mean when you say [xxx]?
6. “When you said [xxx], did you mean [xxx], Can you elaborate?
7. “Could you give me an example of [xxx]?”
8. “What are some reasons that made you say [xxx]?”
9. “What sorts of impact do you think choosing [xxx] would have?”

General last question that can be asked at the end of the focus group “Thank you for all that valuable information, is there anything else you’d like to add before we end?”

Besides probing questions, you can also use **silent probes**:

- Remain silent. (Especially in a virtual environment, you want to give participants a bit more time to unmute their microphone and speak up regarding a question you asked or type their response in the chat).
- Nod your head. (Ensure to encourage as they are responding).

Examples of Misinformation in Obesity Management

It is critical as we move through these sessions that we offer a listening and non-judgemental ear, however we need to ensure if participants are referencing dangerous or inaccurate personal opinions about obesity and weight loss that we try to insert the evidence behind it so that we are ensuring that all of those attending the session leave with the correct information.

Weight Stigma/Bias: There are many individuals, including individuals living with obesity, who think the sole cause of obesity is poor lifestyle choices (i.e., eating habits, physical activity) and that individuals living with obesity are lazy or unmotivated. However, research has shown that the causes of obesity are complex and multi-factorial and can include genetics, hormones, socioeconomic status, and environment.

Physical Activity and Weight Loss: Some individuals may believe that physical activity is the most important aspect of weight loss. They believe that weight loss can be achieved through dramatically increasing exercise, but not changing diet. The research shows that exercise can help with weight loss maintenance and may assist in weight loss when combined with dietary changes. However, exercise by itself is usually not effective in weight loss and may even result in weight gain due to increased hunger and appetite.

Fad Diets/Detox Diets: Fad or detox diets are not shown to be sustainable in the long term and may lead to nutrient deficiencies. Dieting may result in a more rapid loss of weight but rebound is common.

Weight Loss Medications as Monotherapy: Weight loss medications are not a “magic pill” that causes weight loss immediately. Medications should be used in combination with other treatments such as medical nutrition, physical activity, and behavioral changes for successful weight management.

Success is Normal Weight: Research has shown that 5-10% weight loss can improve many clinical parameters. The patient may still have a BMI that places them in the obese category, however they will likely see improvements in quality of life and their other disease states. It is not failure.

Examples During Session:

If a participant is talking about their weight loss journey, mentions that they had great success by trying the liquid diet (only drinking liquids), and encourages others in the group to do the same – we need to ensure that we insert a sentence about how research shows this is not safe.

In this instance, we may say “We have seen that many of these diets are missing key nutrients that our body needs. It is not safe to try these diets and research has shown that any weight that is lost can be regained quickly.”

If a participant states they would prefer a weight loss product like “Flat Tummy Tea” as they feel it is natural and effective, we may need to add in a sentence about how this is not recommended.

We can say “The three medications that are approved by Health Canada have gone through lots of testing to make sure they are effective and safe. Health Canada does not recommend any other products for weight loss because they do not have enough evidence to support weight loss or may not be safe.”

Schedule

Time (EDT)	Activity	Who on Camera	Notes
11:45am for facilitators/12:00pm for participants	Login and AV check for facilitators	All to check	• Make sure that your camera and mic are working. • Make sure you have the right slides and other material. • Make sure you have ability to record and screenshare.
12:00-12:05pm	Welcome and introductions by the facilitators	Facilitators	• Go over general rules for focus group with participants and invite them to turn on their cameras.
12:05-12:30pm	Obesity Medications Presentation	Facilitators	• Ensure the chat is monitored by the second facilitator.
12:30-12:55pm	Focus Group Discussion	Facilitators	• **Both facilitators to start recording when question period begins.** • One facilitator begins with the goal of the session and the first question prompt. • Take turns letting each participant respond to the question as if you were going around a table. • Facilitators monitor chat and read out any chat comments.
12:55-1:00pm	Conclusion	Facilitators	• Highlight main themes from the discussion and ask if there are any final comments from participants. • Ensure that you thank everyone for attending the session and contributing to the discussion. • Remind everyone that they should be getting their gift card (Amazon or Wal-Mart) and a pdf copy of the presentation via email in the upcoming days. • Stop recording after all participants leave.
1:00-1:15pm	Debrief	Facilitators	• Discuss thoughts about the session and if there are any adjustments that need to be made for the next one.