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ObesiTalks

Understand. Assess. Act.

THE "SIX E's" FRAMEWORK FOR OBESITY MANAGEMENT

This Six E's framework can be presented as a holistic approach to obesity management that integrates patient education, empathetic communication, comprehensive clinical evaluation, active engagement, patient empowerment, and ongoing encouragement.



1. **Education – Build understanding of obesity**

   Educate patients about obesity as a complex, chronic condition influenced by neurobiological, behavioral, psychological, environmental, and social factors. Explain the potential health consequences of obesity and discuss about stress management, physical activity, nutrition, and behavioral interventions.

2. **Empathy – Foster non-judgmental communication**

   Empathy encompasses effective communication, understanding, collaboration, support, encouragement, and attentive listening. Active listening enables healthcare professionals to understand and acknowledge patients' experiences without judgment. Avoid obesity-related stigma, as it can result in patients feeling judged and avoiding seeking care.

3. **Evaluation – Assess the individual comprehensively**

   Evaluate anthropometric measures, including BMI and waist circumference, alongside obesity-related complications. Assess weight history, causes of weight gain, previous treatments and barriers, comorbidities, support systems, and social determinants affecting care. Evaluate fat distribution and consider the Edmonton Obesity Staging System to assess risk and prognosis.

4. **Engagement – Involve patients in decision-making**

   Engage patients warmly and sincerely, showing interest and appreciating their willingness to discuss personal challenges related to obesity. Ask open-ended questions, encourage patients to explain their experiences, motivations, and readiness for change rather than eliciting simple yes-or-no responses. Collaborate with patients to create individualized plans.

5. **Empowerment – Strengthen self-management**

   Equip patients with the knowledge, confidence, and skills to manage their weight through realistic goal-setting, self-monitoring, problem-solving, and informed treatment decisions. Encourage patients to track their progress using food diaries, wearable devices, smartphone applications, and routine anthropometric measurements.

6. **Encouragement – Sustain long-term progress**

   Provide regular follow-up, positive reinforcement, and ongoing support to help patients maintain healthy behaviors and adjust treatment as needed. Collaborate with patients to establish SMART (specific, measurable, achievable, relevant, and time-bound) goals covering health, lifestyle behaviors, and quality of life.

References: 1. American Diabetes Association Professional Practice Committee for Obesity*; Screening, Diagnosis, Evaluation, and Staging of Obesity in Adults: Standards of Care in Overweight and Obesity—2026. Diabetes, Obesity, and CardioMetabolic CARE 10 August 2026; 1 (4): 536–71. 2. Freshwater M, Christensen S, Oshman L, Bays HE. Behavior, motivational interviewing, eating disorders, and obesity management technologies: an Obesity Medicine Association (OMA) clinical practice statement (CPS) 2022. Obes Pillars. 2022;2:100014. 3. Daley SF, Ginsburg BM, Sheer AJ. Overcoming Stigma and Bias in Obesity Management. [Updated 2025 Aug 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. [cited Oct 24, 2026]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK578197/. 4. Luig T, Elwyn G, Anderson R, Campbell-Scherer DL. Facing obesity: adapting the collaborative deliberation model to deal with a complex long-term problem. Patient Educ Couns. 2019;102(2):291-300.