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Case Study

Restrictions and Booster of Collaboration with Patients in Weight Loss Therapy

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Abstract

Effective weight loss therapy often requires close collaboration between patients and healthcare professionals. However, various factors can either restrict or boost such collaboration. This study investigates the barriers and facilitators that impact collaboration between patients and healthcare professionals in the context of weight loss therapy. Data was collected through interviews with healthcare professionals and patients undergoing weight loss therapy. Thematic analysis revealed key themes that were mapped onto the Theoretical Domains Framework (TDF), providing a comprehensive understanding of the factors influencing collaboration. Findings indicate that while restrictions such as patient denial and unrealistic expectations can hinder collaboration, boosters such as empathy, trust, and shared decision-making can enhance it. This study highlights the need for interventions aimed at promoting collaboration between patients and healthcare professionals in weight loss therapy.

Keywords: Weight loss therapy; Collaboration; Patients, Healthcare professionals; Restrictions; Boosters; Theoretical domains framework; Thematic analysis

Introduction

Obesity has become a global health challenge, leading to a significant rise in the prevalence of associated chronic diseases like diabetes, cardiovascular diseases, and certain cancers. Weight loss therapy is a crucial approach in addressing this problem. However, the effectiveness of such therapy often hinges on the level of collaboration between patients and healthcare professionals. In this paper, we examine the [1-8] restrictions and boosters that influence collaboration in weight loss therapy, aiming to better understand how to enhance the effectiveness of such interventions. Collaboration in weight loss therapy involves a complex interplay between patients, healthcare professionals, and the healthcare system. Patients play a central role in self-management and decision-making, while healthcare professionals provide guidance, support, and treatment options. Yet, numerous factors can either hinder or facilitate the collaborative process.

Patient denial: Some patients may deny the severity of their weight problem or the necessity for professional intervention. This denial can lead to non-compliance and a lack of engagement in therapy.

Unrealistic expectations: Patients may have unrealistic expectations regarding the outcomes of weight loss therapy, leading to disappointment and dissatisfaction with the treatment process.

Communication barriers: Poor communication between patients and healthcare professionals, including misunderstandings, lack of clarity, and language barriers, can impede collaboration.

Stigmatization: Patients may experience stigma related to their weight, which can create a barrier to seeking help and engaging in therapy.

Boosters that facilitate collaboration:

Empathy: Healthcare professionals who demonstrate empathy towards their patients can create a supportive and trusting environment, fostering collaboration.

Trust: Building trust between patients and healthcare professionals is crucial for effective collaboration, as it enables open communication and mutual respect.

Shared decision-making: Involving patients in the decisionmaking process regarding their treatment plan empowers them and increases their commitment to therapy.

Holistic approach: Taking a holistic approach that addresses the physical, psychological, and social aspects of weight loss can enhance collaboration and improve treatment outcomes.

Case Study 1: "Overcoming Denial and Misconceptions"

A 45-year-old male patient, John, was diagnosed with obesityrelated health issues and referred to a weight loss therapy program. Despite medical advice, John denied the severity of his weight problem and refused to accept the need for professional intervention. The healthcare professional initially faced resistance due to John's denial and unrealistic beliefs about weight loss.

To overcome these restrictions, the healthcare professional employed several strategies:

Building trust: By demonstrating genuine concern and empathy, the healthcare professional gradually gained John's trust and encouraged open communication.

Providing education: The healthcare professional educated John about the health risks associated with obesity and the benefits of weight loss therapy, addressing his misconceptions.

Setting realistic goals: Collaboratively, the healthcare professional and John set achievable weight loss goals based on his preferences and capabilities, mitigating the risk of disappointment.

Encouraging self-monitoring: Regular monitoring of John's progress and providing feedback allowed him to actively participate in

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the therapy and take ownership of his health.

Result: Over time, John's denial decreased, and he became more engaged in the therapy. His weight loss progress improved, leading to better health outcomes.

Case Study 2: "Empathy and Shared Decision-Making"

A 35-year-old female patient, Sarah, joined a weight loss therapy program after facing stigmatization due to her weight. Sarah's previous negative experiences with healthcare professionals had left her hesitant to trust and collaborate with her new healthcare provider.

To address these restrictions, the healthcare professional employed a patient-centered approach:

Demonstrating empathy: The healthcare professional listened attentively to Sarah's concerns and experiences, showing empathy and understanding.

Building trust: By respecting Sarah's autonomy and preferences, the healthcare professional built a trusting relationship, which was critical for effective collaboration.

Shared decision-making: The healthcare professional involved Sarah in decision-making regarding her treatment plan, empowering her to take control of her health.

Result: Sarah felt supported and motivated, leading to increased engagement in the therapy. The collaborative approach enhanced her adherence to the treatment plan and resulted in significant weight loss and improved health outcomes.

Conclusion

These case studies highlight the importance of addressing restrictions and employing boosters to facilitate collaboration between patients and healthcare professionals in weight loss therapy. By utilizing strategies such as building trust, providing education, setting realistic goals, demonstrating empathy, and involving patients in shared decision-making, healthcare professionals can enhance patient engagement, improve treatment adherence, and ultimately achieve better health outcomes. Collaboration between patients and healthcare professionals is essential for successful weight loss therapy. By identifying and addressing restrictions such as patient denial, unrealistic expectations, and communication barriers, as well as implementing boosters like empathy, trust, shared decision-making, and a holistic approach, we can promote effective collaboration and ultimately improve the effectiveness of weight loss therapy.

References

- Nascimento OV, Boleti AP, Yuyama LKO, Lima ES (2013) Effects of diet supplementation with Camu-camu (Myrciaria dubia HBK McVaugh) fruit in a rat model of diet-induced obesity. An Acad Bras Cienc 85: 355-363.
- Suneetha D, Banda SDT, Ali F (2014) Antiobesity values of methanolic extract of Sapindus emariganatus on monosodium glutamate induced model in rats. Intl J Pharmacogn Phytochem Res 5: 267-270.
- Fujimoto M, Tsuneyama K, Fujimoto T, Selmi C, Gershwin ME, et al. (2012) Spirulina improves non-alcoholic steatohepatitis, visceral fat macrophage aggregation, and serum leptin in a mouse model of metabolic syndrome. Dig Liver Dis 44: 767-774.
- Dixit P, Prakash T, Karki R, Kotresha D (2012) Anti-obese activity of Butea monosperma (Lam) bark extract in experimentally induced obese rats. Indian J Exp Biol 50: 476-483.
- Farombi EO, Onyema OO (2006) Monosodium glutamate-induced oxidative damage and genotoxicity in the rat: modulatory role of vitamin C, vitamin E and quercetin. Hum Exp Toxicol 25: 251-259.
- Supriya K, Kotagiri S, Vrushabendra Swamy BM, Archana Swamy P (2012) Anti-obesity activity of shorea Robusta G. leaves extract on monosodium glutamate induced obesity in albino rats. Res J Pharm Biol Chem Sci 3: 555-565.
- Alarcon-Aguilar FJ, Zamilpa A, Perez-Garcia MD, Almanza-Perez JC, Romero-Nuñez E, et al. (2007) Effect of Hibiscus sabdariffa on obesity in MSG mice. J Ethnopharmacol 114: 66-71.
- Yanovski SZ (2011) Obesity treatment in primary care--are we there yet?. N Engl J Med 365 2030-2031.