

Impact of Obesity Interventions on Managed Care

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Sample of Online Posttest

Choose the best answer for each of the following:

1. What is the obesity rate for American men 20 years or older?

- A. 13.4%
- B. 31.7%
- C. 33.9%
- D. 39.3%

2. Compared with average weight, obesity is associated with increases in US medication costs of ____ .

- A. 33%
- B. 45%
- C. 77%
- D. 85%

3. What is the most common underlying cause of death in patients with class III obesity (body mass index [BMI] 40.0-59.9 kg/m²)?

- A. Heart disease
- B. Stroke
- C. Cancer
- D. Diabetes

4. Which of the following is not part of the 5As approach to weight-loss counseling?

- A. Assess: measurement of BMI, identification of comorbidities known to interfere with weight loss, and a discussion about readiness for change.
- B. Assist: a problem-solving process in which barriers to achieving weight loss are identified and resolved.
- C. Agree: establish weight-loss goals that are specific, measurable, attainable, relevant, and time-based.
- D. Argue: warn patients repeatedly that obesity is difficult to manage.
- E. Advise: counseling about the benefits of weight loss and the role of diet and exercise.

5. Which statement about lifestyle interventions for obesity is false?

- A. The ADA recommends ≥16 sessions in 6 months of a lifestyle intervention for patients with overweight or obesity and type 2 diabetes.
- B. It is not necessary to medically supervise very low calorie diets because they have a low rate of complications.

Sample
Posttest

- C. Sustained weight loss of $\geq 3\%$ can improve glyce-
mic control.
- D. In most patients, participation in commercial
weight-loss programs like Weight Watchers or
Jenny Craig for 1 year results in weight loss.
- E. The US Preventive Services Task Force recom-
mends that primary care providers screen for
obesity and offer comprehensive lifestyle inter-
ventions to patients with a BMI ≥ 30 kg/m².
6. Which of the following pharmacotherapy options has
NOT been shown to cause at least 7% weight loss, on
average, in clinical trials of patients who complete at
least 1 year of treatment?
- A. Liraglutide
- B. Phentermine-topiramate ER 15mg/92mg
- C. Naltrexone-bupropion SR
- D. Lorcaserin
- E. Phentermine
7. JZ, a 37-year-old woman, presents to your office for
a routine annual exam. Her past medical history
includes hypertension, hyperlipidemia, and obesity.
Her blood pressure is 132/87 mmHg and BMI is 32
kg/m². Plasma fasting glucose is 102 mg/dL and TSH
is 2.3 μ Unit. All other laboratory values and physical
findings are normal. The patient has never engaged in
weight-loss attempts previously. As opposed to prior
discussions with her, she is interested and motivated to
address her weight. You both agree to aim for an initial
goal of 5% to 10% weight loss. Which of the following is
the best initial option for weight loss in this patient?
- A. 30 minutes of brisk walking 5 or more times per
week, progressing to 45-60 minutes 5-6 times
weekly
- B. Referral for bariatric surgery
- C. Pioglitazone 45 mg daily and a protein-rich, low-
carbohydrate diet
- D. Liraglutide 0.6 mg SC daily titrated to 3 mg SC
daily
- E. Calorie-restricted diet with a calorie deficit of
500 kcal/day, less than 30% of calories from fat,
and limited processed foods
8. Which of the following is NOT true concerning pre-
scribers and the organizations that pay for care?
- A. Payers often categorize weight-loss drugs as life-
style drugs or drugs that lack efficacy.
- B. Physicians tend to consider any treatment asso-
ciated with sustainable weight loss of 5% to 10%
over 6 months effective.
- C. Payers require evidence of weight loss of at least
5% to add a medication to their formularies.
- D. Payers indicate that they considered bariatric
surgery more effective—and 88% of payers cover
weight-loss surgery.
- E. Plans that cover weight-loss drugs often use high
copayments and utilization restrictions to man-
age these products.
9. Which of the following statements is NOT true con-
cerning screening for obesity?
- A. The Affordable Care Act requires Accountable
Care Organizations (ACOs) to screen for obesity.
- B. The National Committee on Quality Assur-
ance requires ACOs to track BMI screening and
follow-up.
- C. The 2014 Veterans Administration/Department
of Defense clinical practice guideline includes
screening.
- D. The USPSTF recommends screening all adults
for obesity.
- E. The USPSTF recommends that clinicians simply
make note of patients with BMI of 30 kg/m² or
higher in the clinical record.
10. You are a decision-maker in a managed care organiza-
tion. The FDA recently approved a new weight-loss
drug. Which of the following questions should be least
important when preparing for a discussion on whether
to add the drug to the formulary?
- A. How many patients are obese and may have the
indication for which this weight-loss drug was
approved?
- B. What are the generic and brand names of the
drug?
- C. How long in duration were the studies that sup-
ported approval of this drug?
- D. What is the expected weight loss when this drug
is used with counseling and lifestyle changes?
- E. How does this drug compare with other drugs
on the formulary for the same indication?

