

Taking a Bariatric History Margaret MacKrell Gaglione MD FACP

History taking is a skill that we were all expected to have mastered by the end of residency. This skill however is largely dependent on knowing the content of the subject matter of the patient's chief complaint. Not many beyond internship would have much difficulty in performing a basic history for a patient with a chief complaint of chest pain, however taking the history for obesity is often not well elicited. Interestingly, I have found that there may be two biases which prevent us from taking a good bariatric history. One may be that there is "no history to gather...they just eat too much" and the second bias I've encountered is the notion "this is not a physician's domain, I just sent them to see the dietician". While having a dietician involved in a patient's care is of considerable help, not understanding why your patient is obese, will not help you help them lose weight.

The following questions will be helpful in putting an end to the notion that there are "no questions to ask." For some patients, the questions will really hit a nerve, much like the CAGE questions do for alcoholics. These questions will help you identify individuals that have the following etiologies that contribute to their obesity: Patients who are obese because they have dysfunctional eating patterns in addition to consumption of abundant calories. Patients who have underlying sleep disorders which are contributing to their obesity. Patients that have medications that have contributed to their weight gain or who have underlying psychiatric burdens that have contributed to their obesity.

For us, as physicians, the answers to these questions will help us understand that, much like "all that wheezes is not asthma", all obesity does not have the same root cause. Becoming proficient at taking a bariatric history will reveal that many of the one liners, that are frequently given to an obese patient for instance, "eat less and exercise more", do not make any sense to an obese individual who is only eating one meal a day.

These are some of the most important questions to ask.

Tell me about your typical day's eating habits?
When is your first food of the day? Why do you wait until then?
What exactly do you have for breakfast, lunch, dinner?
Who prepares your breakfast, lunch, dinner?
How many times per week do you have fast food?

How many times per week do you eat at a non fast food chain restaurant?
Do you go out for fine dining? How many times per month?
When you eat out, which of the following do you have: drink, appetizer, entrée, dessert? Do you share meals or parts of meals?
Do you drink Starbucks or other gourmet coffee drinks? What is your favorite?
Do you drink regular soda, sweeten tea, juice?
What do you have for snacks between meals?
What access to food do you have at work? Vending machines, Cafeterias?
How often is food brought into your office for celebrations? Of just brought it?
Do you bring your lunch to work?
Do you wake up at night to eat?
What triggers you to think you are hungry?
Do you feel full? Do you feel hungry?
Does the sound of your stomach making noise make you anxious?
Are there certain foods that you eat that do not make you feel full?
Do you think you should be able to eat what ever you want?
Would you prefer to not have your favorite food if you can not have as much as you desire?
Do you snore? Do you kick at night?
Do you sleep some place other than your bed? Why?
If left alone during the afternoon are you likely to fall asleep?
Do you ever feel sleepy when driving? Do you eat to stay awake?
Have you fallen asleep when you did not want to?
Do any of your medications make you hungry?
Did you gain weight after starting any medication? Which one?
Did you start to gain weight associate with a life stress? Divorce, Marriage, Death, Menopause? Erectile Dysfunction?
Is your spouse or significant other overweight?
Are your children overweight?
Do you cook?
Do you hide food? Do you have a secret stash draw at work?
Do you eat differently when no one else is around?
Do you feel less panicky after eating?
Have you ever eaten an entire bag of something before you realized it? How often?
Would you consider food your best friend?
What do you use food for?
Have you ever purged or used laxatives or thrown up after eating?
Have you had gastric bypass surgery? Have you considered it?
Do you eat while watching tv, working on the computer or going the movies?
When you picture yourself in your mind's eye, what is your weight?
Do you reward yourself with food? When? How often? For what reasons?
Do you think about food all the time?

Asking these questions does take some practice and empathy. The answers to these questions will help you identify the primary causes for your patient's obesity and structure a plan to help them lose weight.

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