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Asking Permission to Talk About Weight:

Motivational Interviewing

When we talk about diabetes mellitus, specifically type 2 diabetes mellitus (T2DM), we must keep in mind that it is a complex disease, where genetic and environmental factors interact and can promote the development of another condition: obesity. Furthermore, as body mass index increases, so does the risk of developing T2DM. In other words, the two conditions feed into each other, making them harder to control.

Over the past decades, the prevalence of both conditions has risen in parallel worldwide and across all age groups, including children and adolescents. This should not surprise us, considering that one of the main risk factors for developing T2DM is increased **abdominal fat**.

So why is it a risk factor? The short answer is that this abdominal fat makes it harder for the body to use insulin to convert glucose into energy.

Want a more detailed explanation? This excess abdominal and visceral fat releases fatty acids into the bloodstream, which alters the lipid profile and promotes fat deposits in organs where fat should not accumulate. It reduces insulin release and interferes with insulin signaling in tissues, ultimately leading to insulin resistance. To make matters worse, it also increases pro-inflammatory factors, causing systemic dysfunction and raising the risk of cardiovascular disease.

In 2023, the World Health Organization published a report titled World Obesity Atlas, estimating future prevalence of overweight and obesity worldwide. According to this report, every country will be affected, with the most severe impact on lower-income countries. It estimates that by 2035 more than 4 billion people worldwide will be affected by obesity, compared with 2.6 billion in 2020—an increase from 38% to over 50% of the global population (excluding children younger than 5 years).

In Spain, it is projected that **37% of the adult population** will have a diagnosis of obesity by 2035.

Given the coexistence of these two conditions, it is not surprising that some resear- »

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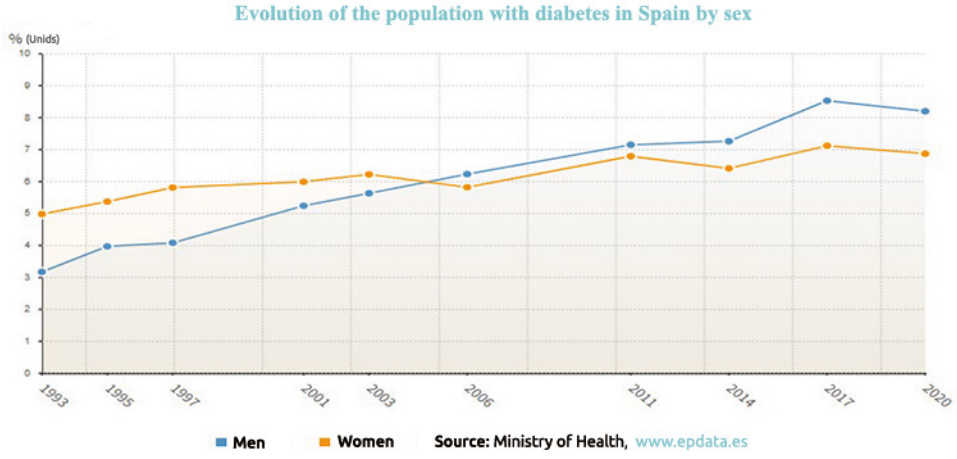
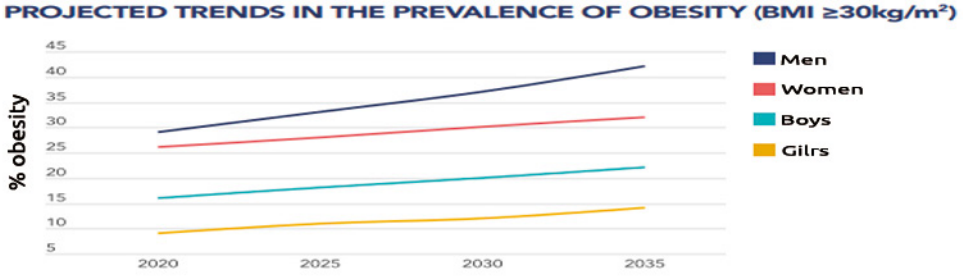


Spain



CATEGORY	DESCRIPTION
General strategy	Collaboration and mutual respect: each person is an expert on themselves, with no "wrong" decisions or viewpoints.
	Accept that each person has the right to decide what they want to do and when.
	Foster mutual trust and trust in the change process.
	Set clear, time-bound goals.
Communication skill	Use of open-ended questions: How are you? What is your opinion...? What connection do you think weight has with...?
	Active and reflective listening: summarize what was said to confirm understanding ("So, you are telling me that...").
	Show empathy.
	Use numerical scales to reflect on difficulty and necessary steps for progress (e.g., from 8 to 7).

TABLE 1. Strategies and skills in motivational interviewing

» chers already refer to them collectively as ***"diabesity"***.

If we look at diabetes management guidelines, they all agree on one thing: the first step is always lifestyle modification, focusing primarily on diet and physical activity.

Since screening for this condition begins around age 35, it follows that the habits we aim to modify are already well established, which makes change a greater challenge for those affected.

This is where **motivational interviewing** comes into play.

William R. Miller and Stephen Rollnick defined it in their book as "a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

Put more simply, it is a communication method focused on the person's own goals, designed to help them find their own motivation for change. Much clearer that way, right?

Motivational interviewing has been shown to improve glycemic control in people with type 2 diabetes mellitus and reduce HbA1c in adolescents. It has also proven effective as a complement to therapeutic education in promoting lifestyle changes.

Too often, we talk about weight as if it were just a number, but **the scale does not tell the whole story**. There is always a deeper narrative behind each body. But are we truly prepared to talk about weight? How does it make us feel when asked about it?

When we talk about weight, words can promote change—but they can also wound. Asking permission to talk about it is more than just a formality; it is an act of respect and empathy toward the person in front of us.

To initiate lifestyle changes, it is essential to create an environment of trust and mutual respect, which fosters shared decision-making. Unfortunately, many myths and misconceptions about body weight still persist, leading to prejudice and frequent stigmatization. Sometimes, even without realizing it, healthcare professionals may use language that sounds blaming, which can cause patients to avoid treatment or disease follow-up.

For this practice to be effective, certain skills and key strategies must be considered ***(see Table 1)***.

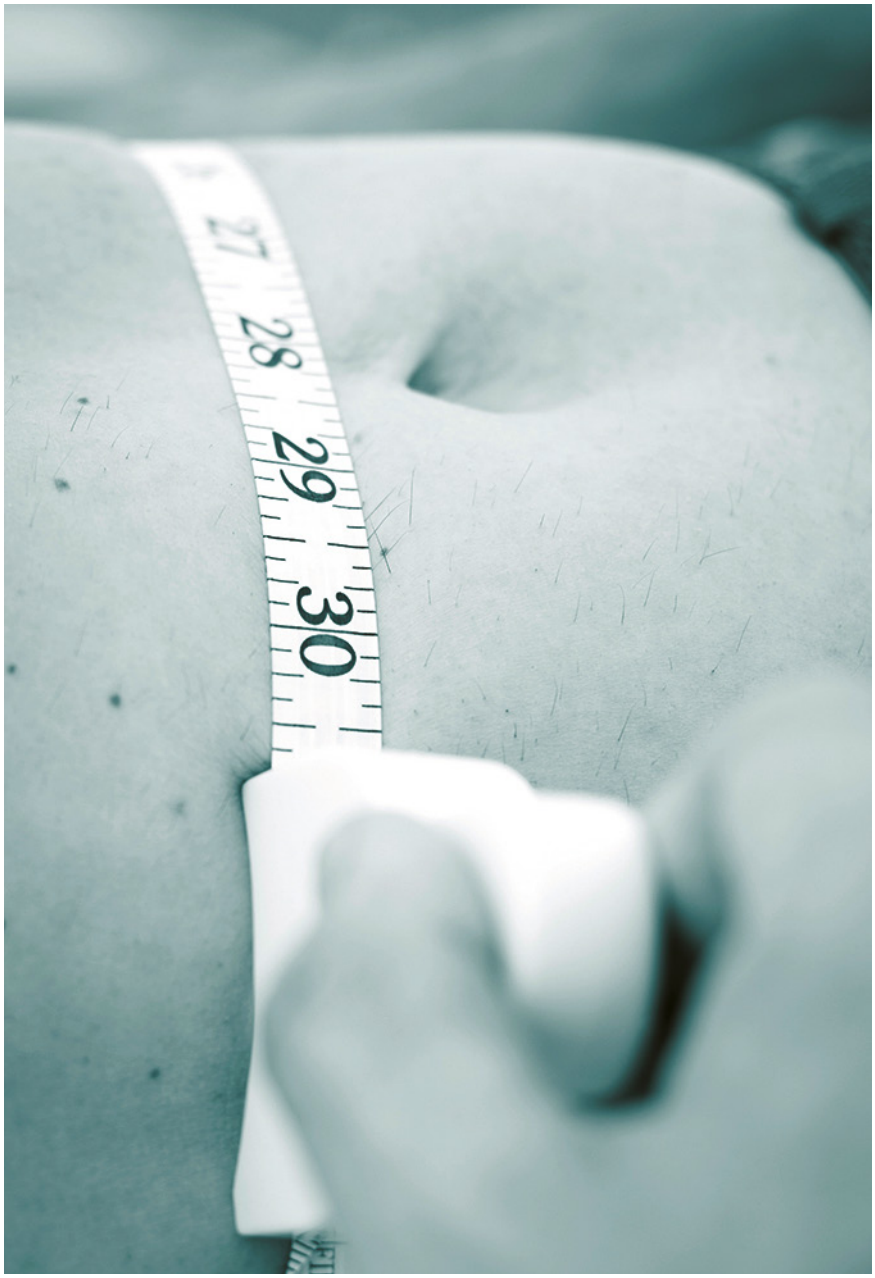
In this methodology, professionals act as companions rather than authoritative figures dictating a path to follow.

Although weight is a classic evaluation measure and can be useful in some cases, management should not be centered solely on it. Ideally, the focus should be on overall well-being, avoiding "weight-centrism," and promoting a healthy lifestyle.

We must also remember that the number on the scale is not always fully accurate. Weight can fluctuate without necessarily reflecting a loss or gain in fat mass. »

» An easy example would be a bodybuilder: the overall weight may be high, but fat mass is minimal.

To better understand variations in weight and body composition, it is ideal to combine it with anthropometric measurements such as waist circumference, skinfold thickness, or bioimpedance. Approaching weight this way can improve the relationship with the scale, reduce anxiety and stigma, and enhance intrinsic motivation for lifestyle change. D



CONCLUSIONS

In short, talking about body weight is a complex issue that involves not only physical but also emotional aspects. It is important to keep this in mind and maintain an attitude of respect and empathy to improve adherence to diabetes treatment and follow-up, which is key to addressing its comorbidities.

Implementing motivational interviewing as a primary tool not only strengthens the patient–professional relationship but also makes the process more enjoyable.

After all, words can sometimes weigh more than the body itself.

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