

Class 1: Reflections Worksheet

By Hannah Frazee WN4DC Symposium Intern [Print this document prior to watching to elevate your learning]

1. What are the advantages/disadvantages of saying that a "benefit" of

	medication is weight-loss?
	a. What might the consequences be if the client doesn't lose weight on medication, but was told weight-loss was a benefit?
2.	Have you been able to find evidence of improved diabetes outcomes as a result of the weight-loss/maintenance of these type 2 diabetes medications?
	a. Do improved outcomes still occur in patients who don't lose weight while taking the medication?
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	b. Is there a possibility of weight-cycling from these medications?
	 Weight-cycling is a concern within the context of diabetes because it has been shown to be strongly associated with diabetes morbidity and increased insulin resistance.¹
3.	What would be different if approaching medication decisions from a place of improving body trust, not possible weight outcomes?
	a. Medications that improve body trust would include:
	 i. Reduction of hypoglycemia ii. Protection of other health conditions (heart, kidneys, etc.) iii. Minimizing blood sugar fluctuations by addressing one or more of the 11 different malfunctions in the body
	b. The medications presented as "top picks" in Course 1, also improve all these facets of body trust in clients.

¹ O'Hara, L. and Taylor, J. (2018). What's Wrong with the 'War on Obesity?' A Narrative Review of the Weight-Centered Health Paradigm and Development of the 3c Framework to Build Critical Competency for a Paradigm Shift. SAGE Open 8:2. doi:10.1177/2158244018772888.

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a. What might it look like to support body autonomy when recommending		
medications for clients?		
 If you are interested in a more nuanced look at body autonomy, here is a great article by Vinci Tsui, RD 		