A Pharmacist’s Role in Weight Management

December 17, 2012 | 8-4 pm | 7 hrs of CPE

WSPA Conference Center | 411 Williams Avenue South | Renton, WA 98057

Faculty: D. Terry Forshee, President/CEO, Take Charge Nutrition, LLC
ACPE# 0130-0000-12-112-L01-P&T | Target Audience: Pharmacist and Technicians | Type of Activity: Application

Obesity is on the rise and is becoming an epidemic. With this issue comes the overwhelming marketing and uptake of diet products and programs. As healthcare professionals, it is important for us to ensure these programs serve consumers’ best interests in a safe and effective manner.

Pharmacists are the most easily accessible health professionals and are often approached by individuals seeking help with weight loss and obesity management, as a way to manage and treat conditions such as type 2 diabetes, hyperlipidemia, hypertension and other cardiovascular diseases. This course provides an understanding of treatment of obesity and how it may impact other health conditions. As a health provider the relationship that community pharmacists have with its patients can directly relate to manageable programs and marketable opportunities.

At the completion of this presentation, the pharmacist should be able to:

- Compare and contrast obesity and health conditions associated with a sedentary lifestyle and/or poor diet to more healthy ones.
- Outline reasons that pharmacists are the health care professionals to best address obesity treatment.
- Identify opportunities for treatment of obesity and related health conditions.
- Describe and address perceived barriers to pharmacists counseling obese patients.
- Implement an obesity program.
- Use available technology to assess and monitor patient progress.
- Evaluate a patient case step by step, and consider weekly counseling visits to highlight motivation, accountability & education coaching techniques.

At the completion of this presentation, the technician should be able to:

- Compare and contrast obesity and health conditions associated with a sedentary lifestyle and/or poor diet to more healthy ones.
- Outline reasons that pharmacists are the health care professionals to best address obesity treatment.
- Identify opportunities for treatment of obesity and related health conditions.
- Describe perceived barriers to pharmacists counseling obese patients.
- Support implementation of an obesity program.
- Use available technology to assess and monitor patient progress.
- Evaluate a patient case step by step, and consider the technician’s role during weekly counseling visits.

Agenda

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Duration</th>
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<tbody>
<tr>
<td>8:00 am -10:00 am</td>
<td>Lecture</td>
<td>2 hrs</td>
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<tr>
<td>10:00 am -10:15 am</td>
<td>Break</td>
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<tr>
<td>10:15 am -12:15 pm</td>
<td>Lecture</td>
<td>2 hrs</td>
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<tr>
<td>12:15 pm -12:45 pm</td>
<td>Lunch + sack lunch</td>
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<tr>
<td>12:45 pm - 2:45pm</td>
<td>Lecture</td>
<td>2 hrs</td>
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<td>2:45 pm - 3:00 pm</td>
<td>Break</td>
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<tr>
<td>3:00 pm - 4:00 pm</td>
<td>Lecture</td>
<td>1 hr</td>
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REGISTRATION FORM:

Please fax or mail completed form with your charge card information or enclosed check, payable to WSPA.
Fax: 425.277.3897 Phone: 425.228.7171 Mail: 411 Williams Ave S, Renton, WA 98057
Once the registration form has been received you will get a confirmation email.

__ No Charge, No CE needed
__ $ 50 Pharmacist WSPA Member  __ $75 Pharmacist Non-Member
__ $30 Technician WSPA Member  __ $50 Technician Non-Member

Name: _______________________________________________________________________________________
Address: _____________________________________________________________________________________
City| ST | Zip: ________________________________________________________________________________
Phone: _______________________________ *E-mail: ______________________________________________
**NABP e-Profile ID: _____________________________________ **Birth date (MM/DD): __________________
TOTAL Charge: $____________ Charge Card: Visa: _____ Master Card: _____ Check # __________
Cardholder Name: ___________________________________________________________________________
Card Number: ___________ - ___________ - ___________ - ___________ Exp. Date: ___________________

*This is required for confirmation of registration
** These items are required in order to receive continuing education credits in 2013

The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education

CE Information:
Participants will need to sign in and submit an evaluation at the end of the day. The Statement of credit will be received within 4-6 weeks by the Washington State Pharmacy Association.