Safe phrases for raising the subject of weight in a consultation

How do you feel about your weight?

Do you keep an eye on your weight?

We know weight can affect the safety of doing an operation - has anyone talked to you about this?

When did you last weigh yourself?

Has your weight changed much over the past few years?

Dr Rachel Pryke, RCGP Clinical Champion for Nutrition for Health

Safe ways to introduce weight into a consultation without causing upset

References:


The Opener

1. Always consider whether your patient’s weight may be relevant both to future health and to the presenting complaint, and if he/she would benefit from active management. (1)

2. Start with asking “How do you feel about your weight?”, or “Do you keep an eye on your weight?”. This avoids casting a judgement and gives the patient the opportunity to join the conversation if they wish without being defensive. You might be surprised that the patient has already lost some weight - if so, give encouragement. Follow this with “Is it something you would like to discuss further or get some (more) support with?” (2)

3. Acknowledge the difficulties in changing weight. Explore what steps the patient may have tried already. What helped? What didn’t? Emphasise the benefits of long term lifestyle improvement over short term ‘dieting’. Physical activity will help weight maintenance but weight loss will require dietary management too. (3)

4. Check whether weight management is a priority for the patient right now. Would they gain more health benefit from stopping smoking perhaps? Should any mental health aspects be addressed first?

Putting weight into context

5. What goal is the patient heading towards? “What are you hoping to achieve?” Distinguish between health aspects and cosmetic concerns. Reign in unrealistic weight loss targets, particularly if there has been a pattern of yo-yo dieting. Reinforce the health benefits of relatively small amounts of weight loss.

6. For patients that are not ready to aim for weight reduction explain that taking active steps to avoid further weight gain is a worthwhile goal in itself. Regularly weighing helps with keeping weight stable. (4)

7. Broaden awareness of the wide variety of health gains from improving lifestyle. Avoid focusing solely on BMI change. Improving fitness and dietary quality is valuable even if weight does not change significantly. (5) Explore the current barriers that stop the patient being more active.

Signpost patients to further support

8. Consider the effect of changed eating and activity patterns on other family members, especially children. Maternal dieting can have a negative effect on daughters. Encourage long-term healthly lifestyle changes that apply to all the family.

9. Refer non-complex patients to a local community-based weight-management service, as their first option, (6, 7, 8), using Public Health funding mechanisms if available. Signpost patients to reliable, evidence-based resources for general nutritional information, such as NHS Choices website, British Heart Foundation and World Cancer Research Fund leaflets. Refer complex patients via local bariatric pathway.

10. Consider screening for eating disorder if you suspect underlying psychological problems relating to body image or eating behaviours. “Have you felt that your weight or eating has dominated your life?” (9) Offer to listen and consider psychological support/referral if deeper issues emerge.

- NHS Choices website  www.nhs.uk/LiveWell/loseweight/Pages/Loseweighthome.aspx
- British Heart Foundation  www.bhf.org.uk/heart-health/prevention/healthy-eating.aspx
- World Cancer Research Fund leaflets  www.wcrf-uk.org/