

References:

1. Shaw KA, O'Rourke P, Del Mar C, Kenardy J. Psychological interventions for overweight or obesity. Cochrane Database of Systematic Reviews 2005, Issue 2. Art No.: CD003818. DOI: 10.1002/14651858.CD003818.pub2
2. DiLillo V, West DS. Motivational interviewing for weight loss. Psychiatr Clin North Am. 2011 Dec; 34(4):861-9. Epub 2011 Sep 29.
3. Jackicic JM, Davis KK. Obesity and physical activity. Psychiatr Clin North Am. 2011 Dec;34(4):829-40. Epub 2011 Oct 15
4. Pryke R, Docherty A. 2008: Obesity in primary care: Evidence for advising weight constancy rather than weight loss in unsuccessful dieters. British Journal of General Practice 58, (547), 112-117.
5. Shaw KA, GEnnat HC, O'Rourke P, Del Mar C. Exercise for overweight or obesity. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD003817. DOI: 10.1002/14651858.CD003817.pub3
6. Jebb SA, Ahern AL, Olson AD, et al. Primary care referral to a commercial provider for weight loss treatment versus standard care: a randomised controlled trial. Lancet. 2011 Oct 22;378(9801):1485. Epub 2011 Sep 7.
7. Jolly K, Lewis A, Beach J, Denley J, Adab P, Deeks JJ, Daley A, Aveyard P. Comparison of range of commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity: lighten Up randomised controlled trial. BMJ. 2011 Nov 3;343:d6500. doi:10.1136/bmj.d6500.
8. McCombie L, Lean M, Haslam D. Effective UK weight management services for adults. Clinical Obesity doi: 10.1111/j.1758-8111.2012.00049.x
9. Hill LS, Reid F, Morgan JF, Lacey JH. SCOFF, the development of an eating disorder screening questionnaire. Int J Disord. 2010 May;43(4):344-51

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

For further information about the RCGP clinical priority programme, please visit: www.rcgp.org.uk/clinical-and-research/clinical-priorities.aspx or alternatively, contact the CIRC team at circ@rcgp.org.uk

GP Ten Top Tips: Raising the Topic of Weight



Safe ways to introduce weight into a consultation without causing upset

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. Regular 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 healthy 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/