In each issue we investigate a hot topic currently affecting you and your community practice. Here, we ask...

Can community nurses take on obesity?

There are many overused words in the English language. ‘Awesome’ is a good example, which is right up there with the ever-popular ‘amazing’. And that’s before we even consider the effects of social media; who’d even heard of ‘fake news’ or used an ‘emoji’ until a couple of years ago (LOL)?

One of the worst offenders is the word ‘epidemic’, which is wheeled out by the media every time there is a health scare, whether major or minor, real or imagined. Recently, we have been warned of an ‘Aussie’ flu epidemic, an epidemic rise in sensitive skin conditions and a so-called epidemic of stress at work. Nor is the word confined to health care; the UK is apparently in the grip of an epidemic of cocaine use and the ‘selfie’ phenomenon is said to have reached ‘epidemic proportions’.

Once in a while, however, an illness or disease comes along that actually does warrant the word. While obesity may not be transferable, infective or incubated by Russian scientists, it is reaching the level of threat to health that, if not classed as an actual epidemic, certainly warrants the phrase ‘very bad indeed’.

WHAT IS OBESITY?

Before we get going on whether or not community nurses have a responsibility to tackle obesity or whether it is an individual lifestyle choice, it might be helpful to understand exactly what obesity is. Does obesity refer to a simple measurement of a person’s weight; is it an algorithm like the body mass index (BMI); or does it simply reflect the fact that somebody can’t get into their favourite jeans or eats too many Monster Munch?

Researchers have discovered that chronic stress can cause the body to release excess cortisol, a hormone critical in managing fat storage and energy use in the human body. Cortisol is known to increase appetite and may encourage cravings for sugary or fatty foods (Glazer and Gyurak, 2008). When we reach for fattening comfort foods during stressful times, it may be an attempt to self-medicate.

When you eat carbohydrates, it raises the body’s serotonin level. Serotonin is the body’s feel-good chemical. It makes people under stress feel better. Not surprisingly, people under stress don’t tend to make smart food choices. Very often, the carbohydrates that people go for are laden with fat, like muffins, pastries, doughnuts, and cookies. A specific measure of stress was developed following in-depth interviews with primary care professionals, including district nurses. A total of 79 district nurses took part in the study. The major sources of stress isolated by the district nurses related to time pressure, administrative responsibility, having too much to do, factors not under their control, interruptions, keeping up with NHS changes, and lack of resources (Rout and Rout, 1999).

Factor analysis of stress questionnaire responses identified five major factors: demands of the job and lack of communication, working environment, problems with patients, work/home interface and social life, and career development. Eating habits of nurses were also influenced by stress. Most nurses reported that they often consume junk food when confronted with work-related stress. Furthermore, eating more food than usual was a common coping technique for nurses when confronted with work-related stress. Again, these findings mirror the findings from workers in other professions and in the general population (Jordan et al, 2016).

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According to the NHS, the technical definition of obesity is someone who has a BMI of 30 and above (‘Britain: the fat man of Europe’ — www.nhs.uk). The cause of the spiralling rise in obesity over the past few decades is complex but has a lot to do with modern lifestyles that mean many of us drive to work, sit behind a desk for eight hours, then return home for an evening of sofa-surfing fuelled by ready meals and back-to-back episodes of The Bill.

One of the main drivers of the UK’s obesity crisis is sugar, with one US researcher likening sugar to an addictive drug (‘Sugar, not fat, exposed as deadly villain in obesity epidemic’ — www.theguardian.co.uk). In the 1980s, there was a huge expansion in low-fat foods,
aimed at people concerned about their weight, which on paper sounded great. Except, to replace the fat, which often gave the food its flavour, the food production industry set about finding other ways to keep us satisfied, which, according to Kerry Torrens, a nutritionist writing for BBC online, included increasing the amount of sugar to preserve taste and texture, and replacing the animal fats with unsaturated vegetable oils, which increased the amount of dangerous trans-fats in our food (‘The truth about low-fat food’ — www.bbcgoodfood.com).

At the same time as these changes in our diet, we’ve also stopped taking exercise, which, when mixed with increased leisure time, more sedentary leisure activities such as computer games, and less physically demanding jobs, has contributed to the sharp rise in obesity (‘Lack of exercise is to blame for bulging waistlines and obesity epidemic, NOT eating more calories, study finds’ — www.dailymail.co.uk).

FAT OR FICTION?

We are constantly confronted with media headlines about how obesity is the health crisis that is finally going to break the NHS; that the incidence of obesity is going to double by 2050; that obesity is more dangerous than smoking, which, while making for good reading, also mean it is harder to get to the truth.

Writing in The Guardian, Haroon Siddique, quotes figures from the Organisation for Economic Co-operation and Development (OECD) suggesting that 27% of the UK population has a BMI of 30 and above and that only five of the OECD’s 35 member states have higher levels of obesity than the UK (UK is most obese country in western Europe, OECD finds’ — www.theguardian.co.uk).

These figures are supported by the United Nations, which states that 25% of UK adults are obese, and that the UK has the highest level of obesity in Western Europe (‘Britain: the fat man of Europe’ — www.nhs.uk). Depressingly, the figures also show that children’s weight is heavily influenced by their parents’ behaviour — the risk of becoming obese begins at an early age and parental obesity increases the risk of childhood obesity by 10%.

According to Alex Matthews-King, writing in the Independent, a report published in the European Heart Journal found that deaths from heart disease and stroke due to obesity are beginning to increase again, reversing a trend that had seen rates improving steadily over the past 50 years. And, with childhood obesity out of control, the downward trend in heart disease in young people is also being reversed.

For community nurses, this means increasing workloads as obesity leads to an increase in long-term chronic conditions such as diabetes, heart failure, respiratory illnesses and stroke. If obesity continues to rise at current levels, the pressure on community services will become intense.

The government is making an effort. There has been a raft of healthy eating initiatives in recent years, such as the Eatwell Guide (www.nhs.uk), and ministers have introduced a tax on sugary drinks, which means that in April 2018, shoppers will pay more per litre extra depending on how much sugar has been added to a drink (‘Sugar tax is already producing results’ — www.bbc.co.uk). Many companies have already begun to reduce the sugar content of...
soft drinks as a result. However, there have been complaints that the UK is still not taking the problem of obesity, particularly childhood obesity, seriously. For example, there has been no legislation on junk food advertising before the 9.00pm watershed, despite this being widely recommended (The Guardian view on childhood obesity: forget small steps, tackle big food’ — www.theguardian.com).

**ROLE OF COMMUNITY NURSES**

Before we try and accentuate the positive, it may be a good idea to get some of the bad news out of the way first. So far, we’ve focused on patients and health services and how these will be affected by rising obesity levels. Unfortunately, obesity is not confined to the general public. Writing in The Sun, Shaun Wooller highlights a report from London South Bank and Edinburgh Napier Universities that found that over half of nurses were overweight, with 25% being classed as obese. Worse, the study found that being overweight prevents nurses from carrying out their jobs properly, including providing life-saving resuscitation, moving and handling and washing patients (‘Six out of 10 nurses are overweight, a study found’ — www.th.es.co.uk).

While it is accepted that nurses face extra pressure to maintain a healthy weight due to long hours, shift work and stress, Alex Matthews-King, writing in the *Independent*, also focused on how obesity was leading to high rates of staff sickness among nurses, particularly musculoskeletal conditions and mental health issues, piling further pressure on a struggling health service.

In the community, a lack of facilities results in nurses grabbing snacks on-the-go or working in areas where healthy food is simply not readily available. Community nurses are not based on wards or in office environments where microwaves or catering services are available. Similarly, many community nurses will spend a lot of time driving from appointment to appointment.

However, this does not excuse nurses setting a bad example for patients, many of whom require advice about healthy eating and active lifestyles. Nurses also have a duty under the Nursing and Midwifery Council code to provide the best care that they can (The Code: Professional standards of practice and behaviour for nurses and midwives’ — www.nmc.org.uk). If a nurse’s physical condition means that they cannot carry out their job properly, for example helping to lift or wash an immobile patient, then they are failing in their professional duty.

### Tackling Obesity

Tackling obesity may seem like an impossible task when there are so many barriers placed in the way, such as the easy availability of fast food. However, there is help out there. The National Institute for Health and Care Excellence (NICE), for example, has released guidelines specifically designed to help community services promote weight loss and improve the healthcare environment (‘Obesity: working with local communities’ — www.nice.co.uk). Specific measures include:

- **Community nurses should encourage their managers to provide healthier food and drink choices in all onsite cafes, hospitality suites, vending machines, outreach services and shops.**
- **Community nurses can apply pressure to managers to introduce programmes that encourage staff and patients to be physically active.**

This could include promoting cycling to work, for example by providing showers and lockable cycling storage, and considering the design of healthcare environments to increase opportunities for physical activity for staff and patients, for example providing on-site exercise classes.

Community nurses can lobby NHS commissioners to consider how their decisions impact on obesity in the local community, for example by ensuring that the provision of healthier choices is included in food contracts for leisure centres.

There are also practical guidelines available for nurses who have to manage patients who are obese. The Scottish Intercollegiate Guidelines Network (SIGN) has published extensive guidelines for healthcare professionals on tackling obesity, including the following recommendations (‘Management of obesity’ — www.sign.ac.uk/assets/sign115.pdf):

- **Reducing intake of energy-dense foods, including those containing animal fats, other high fat foods, confectionery and sugary drinks.**
- **Selecting low energy-dense foods instead, for example wholegrains, cereals, fruits, vegetables and salads.**
- **Reducing consumption of fast foods, such as takeaways.**
- **Reducing alcohol intake.**

District nursing services are ideally placed to offer support, guidance and education to patients. Although some may be elderly and frail, we do meet patients that are only temporarily housebound and may be receptive to a change of lifestyle once they have recovered from their episode of care. District nursing provides an extremely unique opportunity in which to build relationships with patients within their own environment, which can make them feel more comfortable and open to discussion. We should utilise these precious opportunities to encourage patients to consider their individual health status and to discuss and facilitate input from other services to support them. It goes without saying that some patients will not be responsive or welcome these ‘delicate’ conversations, however, it is our duty to address potential health issues. It is possible that a relevant conversation could be recalled in weeks/months to come, when a person is then ready to change their lifestyle and when our prior discussion is seen as constructive — indeed, we do not always know that we have ‘made a difference’.

Annette Bades
District nursing specialist practitioner, Lancashire Care NHS Foundation Trust

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Yes, obesity is an ‘epidemic’, it’s like a giant snowball rolling down a mountain getting bigger and bigger with every move, picking up speed at an alarming rate and it currently appears to be unstoppable. Initiatives have been attempted to reverse this crisis, but with little impact resulting in global authorities becoming absolutely baffled as to what to try next.

Habits are hard to break and to do so either takes lots of personal discipline, or a devastating development to force an immediate lifestyle change which ultimately produces long-term health benefits. There is always the exception to the rule, but to influence and convince people in general to make dramatic changes to their lifestyle is possibly the most challenging and virtually impossible task to commit to. Without the offer of a solid reason or incentive as to why an adult should alter the pattern of their daily routine with a healthy diet and activity, any attempts at this will meet with a negative response.

As soon as a child enters secondary education they tend to adopt a ‘teenage’ attitude and become hard to reach — have you ever tried to tell a teenager what to wear, or what music to listen to, or who they should be friends with, or especially what they should eat? Another almost impossible task.

So, who is the demographic to bring about change? Who are the most open to take in valuable information to set a precedent for the future with a healthy and active life? In the author’s opinion, it is the 2–11-year-old age group who need to be educated in their early years. I also believe that young children can influence their parents’ purchasing habits.

To engage a youngster with anything it has to be ‘fun’, and it has to be colourful both in sound and vision to capture their imagination. One example is ‘The Fruit and Veg Kids’, which has been created to do this with music, books, animation, stage shows and personal appearances. The messages these characters convey are positive towards helping to overcome obesity with a healthy and active lifestyle. The concept has not only received a positive response from children, but also parents, teachers and healthcare professionals:

‘You guys are just the ones to help us fight obesity’ — Fiona McQueen, chief nursing officer Scotland

‘Is there more we can do to get people on Board?’ — Wendy Nicholson, national lead nurse; Children; Young People and Families; deputy head, World Health Org CC

‘Check out ‘The Fruit and Veg Kids” – they do great stuff for children’ — Rhian Last, editor in chief, Journal of General Practice Nursing; education lead, Education For Health

Stephen Colyer, writer and creator, ‘The Fruit and Veg Kids’

For further details about ‘The Fruit and Veg Kids’, go to: www.thefruitandvegkids.com

The SIGN guidance also focuses on obesity in children and young people with the following recommendations:

- Encouraging healthier eating and decreasing total energy intake
- Increasing habitual physical activity, such as brisk walking and sports. In healthy children, 60 minutes of moderate–vigorous physical activity/day is recommended
- Reducing time spent in sedentary behaviour such as watching television and playing computer games.

While guidance is all very well, it is you, the community nurse, who will have to sit in front of a patient with obesity and bring up the fact that they are overweight, potentially leading to a challenging conversation about their overall health. Writing in the journal, Nursing Practice, Public Health England’s chief nutritionist, Alison Tedstone, has the following advice for nurses who are managing patients with obesity and their families (‘Top tips for nurses working with overweight and obese patients’ — www.nursinginpractice.com):

- Remember, the patient is an individual and begin any challenging conversation with open-ended questions, such as ‘Is it ok to ask you about your weight?’ or ‘How do you feel about your or your child’s weight?’
- Do not force the conversation. Allow individuals to set the agenda and let them decide whether the topic of obesity is explored or not
- Remember that for some patients, such as those with long-term conditions or hectic lives, obesity may not be a priority. Offer them the chance to discuss the issue, but do not forget that they may have more pressing concerns such as chronic pain
- Offer practical advice, such as signposting individuals to local keep-fit clubs, healthy eating workshops or useful website resources such as the Change4Life website (www.nhs.uk/change4life), which contains practical advice on preparing healthy lunchboxes for children and 10-minute exercise routines.

For community nurses faced with patients who may be obese or struggling with their weight, it is important to realise that you really can make a difference. Rather than seeing obesity as an epidemic, it is vital that nurses focus on providing evidence-based, individualised support that will change patients’ lives. When it comes to obesity, actions really do speak louder than words. JCN

REFERENCES

