Practical weight management in primary care

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Statistics suggest that one-in-four adults are obese, and up to 33% of school-aged children are overweight or obese (National Obesity Forum, 2015). Thus, on a daily basis, it is likely that general practice nurses (GPNs) will engage in consultations with patients who are overweight or obese, quite often while presenting for advice for another condition. This article explores how to broach this sensitive issue and the nurse’s role to reduce weight stigma in line with the new Nursing and Midwifery Council Code (NMC, 2015). Practical advice to support patients in managing their weight, and identifying appropriate onward referrals, including for bariatric surgery and eating disorders, will also be discussed.

KEYWORDS:
Overweight ■ Obesity ■ Nutrition ■ Weight bias ■ Communication

The prevalence of children and adults who are overweight and obese in general practice has increased in recent years, and is likely to rise further in future, if significant health investment is not realised (National Obesity Forum, 2015).

The new Nursing and Midwifery Council Code (NMC, 2015) emphasises the importance of using terms patients can understand and gaining consent within consultations, such as when weighing patients — actions which may help reduce weight bias. Nurses in primary care can help to facilitate weight management by discussing physical activity and self-management of health with their patients.

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Patients who are overweight or obese with pre-existing conditions linked to nutritional deficiencies, or who are pregnant, are likely to need prompt dietetic referral. The risk of eating disorders in this patient population, such as binge-eating disorder, cannot be underestimated. Very low calorie diets and bariatric surgery are increasingly more frequent treatment methods. Awareness of when a patient should be referred, and for whom this is indicated in accordance with National Institute for Health and Care Excellence guidance (NICE, 2014), will ensure timely management and best use of NHS resources.

BROACHING THE ISSUE

Research suggests that only 38% of healthcare professionals in primary care raise the issue of weight with their patients (Michie, 2007). The language used to raise the topic of a person’s weight can be very emotive, not just for that consultation, but for the patient engaging in future health interactions. Using words like ‘unhealthy weight’, rather than ‘obese’ or ‘morbidly obese’, have been demonstrated to be preferred by the public, and the patient is less likely to feel that the healthcare professional is blaming or stigmatising them (Puhl et al, 2012). Additionally, the revised NMC Code states: ‘use terms that people in your care, colleagues and the public can understand’.

Weight stigma or bias — having negative views about someone who is overweight or obese — is common among healthcare professionals. It may be linked to views that obesity is controllable and that the patient may not be taking care of his/her health to have become overweight or obese (i.e. a feeling that he/she is to blame) (Katz, 2014). In turn, patients may avoid future medical appointments if they feel that their healthcare practitioner is stigmatising them (Puhl et al, 2012), which may even increase the risk of the patient engaging in unhealthy behaviours, such as increasing calorie intake (Tomiyama et al, 2014).

Having confidential peer support from other nurses or the practice team, as well as discussions about
broaching the issue of weight and preventing stigma, may be invaluable when self-reflecting on practice. Asking patients how they feel about body weight issues should be addressed as part of anonymous practice surveys or inpatient involvement forums in the practice — this can help to gauge how patients would like the issue of weight to be discussed.

Furthermore, research has suggested that up to 35% of patients reported the fear of being weighed as a barrier to health care (Amy et al, 2005). While getting consent for procedures like vaccinations or smear tests is routine, it is also important to ‘make sure that you get properly informed consent and document it before carrying out any action’ and ‘balance the need to act in the best interests of people at all times with the requirement to respect a person’s right to accept or refuse treatment’ (NMC, 2015). Thus, getting consent to weigh a patient and documenting it, is key before doing so. Explaining the reasons why it is medically essential to obtain a patient’s weight is also important. For example, it may be necessary to calculate body mass index (BMI) so that a dietetic or hospital department will accept a referral, for anaesthesia for surgery, or for weight dose-dependent medication.

PROMOTING SELF-MANAGEMENT

Nurses may cite time restrictions as being one of the difficulties in treating patients for weight management. Promoting self-management will help patients manage their weight in the long term and allow them to get the most from what may be limited consultation time. Simple actions like suggesting they wear a pedometer, recording activity and food intake (using paper, diary or phone apps) may help a patient self-monitor eating behaviour.

Overweight or obese patients who are at risk of, or who have been diagnosed with, diabetes, even if they have been living with diabetes for some time, should be referred to a diabetes education programme such as DESMOND or X-PERT, both of which are underpinned by self-management. To promote self-management of dietary behaviour in children, parents should be encouraged to act as role models (NICE, 2014).

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In helping clients set goals, it is important to have discussions about pragmatic weight loss targets. A weight loss of 5–10% is generally considered to be a clinically effective target (NICE, 2014), since this yields significant reductions in blood glucose, blood pressure, cholesterol, symptoms of sleep apnoea and urinary incontinence, in addition to risk reduction and symptom improvement for many other conditions.

However, McConnon et al (2010) reported that many patients consider this level of weight loss to be unsuccessful or not acceptable to them. In particular, they found that women have the highest expectations of themselves. Exploring a realistic weight goal and relating it to the aforementioned health benefits, rather than aesthetic benefits, is an important point to raise at the beginning of any weight management intervention. Furthermore, establishing an initial goal of preventing further weight gain, especially for those who are sedentary, may in some cases be appropriate.

PHYSICAL ACTIVITY

In addition to weight loss, exercise should be encouraged to reduce the risk of, or manage, diabetes and cardiovascular disease, and certainly for children dietary measures alone are not recommended (NICE, 2014). To manage weight, NICE (2014) at least 30 minutes of activity five times a week, or at least 60 minutes for children, is recommended. Nurses have a role in helping patients explore their personal barriers to increasing activity.

For patients who engage in little activity, small steps like reducing sitting time, perhaps by recording TV programmes to omit breaks, parking a car at the furthest car park point, or even discussing armchair aerobics with tins of food for those finding it difficult to stand, may help to increase activity.

The discussion of incorporating activity into a busy working schedule may be appropriate for some patients. For example, standing during meetings or phone calls, using stairs rather than lifts,
Incidental activity such as walking to the shops, playing with children or gardening should all be emphasised as activities that can be being more physically active.

Table 1: Practice points for weight management

- Find out your local resources:
  - Local eating disorders unit
  - Local pathway for bariatric surgery
  - Local tier 3 services
  - Local nutrition and dietetics department
  - Local physiotherapy services, including domiciliary services
  - Any local initiatives, e.g. programmes for risk reduction following NHS health checks
  - Local programmes for education for those at risk of, or those who have developed, diabetes.

- Have informal, non-judgmental discussions with colleagues about broaching weight management and treatment options.
- Ask patients what they are doing to lose weight and, if relevant, ask for dietary and lifestyle advice.
- Ask patients if they need help to lose weight or if they are considering weight-reducing treatments.
- Remember: Comorbidities can exist from an early age, with the potential to lead to obesity, particularly in young people who are overweight or obese, and with emerging weight issues, especially in female children and young women. Reassure patients that they can still try to lose weight, even if they are overweight.
- Ask patients' general practitioner (GP) or specialist service for a referral if necessary.
- Some patients may benefit from a medication available on prescription (e.g. Orlistat) and bariatric surgery may include commercial slimming clubs, meal replacement therapy, or other initiatives for patients who require a patient to have seen a dietitian locally, before they consider further treatment options.
- In patients suspected of having an eating disorder, or who have any musculoskeletal condition, a referral to a physiotherapist registered with the Health and Care Professions Council (HCPC) may enable the patient to be safely advised on what activity is safe, and further increase their confidence to engage in exercise.
- While patients often receive advice on eating disorders, such as bulimia nervosa and binge-eating disorder, it is not uncommon for many years to pass before healthcare professionals help patients identify bulimia nervosa or Binge Eating Scale (BES) may help to identify binge-eating disorder (Ricca et al, 2000). For patients suspected of having an eating disorder or who have any musculoskeletal condition, a referral to a physiotherapist registered with the Health and Care Professions Council (HCPC) may enable the patient to be safely advised on what activity is safe, and further increase their confidence to engage in exercise.

- Motivational interviewing is an approach which aims to enhance the patient’s own motivation to change, and is moving away from a traditional healthcare model where patients may be instructed by their healthcare provider.
- Encourage regular meals should be encouraged, including high protein, high carbohydrate meals with small snacks, which can contribute to being more physically active.
At diagnosis of type 2 diabetes, NICE (2014) recently updated their obesity guidance to highlight that an offer of bariatric surgery should be made to those newly-diagnosed with diabetes who have a body mass index (BMI) greater than 35kg/m², and considered in those with a BMI of 30–34.9, provided that they will receive tier 3 assessment and support. Lower thresholds should be considered for patients of Asian ethnicity, owing to the greater risk of comorbidities such as cardiovascular disease at a lower BMI than normal in Caucasian populations (NICE, 2014).

RETURNING TO GENERAL PRACTICE

Patients who have had bariatric surgery will receive life-long follow up from their specialist centre. However, they may still require ongoing support in general practice for maintaining weight loss.

For patients who have received care from other specialist services, such as a dietitian, tier 3 or eating disorder services, it is likely that they will be discharged back to general practice upon achieving their goals, or having completed treatment or a package of care. In the long term, these patients will require support in weight maintenance. Nurses in primary care are ideally placed to provide long-term monitoring and support to sustain recommended activity levels and a healthy, balanced diet.

CONCLUSION

Nurses have a key role to play in the identification, prevention and management of obesity. An increasing range of treatments and specialist services are available for patients who are obese, but nurses should try to motivate patients to manage their own health, as well as signposting them to the most appropriate services for their needs.

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KEY POINTS

- Overweight and obesity have increased in recent years and statistics suggest that they will continue to do so if there is not significant public health investment.

- Primary care nurses have a key role in supporting patients who are overweight or obese in dietary changes and increasing physical activity levels.

- They are also well placed to identify which patients require onward referral, e.g. to tier 3 services, registered dietitians or eating disorder services.

- Weight stigma is prevalent among healthcare professionals and may act as a barrier to patients engaging in healthcare.

- Encouraging patients to engage in self-management strategies to manage their body weight may help them in achieving clinically beneficial targets of 5–10% weight loss.


X-PERT Health. Available online: www.xperthealth.org.uk/

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