

RAISING THE ISSUE OF WEIGHT

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	<p>If BMI >25 and no contraindications to raising the issue of weight, initiate a dialogue:</p> <p>e.g. <i>"We have your weight and height measurements here. We can look at whether you are overweight. Can we have a brief chat about this?"</i></p>											
2	IS THE PATIENT OVERWEIGHT/OBESE?											
	<p>Using the patient's current weight and height measurements, plot their BMI with them and use this to tell them what category of weight status they are.</p>	<table border="1"> <thead> <tr> <th>BMI (kg/m²)</th> <th>Weight classification</th> </tr> </thead> <tbody> <tr> <td><18.5</td> <td>Underweight</td> </tr> <tr> <td>18.5-24.9</td> <td>Normal weight</td> </tr> <tr> <td>≥25-29.9</td> <td>Overweight</td> </tr> <tr> <td>≥30</td> <td>Obesity</td> </tr> </tbody> </table>	BMI (kg/m ²)	Weight classification	<18.5	Underweight	18.5-24.9	Normal weight	≥25-29.9	Overweight	≥30	Obesity
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	<p>e.g. <i>"We use a measure called BMI to assess whether people are the right weight for their height. Using your measurements, we can see that your BMI is in the [overweight or obese] category (show the patient where they lie on a BMI chart). When weight goes into the [overweight or obese] category, this can seriously affect your health."</i></p> <p>Waist circumference can be used in cases where BMI, in isolation, may be inappropriate e.g. in sportspeople and to give feedback on central adiposity.</p> <p>Measure midway between the lowest rib and the top of the right iliac crest. The tape measure should sit snugly around the waist but not compress the skin.</p>											
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3	EXPLAIN WHY EXCESS WEIGHT COULD BE A PROBLEM											
	<p>If patient has a BMI >25 and obesity-related condition(s): e.g. <i>"Your weight is likely to be affecting your [insert co-morbidity/condition]. The extra weight is also putting you at greater risk of diabetes, heart disease and cancer."</i></p> <p>If patient has BMI >30 and no co-morbidities: e.g. <i>"Your weight is likely to affect your health in the future. You will be at greater risk of developing diabetes, heart disease and cancer."</i></p> <p>If patient has BMI >25 and no co-morbidities: e.g. <i>"Any increase in weight is likely to affect your health in the future."</i></p>											
4	EXPLAIN THAT FURTHER WEIGHT GAIN IS UNDESIRABLE											
	<p>e.g. <i>"It would be good for your health if you do not put on any more weight. Gaining more weight will put your health at greater risk."</i></p>											
5	MAKE PATIENT AWARE OF THE HEALTH BENEFITS OF MODEST WEIGHT LOSS											
	<p>e.g. <i>"Losing 7-12lbs (3-5.5 kilos) should improve your health. This could be your goal."</i></p> <p>If patient has co-morbidities: e.g. <i>"Losing weight will also improve your [insert co-morbidity]."</i></p>											
6	ADVISE ON SUPPORT PATHWAYS											
	<p>Give the patient recommendations as appropriate for your Practice.</p> <p>e.g. <i>"There are a number of options available to help you manage weight if you feel you are ready to do so. This leaflet tells you some of things you can do. You can come back to me [the Practice nurse] once you have had a chance to think about it"</i></p>											
7	IF PATIENT IS NOT READY TO LOSE WEIGHT											
	<p>Tell the patient that whilst now may not be the most appropriate time for weight loss, you will make a note to raise the issue again in the future (e.g. 6 months).</p>											

BACKGROUND INFORMATION

Raising the issue of weight

Many people are unaware of the extent of their weight problem. Around 30% of men and 10% of women who are overweight believe themselves to be of a healthy weight¹. There is evidence that people become more motivated to lose weight if they are advised to do so by a health professional².

Health consequences of excess weight

Table 1 summarises the health risks of being either overweight or obese³. In addition, obesity is estimated to reduce life expectancy by between 3-14 years. Many patients will be unaware of the impact of weight on health.

Greatly increased risk	Moderately increased risk	Slightly increased risk
<ul style="list-style-type: none"> Type 2 diabetes Gall bladder disease Dyslipidaemia Insulin resistance Breathlessness Sleep apnoea 	<ul style="list-style-type: none"> Cardiovascular disease Hypertension Osteoarthritis (knees) Hyperuricaemia and gout 	<ul style="list-style-type: none"> Some cancers (colon, prostate, post-menopausal breast and endometrial). Reproductive hormone abnormalities Polycystic ovary syndrome Impaired fertility Low back pain Anaesthetic complications

Benefits of modest weight loss⁴

Patients may be unaware that a small amount of weight loss can improve their health.

Condition	Health benefit of modest (10%) weight loss
Mortality	20-25% fall in overall mortality 30-40% fall in diabetes-related deaths 40-50% fall in obesity-related cancer deaths
Diabetes	Up to a 50% fall in fasting blood glucose Reduces risk of developing diabetes by over 50%
Lipids	Fall of 10% total cholesterol, 15% LDL, and 30% TG Increase of 8% HDL
Blood pressure	10 mmHg fall in diastolic and systolic pressures

The need to offer support for behaviour change

The success of smoking cessation interventions shows that in addition to raising a health issue, health professionals need to offer practical advice and support. Even providing a list of available options in the local area can be helpful.

Promoting behaviour change

Raising the issue of weight loss can improve motivation, but people also need the skills to help change their behaviour. As appropriate patients could be encouraged to:

- Plan for action (start date, regimen details etc)
- Regularly monitor diet and activity levels (use record sheets)
- Set goals (identify specific and manageable changes to diet and activity)
- Use stimulus control (e.g. avoid situations that trigger overeating, plan meals and snacks)
- Reward their own achievements in meeting goals (using non-food rewards)
- Seek support from family and friends
- Use self-help materials on cognitive behavioural treatment such as *Shape-Up*⁵.

Importance of continued monitoring of weight

Weight monitoring can be a helpful way of maintaining motivation to lose weight.

Interventions for smoking cessation have found that behaviour change is more successful when

¹ Wardle J & Johnson F (2002) *Int J Obes* 26: 1144-1149.

² Galuska, et al. (1999) *JAMA* 282: 1576-1578.

³ Jebb S and Steer T (2003) *Tackling the Weight of the Nation*. Medical Research Council.

⁴ Department of Health (2002) *Prodigy Guidance on Obesity*. Crown Copyright.

⁵ Wardle J, et al. (2006) *Shape-Up: a self-help guide to managing your weight*. Weight Concern.

follow-ups are included in the programme⁶.

⁶ Lancaster T & Stead LF (2004) Physician advice for smoking cessation. Cochrane Database of Systematic Reviews, Issue 4.