

Ten Top Tips: Raising the topic of overweight

Introduction

Weight impacts significantly on many aspects of health and so discussing weight may be relevant in a variety of consultations about other health concerns. How a patient reacts to the mention of weight is coloured by the patient's past experiences and how clinicians raise it. The patient may appear reluctant due to past defeat (they may have tried and failed), denial (now is not the right time) or from suffering past appearance-related insult. Raising the topic sensitively is essential for rapport and for the discussion to boost rather than crush the patient's own motivation.

Key practical points

1. Consider whether weight may be of relevance in every consultation.
2. Raise the issue by asking how the patient feels about their weight rather than giving your own view.
3. Explore what has been tried already and what barriers may have been encountered.
4. Establish if weight is a priority for the patient right now. Are there other pressing health matters to factor in?
5. Ensure goals are realistic and patient-centred. Reign in unrealistic goals that may result in yo-yo weight swings.
6. Weight constancy is a worthwhile target for those patients not ready to set a weight loss goal. Encourage regular weighing to support this.
7. Encourage broad lifestyle improvement as this boosts dietary quality, fitness and weight stability even if weight loss is hard to achieve.
8. Encourage lifestyle changes that apply to all the family and avoid singling out individual family members.
9. Recommend community-based weight-management services as a first option, plus consistent information resources such as NHS Choices website.
10. Consider underlying eating disorder if significant emotional factors emerge.

Ten top tips: Raising the topic of overweight (Long version)

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 – is 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?
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.
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, evaluated and audited according to NICE/SIGN criteria, 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.

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. Jakicic 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):1485-92. 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 Eat Disord.* 2010 May;43(4):344-51