



Engaging patients with obesity Guidelines for healthcare professionals

FACT SHEET

Obesity is not widely recognised as a disease in the EU and is often perceived as a lifestyle choice. This frequently discourages patients from seeking medical advice and prevents general practitioners from initiating dialogue about the issue with their patients.

One of the barriers preventing GPs from discussing weight issues with their patients is the sensitivity of the subject and lack of training on how to raise the topic in an acceptable way. These guidelines are adapted from advice developed for primary healthcare providers by the Canadian Obesity Network.

1. Ask permission to discuss weight, be non-judgemental, with full empathy and explore readiness for change.

Communication skills are essential to successfully engage patients about having obesity. Hurtful terms should be avoided and language emphasising obesity as a clinical term would be most appropriate. Try “May I talk to you about your weight?”, “Do you allow me to talk about your weight?” You can explore patient’s readiness to change with questions like “How do you feel about your weight? Would it be okay if I helped?” Use motivational interviewing to encourage patients to change.

2. Assess BMI, waist circumference, body composition and stage of obesity, and explore causes and complications for excess weight.

There are ways to identify stages of obesity. The Edmonton Staging System or the King’s Obesity Staging Criteria can assist to identify the stage of obesity and assess comorbidities. This may also help to motivate patients with obesity towards achieving some beneficial goals.

3. Advise on health risks of obesity, the benefits of even modest weight loss (5-10% of initial weight), the need for a long-term strategy and the available treatment options.

Primary care providers should present all available and clinically proven treatment options and discuss them in detail with their patients. Agree an individually tailored long-term strategy (chosen by the patient himself) for achieving weight loss goals and lifestyle changes ensuring that the person, not the obesity, is the focus of the treatment.

4. Agree on realistic weight-loss expectations and targets, behavioural changes and specific details of the treatment options.

Despite rapid initial weight loss, patients often feel frustrated about their ability to lose weight because many find it challenging to maintain. It is essential for GPs to help patients set achievable targets and familiarise them with the necessary behavioural changes and possible challenges in the process. Recall that ‘yo-yo’ is more dangerous than stable weight (even if the patient is obese) and that regular physical activity prescription is a key factor to prevent complications. A regular active obese patient has a lower risk of premature mortality when compared to a sedentary normal weight patient.

5. Assist in identifying and addressing barriers, provide resources and help in identifying and consulting with appropriate providers, and arrange regular follow-up.

A multidisciplinary approach, involving GPs, nurses, adapted physical activity professionals and other medical professionals across all levels of care, is necessary in the management of patients with obesity. To ensure continuity of successful weight loss, agree a regular follow-up with the patient and reassure patients of support and guidance that will be available to them.