Why is it so hard to help people to lose weight?

Mark Harris
Outline

1. Context
2. Weight loss in primary health care
3. Barriers
4. Improving weight loss in primary care
Context

BMI 25-29

BMI 30+
Rates of obesity among Australian adults, based on BMI calculated from measured height and weight.
Trends in weight (measured) by age cohort 1980 to 2000
Obesity (%) by IRSD Quintile, Males and Females Aged 25-64, 1989 to 2001
Social & behavioural determinants across the lifecycle

- Genes & Epigenes
- Pregnancy
- Breast & infant feeding
- Parenting

Child
- Growth
- Development
- Biome

Adolescence
- Diet
- Physical activity
- Stress/depression
- Health literacy
- Overweight

Adult
- Obesity
- Physiological changes

Older Age
- Work control and environment
- Income
- Preventive care

• Early detection
• Management

Chronic Disease
Burden of disease

• Of the total burden due to risk factors dietary risks (11%), high body mass index (9%) and smoking (8%) were the leading risk factors in 2010.

• For risk factors, dietary risks and smoking were ranked 1 and 3 respectively in both 1990 and 2010. High body mass index was the second-highest risk factor in 2010, replacing high blood pressure, which was second highest in 1990.
Comparison of clinical and population strategies

Clinical
- Addresses highest risk groups
- Does not address social determinants

Population strategies
- Seeks to address social determinants
- May not be acceptable or prevent disparities
Weight loss in primary health care
PHC Opportunity

• Over 80% of the population visit a GP at least once a year (ABS 2013)

• Two thirds of patients presenting in general practice are overweight or obese (BEACH 2015)

• Patients accept the role of GPs in weight management

• Most obese patients have other risk factors or chronic disease

• Management of weight is accepted by GPs and PNs as integral to their role in PHC.
NHMRC Clinical Practice Guidelines

- Based on the 5As.

**Assess:**
- BMI and waist
- Risk
- Comorbidity

**Advise & Agree:**
- Brief advice, goal setting

**Assist:**
- Individual lifestyle plan

**Arrange:**
- Referral navigation
- Follow up and maintenance

![Bar chart showing percentage of patients with each step of the 5As process.](chart.png)
Weight management can be effective – but little evidence in routine PHC practice

**Wadden TA et al**  
*JAMA. 2014;312(17): 1779-1791*
Referral for behavioural interventions

In practice or remote

Commercial Providers


A variety of access methods

**get healthy**
Information & Coaching Service

- **6 month coaching program**
  10 coaching calls over 6 months
- **Information Only**
  A one-time coaching call and printed information

Support
Motivation
Information

**TXT2BFiT**
A Healthy Lifestyle Program for Young Adults
Early life

Sargeant (2010) reviewed 17 interventions in PHC for overweight and obese children
- 8 significant change in BMI

Wake (2013) reported outcomes of Hopscotch trial
- 26% moved from obese to overweight
Barriers to implementation

- Patient
- Family
- Community

- GP or PN
- Practice
- Health system
A1: Assess: Recording of risk factors (n=22,070) (PEP study)

- Smoking: 77%
- Alcohol: 6%
- BMI: 30%
- Waist circumference: 5%
- BP: 68%
- Lipid: 29%
- CV Risk: 46%
A2-5 Advise or Refer: Interventions and readiness to change lifestyle behaviours in obese patients in general practice (PEP study)
A5 Arrange: Factors influencing referral

- Non-surgical
- Surgical

Perceived efficacy → Attitude
Perceived efficacy → Empathy
Patient expectation → Norms
Patient expectation → Professional

Medico-legal
Guidelines

Patient motivation → Patient
Patient health literacy → Patient
Patient ability to pay → Patient
Patient comorbidity → Patient
Work capacity → Patient
Availability/Transportation → Patient

Cost → Control
Practice → Control
System → Control

Intention to refer
## Why are intervention rates so low?

<table>
<thead>
<tr>
<th>Provider</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudes and beliefs:</strong> pessimism about effectiveness of interventions</td>
<td><strong>Confidence:</strong> Previous failure</td>
</tr>
<tr>
<td><strong>Confidence:</strong> tailoring approach to patient needs</td>
<td><strong>Health literacy:</strong> Lack of health literacy, ability to navigate.</td>
</tr>
<tr>
<td><strong>Work capacity:</strong> time, organisation, staff roles</td>
<td><strong>Cost:</strong> ability to afford out of pocket cost of referral services</td>
</tr>
<tr>
<td></td>
<td><strong>Access:</strong> ability to navigate and acceptability of referral services</td>
</tr>
</tbody>
</table>

**System:** Availability/transport, funding
Barriers to management of obesity in patients (BMWGP 2015)
Factors influencing patient weight loss behaviour

**Individual factors**
- Chronic conditions
- Motivation

**Health literacy related to weight and diabetes management**

**External factors**
- Cost and availability of food
- Family and social support

**Motivation and beliefs**
- Identifying weight management to be beneficial for future health
- Knowledge about self-control and personal responsibility to manage diet and physical activity
- Negative attitude towards weight loss and being denial about weight loss

**Access and use of health care**
- Seeking advice and support from health care providers to manage the condition
- Navigate the health care system to obtain various services and support regarding diet, physical activity and diabetes
- Negative attitude towards health care services and providers

**Behaviour**
- Self-management of weight by adhering to diet and physical activity
- Choice of food to better manage the weight
- Generating alternatives to the existing bad habits
- Emotional eating affecting their weight
- Rationalisation of the behaviour
Chronic relapsing condition

Many patients experience weight regain. This causes feelings of self blame and failure:

*You lose a bit, lose it, lose it.. Then you plateau out and get stressed… Then you suddenly realise you’re back up here again. How the hell did I do that? Why did I let that happen?*

Female participant in COMPaRE-PHC Counterweight pilot study in Adelaide.

"Ready to head back?"
Improving weight loss in primary care
Implementation at the practice level

Coherence
Does it make sense?
How does it fit?

Cognitive participation
How engaged and committed are providers?

Collective action
How will the change occur and who will do what?

Reflexive monitoring
What change occurred? Why or why not?

Different
Effective
Enough time

Need feedback
Follow up

Team roles
Training
Practice plan and pathway

Facilitation to reflect, change and advocate
Costing analysis of linked data from PEP study

- Low cost (<$4 per patient) practice intervention across 5As improved risk factor recording and patient readiness to change lifestyle behaviours (diet and physical activity).

- Non significant trend for savings in relevant MBS and PBS costs (-$79, 95% CI -$183 to $25) over 12 months.
Ask

Assess:
Risk Readiness

Advise & Agree:
Motivational interviewing, goal setting

Assist:
Individual plan, referral navigation

Arrange:
Follow up and maintenance

Screening: Health Literacy and BMI

-Diet
-Physical activity
-Motivation

-Brief advice
-Agree on realistic goals
-Teach-back

-Explain why
-Discuss 3 options (individual, group, phone)
-Provide detail

Phone
-Follow up visit

Nurse Health Check
Growing Healthy

A week by week m-health intervention for parents of infants 0-9 years

Aims:

- Increase the duration of exclusive or any breastfeeding
- Promote best practice formula feeding
- Delay the introduction of solids till around 6 months of age
- Promote healthy first foods
- Promote healthy infant feeding practices
- Improve infant diet quality at 9 months

3 messages per week

Feasible and acceptable to parents and practitioners

The app will work on:
- Iphone 4, 4s, 5, 5s, 5c
- Samsung galaxy S3, S4, S5
- Nexus 5
- HTC one
Scaffolding change

Commission on Quality and Safety in Health Care

- Incorporation of health literacy for weight management into health professional training and quality and safety standards

Organisational support from PHN

- Training of staff
- Health pathways
- Walking interview
Public Health Measures

- Reduce child exposure to advertising
- Restrictions on sale of some foods in schools (SSB)
- Reformulate food to reduce sugar and portion size
- Food labelling
- Media promotion of healthy food
- Rebates on health insurance for physical activity or weight reduction programs
- Workplace education programs
- Community education or self help activities

PHC Interventions

- Early life interventions
- Health literacy for weight management
- Referral from PHC

Integrating clinical and population health approaches
Some policy options

- Development of nurse role in weight management
- Enrolment of obese patients in PHC and linked to the development of weight management plan and referral
- Support for the national development of referral pathways – phone, community and commercial providers
Conclusion

• Overweight and obesity are important public health problems.

• Much research is in progress. However we do have sufficient evidence for implementation.

• PHC provides an opportunity but significant barriers to be overcome for widespread implementation.

• Watch this space: www.compare-phc.unsw.edu.au
Acknowledgements

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