TOOL E5 Raising the issue of weight – Department of Health advice

For:	Healthcare professionals, particularly in primary care
About:	This tool contains guidance for health professionals on raising the issue of weight with patients, produced by the Department of Health.
Purpose:	To provide guidance on how healthcare professionals can raise the issue of weight with patients.
Use:	To be used as a concise and handy tool when in consultation with an overweight or obese patient.
Resource:	These items are contained in a Department of Health publication called *Care pathway for the management of overweight and obesity*[120] (see **Tool E1**). They are also available as separate laminated posters. To access these materials, visit www.dh.gov.uk or order copies from: DH Publications Orderline PO Box 777 London SE1 6XH Email: dh@prolog.uk.com Tel: 0300 123 1002 Fax: 01623 724 524 Minicom: 0300 123 1003 (8am to 6pm, Monday to Friday)

Part of the YOUR WEIGHT, YOUR HEALTH Series

NHS

Raising the Issue of Weight in Adults

1 RAISE THE ISSUE OF WEIGHT

If BMI is ≥25 and there are no contraindications to raising the issue of weight, initiate a dialogue:

'We have your weight and height measurements here. We can look at whether you are overweight. Can we have a chat about this?'

2 IS THE PATIENT OVERWEIGHT/OBESE?

BMI (kg/m^2)	Weight classification
<18.5	Underweight
18.5–24.9	Healthy weight
≥25–29.9	Overweight
≥30	Obese

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.

'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.'

WAIST CIRCUMFERENCE	
Increased disease risk	
Men	*Women*
≥40 inches (≥102cm)	≥35 inches (≥88cm)
Asian men	*Asian women*
≥90 cm	≥80 cm

Waist circumference can be used in cases where BMI, in isolation, may be inappropriate (eg in some ethnic groups) and to give feedback on central adiposity. In Asians, it is estimated that there is increased disease risk at ≥90cm for males and ≥80cm for females.

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.

3 EXPLAIN WHY EXCESS WEIGHT COULD BE A PROBLEM

If patient has a BMI ≥25 and obesity-related condition(s):

'Your weight is likely to be affecting your [co-morbidity/condition]. The extra weight is also putting you at greater risk of diabetes, heart disease and cancer.'

If patient has BMI ≥30 and no co-morbidities:

'Your weight is likely to affect your health in the future. You will be at greater risk of developing diabetes, heart disease and cancer.'

If patient has BMI ≥25 and no co-morbidities:

'Any increase in weight is likely to affect your health in the future.'

4 EXPLAIN THAT FURTHER WEIGHT GAIN IS UNDESIRABLE

'It will be good for your health if you do not put on any more weight. Gaining more weight will put your health at greater risk.'

5 MAKE PATIENT AWARE OF THE BENEFITS OF MODEST WEIGHT/WAIST LOSS

'Losing 5–10% of weight [calculate this for the patient in kilos or pounds] at a rate of around 1–2lb (0.5–1kg) per week should improve your health. This could be your initial goal.'

If patient has co-morbidities:

'Losing weight will also improve your [co-morbidity].'

Note that reductions in waist circumference can lower disease risk. This may be a more sensitive measure of lifestyle change than BMI.

6 AGREE NEXT STEPS

Provide patient literature and:

- **If overweight without co-morbidities:** agree to monitor weight.
- **If obese or overweight with co-morbidities:** arrange follow-up consultation.
- **If severely obese with co-morbidities:** consider referral to secondary care.
- **If patient is not ready to lose weight:** agree to raise the issue again (eg in six months).

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 a healthy weight.[1] There is evidence that people become more motivated to lose weight if advised to do so by a health professional.[2]

Health consequences of excess weight

The table below summarises the health risks of being overweight or obese.[3] In addition, obesity is estimated to reduce life expectancy by between 3 and 14 years. Many patients will be unaware of the impact of weight on health.

Greatly increased risk
• type 2 diabetes • gall bladder disease • dyslipidaemia • insulin resistance • breathlessness • sleep apnoea
Moderately increased risk
• cardiovascular disease • hypertension • osteoarthritis (knees) • hyperuricaemia and gout
Slightly increased risk
• some cancers (colon, prostate, post-menopausal breast and endometrial) • reproductive hormone abnormalities • polycystic ovary syndrome • impaired fertility • low back pain • anaesthetic complications

[1] Wardle J and Johnson F (2002) Weight and dieting: examining levels of weight concern in British adults. Int J Obes 26: 1144–9.
[2] Galuska DA et al (1999) Are health care professionals advising obese patients to lose weight? JAMA 282: 1576–8.
[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] NHMRC (2003) Clinical practice guidelines for the management of overweight and obesity in adults. Commonwealth of Australia.
[6] Rollnick S et al (2005) Consultations about changing behaviour. BMJ 331: 961–3.
[7] O'Neil PM and Brown JD (2005) Weighing the evidence: Benefits of regular weight monitoring for weight control. J Nutr Educ Behav 37: 319–22.
[8] Lancaster T and Stead LF (2004) Physician advice for smoking cessation. Cochrane Database of Systematic Reviews, 4.

Benefits of modest weight loss[4]

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

Condition	Health benefits 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 • over 50% reduction in risk of developing diabetes
Lipids	• 10% fall in total cholesterol, 15% in LDL, and 30% in TG, 8% increase in HDL
Blood pressure	• 10 mmHg fall in diastolic and systolic pressures

Realistic goals for modest weight/waist loss (adapted from Australian guidelines)[5]

Duration	Weight change	Waist circumference change
Short term	2–4kg a month	1–2cm a month
Medium term	5–10% of initial weight	5% after six weeks
Long term	10–20% of initial weight	aim to be <88cm (females) aim to be <102cm (males)

Patients may have unrealistic weight loss goals.

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. Rollnick et al suggest some ways to do this within the primary care setting. Providing a list of available options in the local area may also be helpful.[6]

Importance of continued monitoring of weight

Weight monitoring can be a helpful way of maintaining motivation to lose weight. Patients should be encouraged to monitor their weight regularly.[7] Interventions for smoking cessation have found that behaviour change is more successful when follow-ups are included in the programme.[8]

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Part of the YOUR WEIGHT, YOUR HEALTH series

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Raising the Issue of Weight in Children and Young People

1 WHEN TO INITIATE A DISCUSSION ABOUT WEIGHT

- If the family expresses concern about the child's weight.
- If the child has weight-related co-morbidities.
- If the child is visibly overweight.

2 RAISE THE ISSUE OF OVERWEIGHT

Discuss the child's weight in a sensitive manner because parents may be unaware that their child is overweight. Use the term 'overweight' rather than 'obese'. Let the maturity of the child and the child's and parents' wishes determine the level of child involvement.

If a parent is concerned about the child's weight: 'We have [child's] measurements so we can see if he/she is overweight for his/her age.'

If the child is visibly overweight: 'I see more children nowadays who are a little overweight. Could we check [child's] weight?'

If the child presents with co-morbidities: 'Sometimes [co-morbidity] is related to weight. I think that we should check [child's] weight.'

3 ASSESS THE CHILD'S WEIGHT STATUS

Refer to UK Child Growth Charts and plot BMI centile. Explain BMI to parent: eg 'We use a measure called BMI to look at children's weight. Looking at [child's] measurements, his/her BMI does seem to be somewhat higher than we would like it to be.'

If the child's weight status is in dispute, consider plotting their BMI on the centile chart in front of them. In some cases this approach may be inappropriate and upsetting for the family.

Overweight	Severely overweight
BMI centile ≥85th centile	BMI centile ≥95th centile

4 ASSESS SERIOUSNESS OF OVERWEIGHT PROBLEM AND DISCUSS WITH PARENT

If child is severely overweight with co-morbidities, consider raising the possibility that their weight may affect their health now or in the future.

This could be left for follow-up discussions or raised without the child present as some parents may feel it is distressing for their child to hear.

'If their overweight continues into adult life, it could affect their health. Have either you [or child] been concerned about his/her weight?'

Consider discussing these points with the parent at follow-up:

- **Age and pubertal stage:** the older the child and the further advanced into puberty, the more likely overweight will persist into adulthood.
- **Parental weight status:** if parents are obese, child's overweight is more likely to persist into adulthood.
- **Co-morbidities:** (see overleaf) increase the seriousness of the weight problem

5 REASSURE THE PARENT/CHILD

If this is the first time that weight has been raised with the family, it is important to make the interaction as supportive as possible:

'Together, if you would like to, we can do something about your child's weight. By taking action now, we have the chance to improve [child's] health in the future.'

6 AGREE NEXT STEPS

Provide patient information literature, discuss as appropriate and:

- **If overweight and no immediate action necessary:** arrange follow-up appointment to monitor weight in three to six months: 'It might be useful for us to keep an eye on [child's] weight for the next year.'
- **If overweight and family want to take action:** offer appointment for discussion with GP, nurse or other health professional; arrange three-to-six-month follow-up to monitor weight.
- **If overweight and family do not wish to take action now:** monitor child's weight and raise again in six months to a year.
- **If overweight with co-morbidities:** consider referral to secondary care: 'It might be useful for you and [child] to talk to someone about it.'

BACKGROUND INFORMATION

Identifying the problem

Ascertaining a child's weight status is an important first step in childhood weight management. Parents who do not recognise the weight status of their overweight children may be less likely to provide them with support to achieve a healthy weight. In a British survey of parental perception of their child's weight, the overwhelming majority (94%) of parents with overweight or obese children misclassified their child's weight status.[1] Given this low level of parental awareness, health professionals should take care to establish a child's weight status in a sensitive manner.

Assessing weight status in children

The child growth charts for the UK allow easy calculation of BMI based on a child's known weight and height.[2] Measures of body fat in children can also be a useful way of assessing a child's weight status. Details of body fat reference curves for children are now available,[3] although, in practice, body fat cannot be assessed without the necessary equipment.

Assessing the severity of the problem

A number of factors are known to increase the risk of childhood obesity and the likelihood that a weight problem will persist into adult life. Considering these factors will help you to make an informed decision about the most appropriate mode of action.

- The older the child, the more likely it is that their weight problem will continue into later life and the less time they have to 'grow into' their excess weight.
- A child is 20–40% more likely to become obese if one parent is obese. The figure rises to around 80% if both parents are obese.
- While weight problems can lead to psychosocial issues such as depression and low self-esteem, weight loss may not necessarily resolve these problems, so don't rule out referral to CAMHS.

[1] Carnell S et al (2005) Parental perceptions of overweight in 3–5 year olds. Int J Obes 29: 353–5.
[2] Cole T et al (2002) A chart to link child centiles of body mass index, weight and height. Eur J Clin Nutr 56: 1194–9.
[3] Jebb S et al (2004) New body fat reference curves for children. Obes Rev (NAASO Suppl) A156.
[4] McCallum Z and Gerner B (2005) Weighty matters: An approach to childhood overweight in general practice. Aus Fam Phys 34(9): 745–8.
[5] British Medical Association Board of Science (2005) *Preventing Childhood Obesity*. BMA.

Health risks of excess weight in childhood[4,5]

Being obese in childhood or adolescence increases the risk of obesity in adult life. Childhood obesity will also increase the chances of developing chronic diseases typically associated with adult obesity:

- insulin resistance and type 2 diabetes;
- breathing problems such as sleep apnoea and asthma;
- psychosocial morbidity;
- impaired fertility;
- cardiovascular disease;
- dyslipidaemia;
- hypertension;
- some cancers;
- orthopaedic complications.

Importance of weight control

For many overweight children, prevention of further weight gain is the main goal because as long as they gain no more weight, they can 'grow into' their weight over time. This goal can be achieved through lifestyle changes:

- improving the diet, eg by increasing fruit and vegetable consumption, reducing fat intake and portion sizes, considering intake of sugary drinks, and planning meals;
- increasing activity, eg playing football, walking the dog;
- reducing sedentary behaviours such as time spent watching TV or playing computer games.

If the child is more severely overweight, or has already reached adolescence, 'growing into' weight is more difficult and weight loss has to be considered.

Need to offer solutions

Unless the child is severely overweight with co-morbidities, be led by the parents' and/or child's wishes. Encourage action if appropriate. Health professionals should be ready to offer referral support so that they are seen as taking the issue seriously. If the child is very overweight and has co-morbidities, the child (and family) may require on-going support despite referrals, eg through continued weight monitoring, additional specialist referrals, or help with family-based lifestyle modification.

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