

Patient presents to ask for help with weight management

Patient with obesity has appointment with GP for another matter

Ask patient how they would like to discuss obesity

Address presenting problem<sup>3,4</sup>

Language is important: avoid judgement<sup>3</sup>

**Seek permission<sup>3,4</sup>**

- 'would you be interested in discussing your weight at another appointment?'
- provide context: explain health problem might be linked to weight
- note—not all presenting problems are weight-related

NO

Offer signposting to patient information and local services; explain GP can be approached in the future<sup>3</sup>

YES

Book appointment

Find out patient's:

- ideas, concerns, and expectations
- reason for attending
- weight history (from childhood) or family history
- previous weight management attempts, including successes (even if short-lived)

For any recent weight gain/current weight gain, explore any triggers  
Practise reflective listening; helping the patient explore their own barriers, facilitators, and solutions

Assess root cause/s:<sup>5</sup>

- endocrine
- medication
- mental disorders
- lifestyle

Be aware of other possible causes; refer to specialist if relevant

- (mono-)genetic/syndromic
- hypothalamic

Assess disease severity:

- BMI
- waist circumference<sup>[A]</sup>
- severity or risk of comorbidities related to obesity including:
  - measurement of BP, cholesterol, HbA<sub>1c</sub>, and assessment of smoking and alcohol consumption

Consider a holistic health-centred rather than weight-centred approach

**Avoid blame, stigma, and prejudice<sup>3,4</sup>**

- obesity is a chronic disease due to the impact of the environment in predisposed individuals—it is not due to laziness or lack of will power
- explain that weight regain is driven by biological mechanisms and is common for people with obesity, so long-term weight maintenance is essential

**Provide context<sup>6</sup>**

- explain that weight management can help achieve the patient's goal/s, empower the patient to live a healthy life, and help to improve physical, metabolic, and mental health problems

- treat the root causes of obesity; for example, change medication that might be causing weight gain
- if required, arrange referral for mental health issues to local IAPT or eating disorder service (i.e. not for all patients)
- if required, discuss next steps for weight management with patient according to disease severity, complications, patient choice, availability of local weight management services, and help the patient come up with solutions to some of the lifestyle factors

**Local support staff/services<sup>3</sup>**

- find out what weight management support is available as well as local referral criteria to guide management

**NICE criteria for weight management<sup>4</sup>**

- obesity without comorbidities—supportive behaviours
- obesity and comorbidities—supportive behaviours ± pharmacotherapy
- BMI ≥35kg/m<sup>2</sup>—supportive behaviours ± pharmacotherapy ± bariatric surgery

**Possible local services<sup>4</sup>**

**Tier 2**—weight management services:

- supportive behaviours
- online resources
- support groups
- Diabetes Prevention Programme
- commercial weight management programmes
- exercise on prescription

**Tier 3**—specialist weight management services

**Tier 4**—severe and complex obesity services (including bariatric surgery)

**Possible local support staff**

- healthcare assistant
- practice nurse
- dietitian
- psychologist
- health and wellbeing/healthy weight coach
- primary care pharmacy technician
- clinical pharmacist
- social prescribing

**Weight management options<sup>1,2,4</sup>****Supportive behaviours**

- psychological support
- dietary and nutritional interventions
- physical activity

**Pharmacotherapy**

- orlistat (low dose also available OTC)
- liraglutide 3 mg<sup>[B]</sup> (available in NHS hospital Tier 3 services for patients who meet certain criteria)<sup>8</sup>
- naltrexone-bupropion<sup>[C]</sup>

**Bariatric surgery<sup>7</sup>**

Main types available:

- gastric bypass
- sleeve gastrectomy
- gastric band

- agree management plan and realistic treatment targets with patient
- if appropriate, arrange appropriate referrals or initiate treatment if appropriate—agree to review after 1–3 months
- for all management options, including referrals, arrange follow up to assess response, reassess the barriers, and escalate treatment if required

Help patient to follow plan

**All patients<sup>4</sup>**

- follow up and maintain support while patient is waiting to see Tier 3 or Tier 4 teams and advise patients that GP support is still available while the patient is under those teams
- follow up to assess whether patient is responding to treatment
- step up to next level or refer if necessary

**Post-bariatric surgery<sup>9</sup>**

- keep register of patients
- recall yearly for review
- check weight and bloods
- assess comorbidities and mental health
- monitor for nutritional deficiencies
- patients will still require supportive behaviours
- liaise with specialist services if unsure
- if needed, refer back to specialist team

**Special patient groups**

- patients who have had private post-bariatric surgery should be included in the register of patients, nutritional bloods and weight checked, and liaise with local specialist services if possible, when necessary
- patients needing to lose weight to achieve a certain target to access another treatment (e.g. IVF or transplantation)—discuss with Tier 3 service (or Tier 4 service if post bariatric surgery)

BMI=body mass index; BP=blood pressure; CV=cardiovascular; CVD=cardiovascular disease; IAPT=improving access to psychological therapies; OTC=over the counter. [A] waist circumference measurement may not always be measured. [B] liraglutide 3 mg is approved by NICE for the management of patients with a BMI of at least 35 kg/m<sup>2</sup> (or at least 32.5 kg/m<sup>2</sup> for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population), pre-diabetes, and high risk CVD in Tier 3 weight management services.<sup>8</sup> [C] naltrexone-bupropion is not approved by NICE.