Managing obesity in primary care

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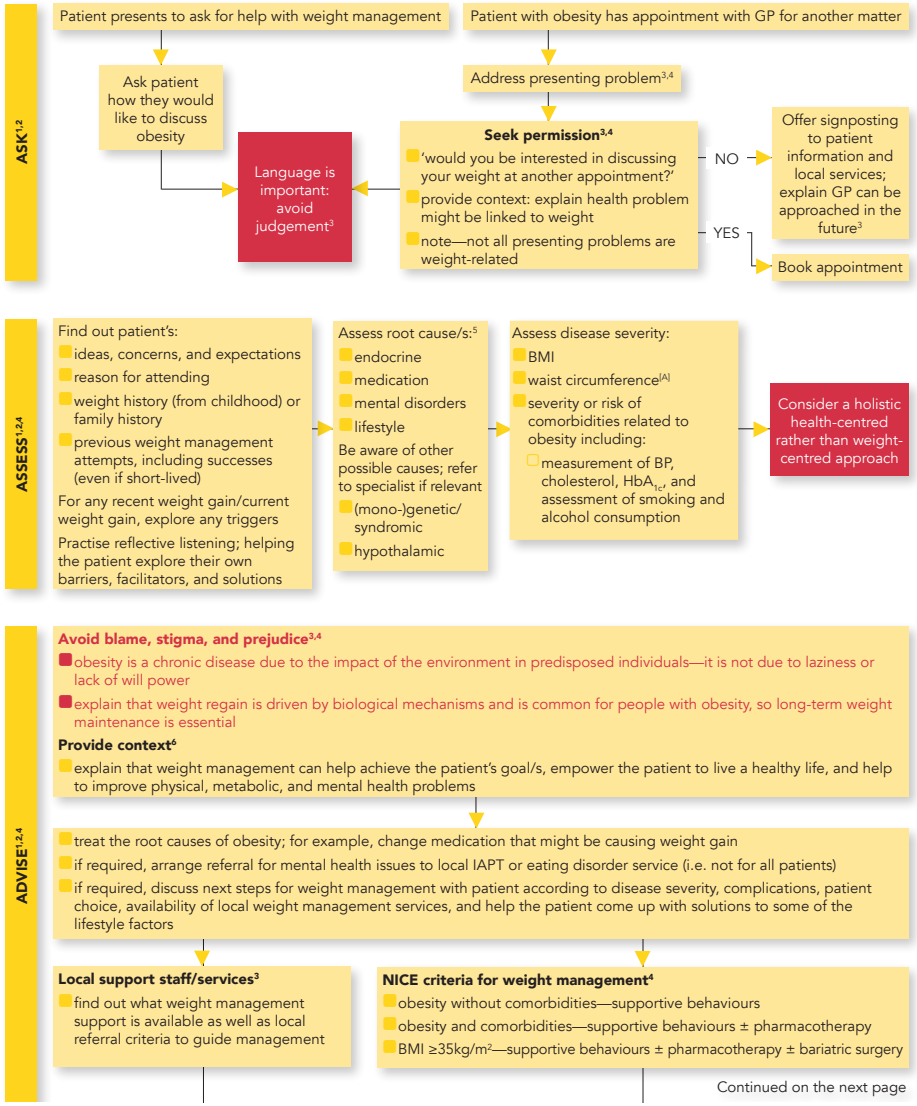

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ADVISE[1,2,4]

Possible local services[4]

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[1,2,4]

Supportive behaviours

- psychological support
- dietary and nutritional interventions
- physical activity

Pharmacotherapy

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

Bariatric surgery[7]

Main types available:

- gastric bypass
- sleeve gastrectomy
- gastric band

AGREE[1,2]

- 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

ASSIST[1,2]

Help patient to follow plan

All patients[4]

- 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[9]

- 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^2 (or at least 32.5 kg/m^2 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.[8] [C] naltrexone-bupropion is not approved by NICE.

Introduction

- Two out of three adults in England have overweight, with around 28% living with obesity.[10,11] Similar levels of obesity are reported in Wales, Scotland, and Northern Ireland (23%, 29%, and 27% of adults, respectively)[12]
- Obesity is a risk factor for long-term conditions e.g. (CV disease, type 2 diabetes, and cancer), it impacts mental health, and reduces life expectancy[9]
- Rates of obesity are highest in socially deprived areas[10]
- Conditions related to overweight and obesity cost the NHS around £6.1 billion a year[10]
- During the coronavirus pandemic, patients who are living with overweight or obesity (BMI >25mg/m^2) have had much worse outcomes from COVID-19[10]
- In response, the Government has introduced new policies to reduce obesity, which include plans to:[10]
  - expand NHS weight management services and the NHS Diabetes Prevention Programme

- train primary care staff to become healthy weight coaches
- increase interventions for obesity in primary care, including new Quality and Outcomes Framework (QOF) indicators.

Classification of obesity

- Obesity is a complex relapsing chronic disease characterised by excess body fat that impairs health[1,3]
- Obesity is defined by NICE as BMI ≥30kg/m^2; while NICE does not have specific definitions for different population groups, NICE does recommend the use of a lower threshold (BMI ≥27.5) to trigger action to prevent type 2 diabetes among people of black African, African-Caribbean, and South Asian descent[4,13]
- BMI should be treated with caution in muscular people, for whom waist circumference might be more useful[4]
- Waist circumference is a measure of central adiposity:[4,13]
  - for men ≥94cm (≥90cm for South Asian men) is high, and >102 is very high
  - for women ≥80cm is high, and >88cm is very high
- The level of intervention a patient requires is assessed according to BMI, waist circumference, the presence of comorbidities and patient choice.[4]

Role of the GP

- The GP is often the first point of contact for patients with obesity and can provide continuity of care and support[4]
- GPs should diagnose obesity, identify, and manage causative factors, for example, medication or underlying comorbidity (Box 1), provide non-judgemental support, explain obesity, and the role of weight management in improving health.[4] This can be done over more than one consultation
- An important part of the GP's role is to consider and manage the sequelae of obesity, such as non-alcoholic fatty liver disease, type 2 diabetes, or CV disease[4]
- Mental health needs must be addressed, with patients referred when needed or appropriate to a psychologist or Improving Access to Psychological Therapies (IAPT) service for assessment and treatment.[4] Binge eating disorder can be detected using the Binge Eating Disorder Screener-7 (BEDS-7) screening tool (see Resources) and patients referred to an eating disorders service. Any other eating disorders should be screened for by the GP
- Local referral criteria and resources will determine where patients should be referred for weight management. This might be to designated weight management staff in the practice, or to Tier 2, 3, or 4 services.[4] Patients can attend commercial weight management or exercise programmes, self-refer to the NHS Diabetes Prevention Programme, or access an online 12-week NHS weight management service (see Resources section for NHS Inform and NHS OneYou)[10]
- Regular follow-up is important to support patients with weight management.[4]

Box 1. Examples of medications and comorbidities that might cause or contribute to weight gain[2,14]

Comorbidities

- Endocrine problems, e.g. PCOS
- Sleep problems, e.g. sleep apnoea
- Respiratory conditions, e.g. asthma and COPD
- Chronic pain, e.g. osteoarthritis
- Depression

Medications

- Psychotropic drugs
- Insulin and sulphonylureas
- Corticosteroids
- Beta blockers

Language

- Be aware of the significant stigma associated with obesity, which has negative effects on people's mental and physical health, potentially leads to further weight gain, and can impact on engagement with healthcare[3]

- Using words and language that avoid stigma and prejudice can help people with obesity engage in conversations about obesity and encourage weight loss:[3]
  - use the term 'living with obesity' rather than 'obese' or 'morbidly obese'
  - speak in a caring manner and avoid blaming the individual for the condition, for example '*Some people with your symptoms find that losing a bit of weight can be helpful*'
  - focus on the positive benefits of weight management, for example '*Exercising regularly can help improve your energy levels and might help with sleep*'
  - support patients to achieve specific goals that they have mentioned, for example '*You said you'd like to lose weight so you can play with your children without feeling breathless*'
  - acknowledge positive actions even if they do not result in weight loss, for example '*It's great that you've started swimming. This will benefit your health even though you haven't lost weight.*'

Weight management options

Supportive behaviours

- Supportive behaviours are the backbone of weight management for all patients with obesity. These involve support for patients to make changes in behaviour, such as increasing physical activity, improving diet, and managing sleep[2,4]

- Different treatments can be tried according to patient preference and previous experiences[4]

Pharmacotherapy

- Orlistat is currently available in primary care and recommended by NICE for the management of patients with BMI ≥30kg/m^2 or BMI ≥27kg/m^2 with associated risk factors
  - orlistat must be combined with a low-fat diet, which may require support from a dietitian, to avoid side-effects[15]
  - orlistat therapy should be discontinued after 3 months if the patient has not lost at least 5% of their initial body weight; the decision to use drug treatment for longer than 12 months should be made after discussing the potential benefits and limitations with the patient[4]

- Liraglutide 3 mg is recommended by NICE for use in hospital Tier 3 weight management services for the management of patients with BMI of at least 35 kg/m^2 (or at least 32.5 kg/m^2 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 a high risk of cardiovascular disease[8]
  - liraglutide 3 mg must be combined with a reduced-calorie diet and increased physical activity[8]
  - treatment duration is restricted to 2 years and should be discontinued after 12 weeks at the 3 mg dose, if the patient has not lost 5% of their initial body weight[8]

Bariatric surgery

- NICE recommends bariatric surgery as an option for patients with a BMI ≥40kg/m^2, or if they have comorbidities with a BMI of 35–40kg/m^2, if non-surgical measures have been unsuccessful, or first line if BMI >50kg/m^2; and if intensive management in a Tier 3 service is provided[4]

- Bariatric surgery can improve type 2 diabetes, with 60% going into remission; therefore NICE recommendations are

different for patients with diabetes (lower BMI criteria)[4]

- Patients need realistic expectations about the potential weight loss they can achieve
- Patients may not be sure if they want surgery but should still be given the opportunity to have a discussion with the surgical team or Tier 3 service to assess the pros and cons.[4]

Post-bariatric support

- Regular follow-up and supportive behaviours are needed after surgery. Follow-up care within the bariatric service is recommended for 2 years in the NHS, but some patients may be lost to follow-up during this period and all patients require regular life-long annual follow-up in primary care beyond this time[4,17–19]
- Patients should be monitored annually to ensure they are taking nutritional supplements as advised by the bariatric team as nutritional supplements may need adjustment[4,17–19]
- While surgery provides benefits to many patients, some of those with severe and complex obesity may experience mental health challenges after surgery. Regular mental health reviews in primary care are therefore essential.[7] GPs should be particularly mindful of the following:[20]
  - problems with body image or disappointment with life after surgery, which can lead to depression
  - depression, particularly after the first 2 or 3 years post-surgery
  - addiction problems, including the use of opiates, alcohol, or drugs
  - self-harm and an increased risk of suicide.

Useful resources

- NICE pathway. *Obesity overview*. 2020. www.pathways.nice.org.uk/pathways/obesity
- Development of the 7-Item Binge-Eating Disorder Screening (BEDS-7). Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC4956427/
- Escape Pain. *Enabling Self-management and Coping with Arthritic Pain using Exercise*. Available at: www.escape-pain.org/
- NHS. *Diabetes Prevention Programme*. Available at: www.preventing-diabetes.co.uk/
- NHS. *Better Health. Lose Weight*. Available at: www.nhs.uk/better-health/lose-weight/
- NHS. *Start the NHS weight loss plan*. Available at: www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/
- NHS. *One You*. Available at: www.nhs.uk/oneyou/
- NHS Inform. *12 Week Weight Management Programme*. Available at: www.nhsinform.scot/healthy-living/12-week-weight-management-programme
- NHS111. Wales. Available at: www.111.wales.nhs.uk/LiveWell/
- Choose to Live Better. Available at: www.choosetolivebetter.com/
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About this management algorithm

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