

# COMPaRE-PHC



CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

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

### Mark Harris

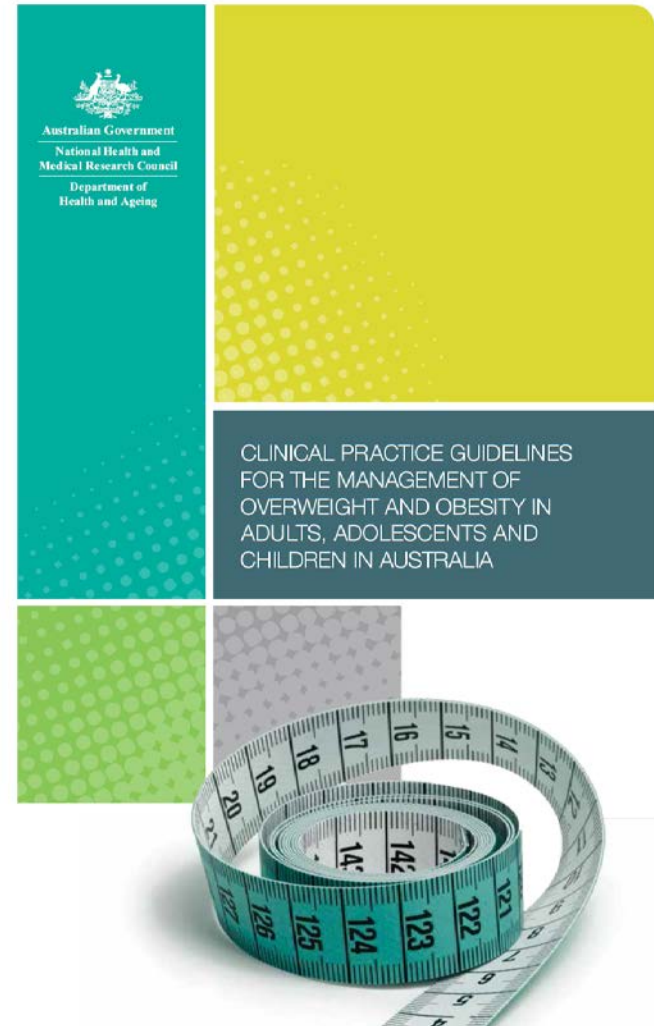


COMPaRE-PHC is funded by the Australian Primary Health Care Research Institute, which is supported by a grant from the Commonwealth of Australia as represented by the Department of Health and Ageing

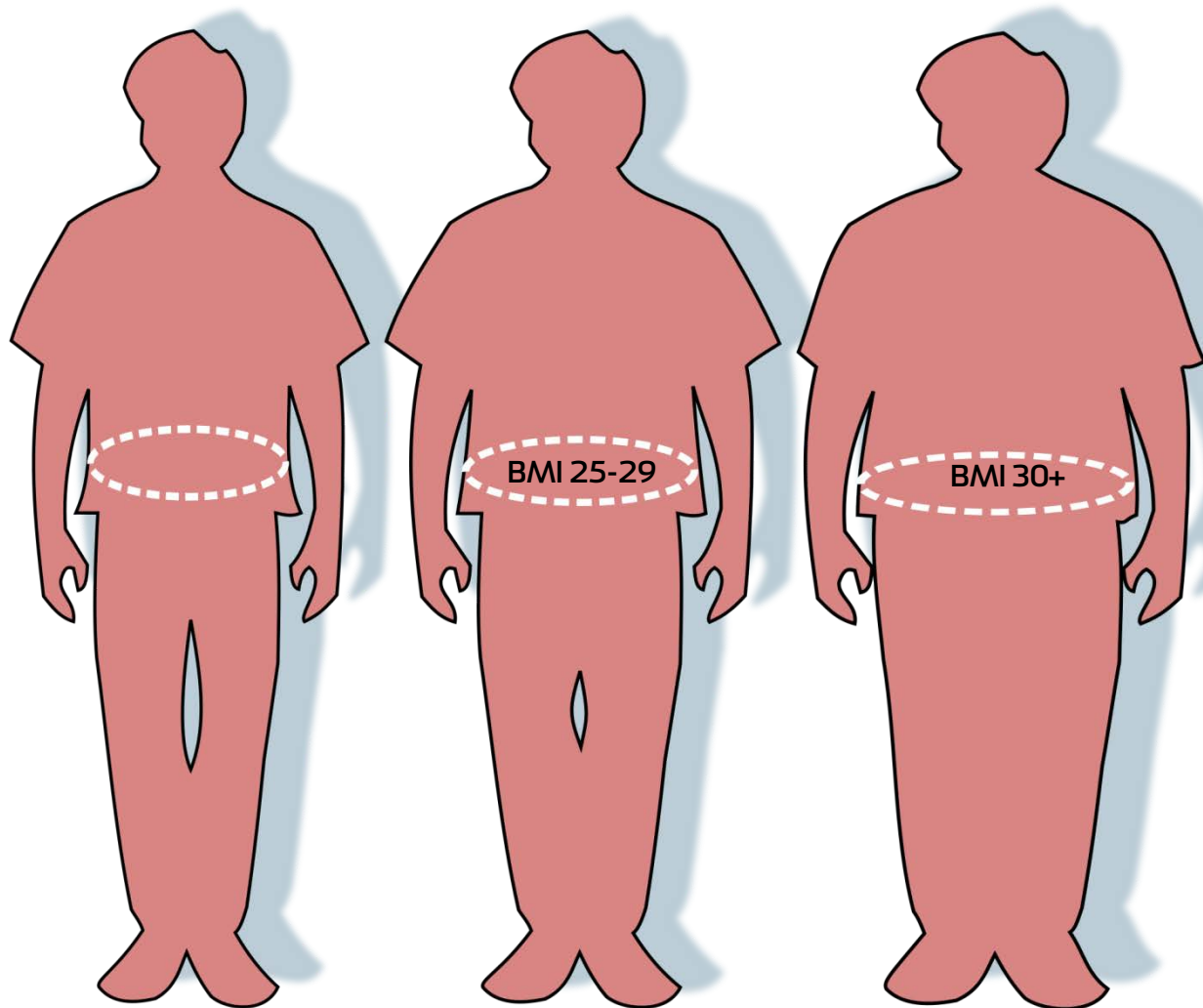


# Outline

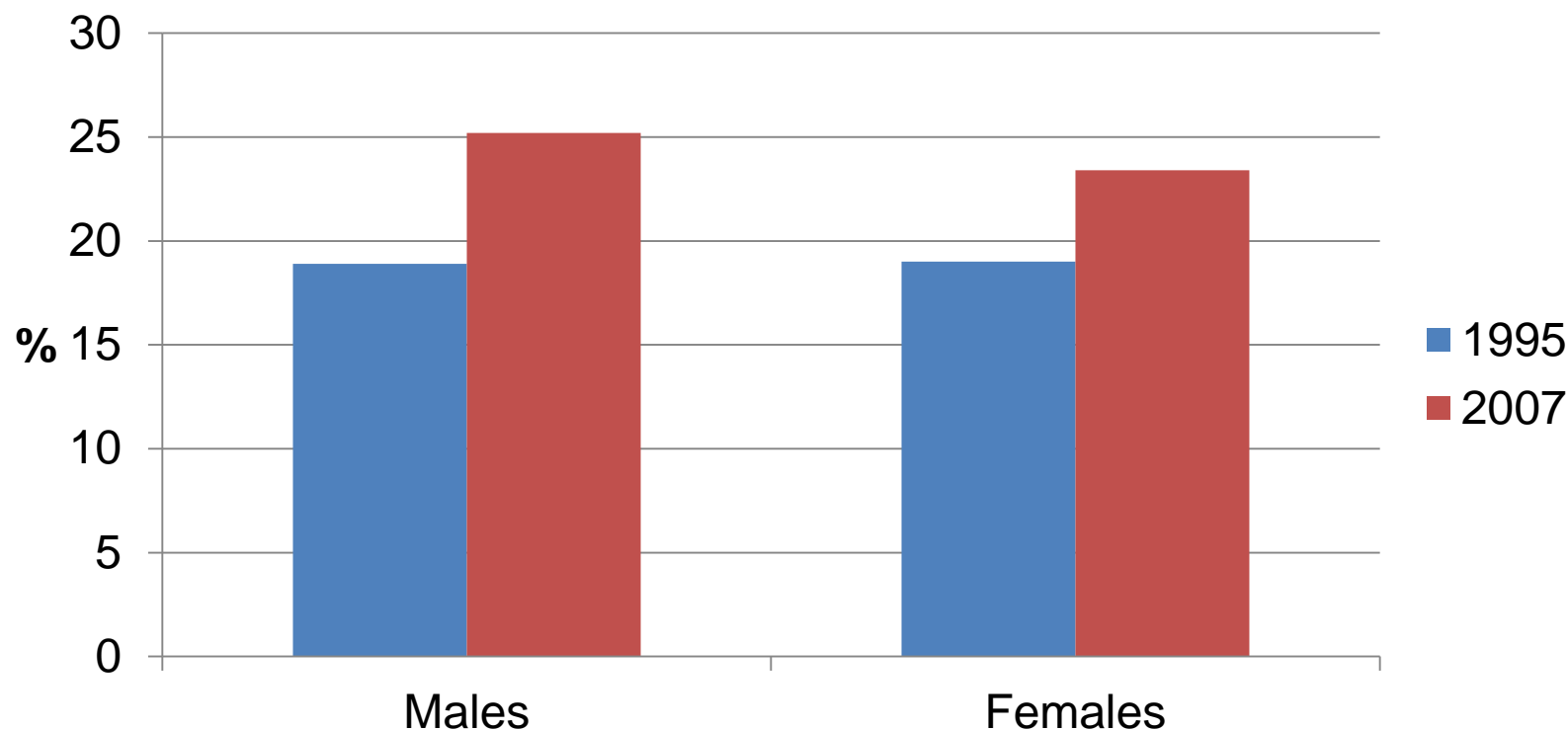
1. Context
2. Weight loss in primary health care
3. Barriers
4. Improving weight loss in primary care



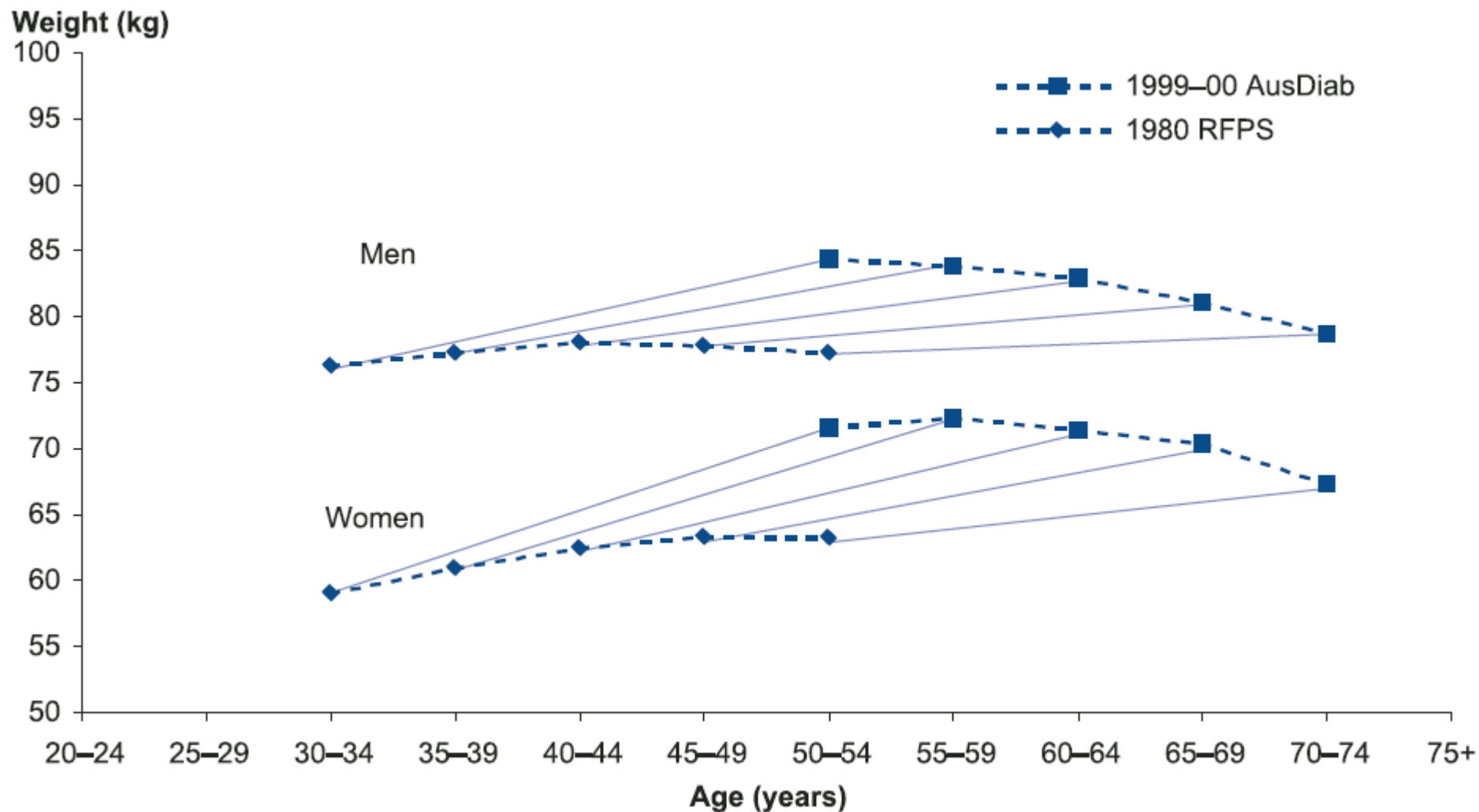
## Context



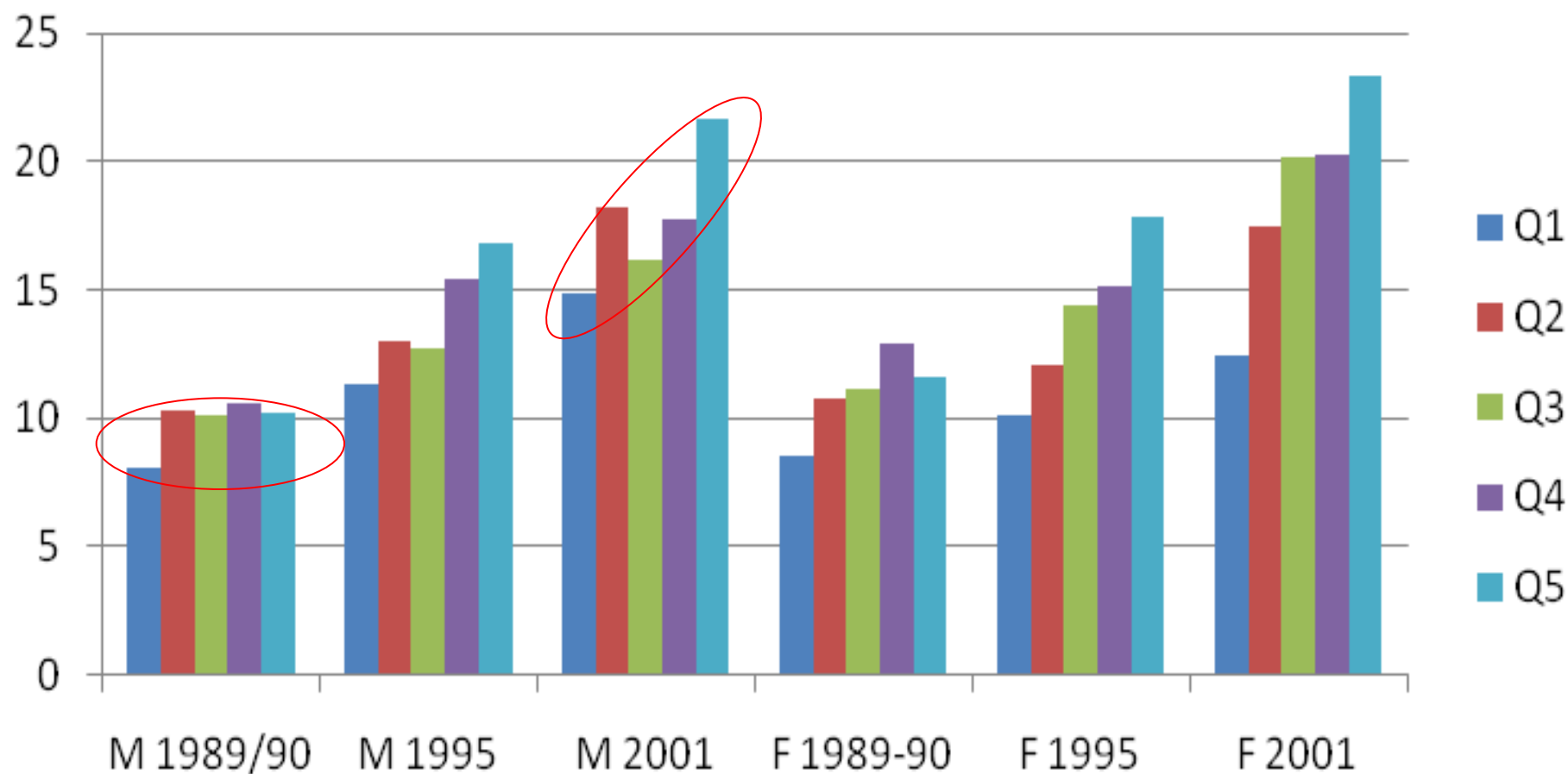
## Rates of obesity among Australian adults, based on BMI calculated from measured height and weight



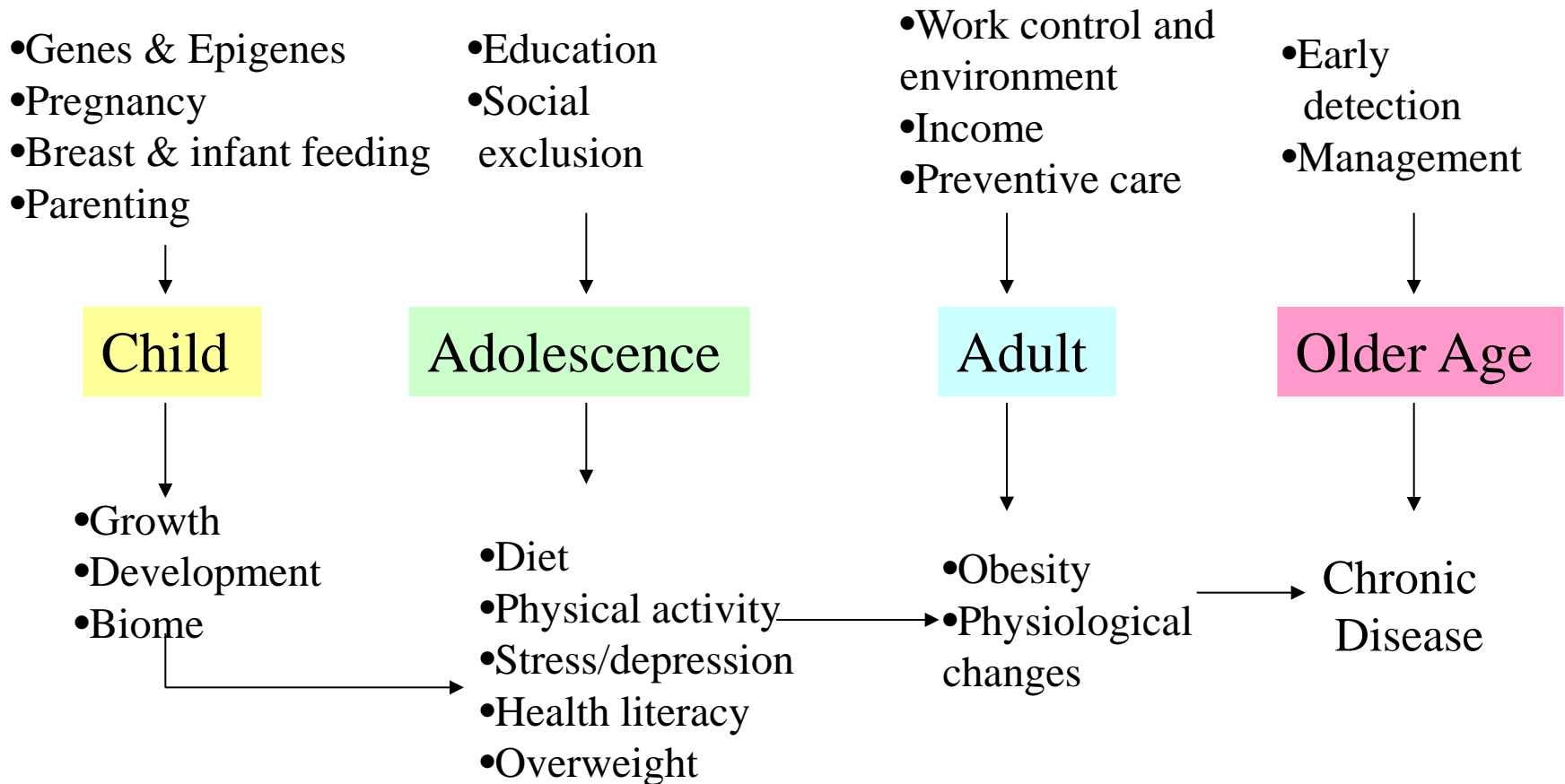
## Trends in weight (measured) by age cohort 1980 to 2000



## Obesity (%) by IRSD Quintile, Males and Females Aged 25-64, 1989 to 2001



## Social & behavioural determinants across the lifecycle



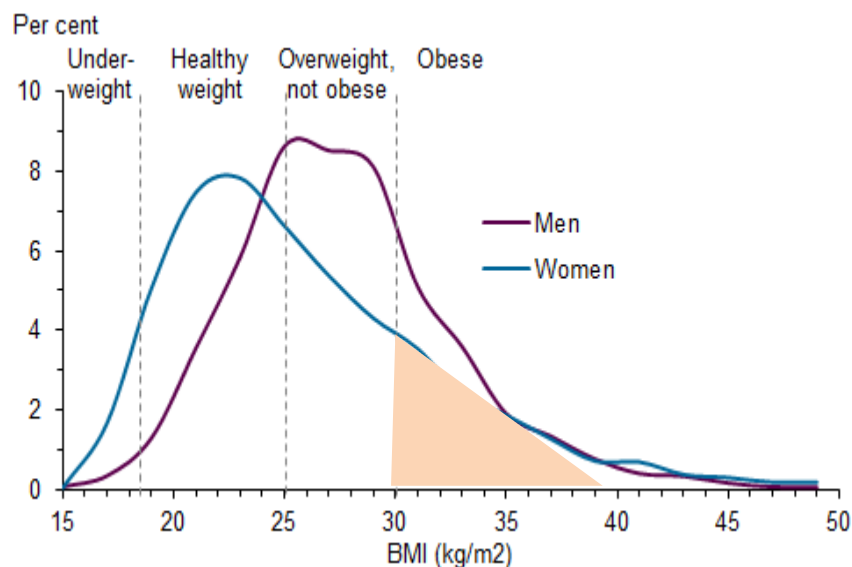
## Burden of disease

- 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.



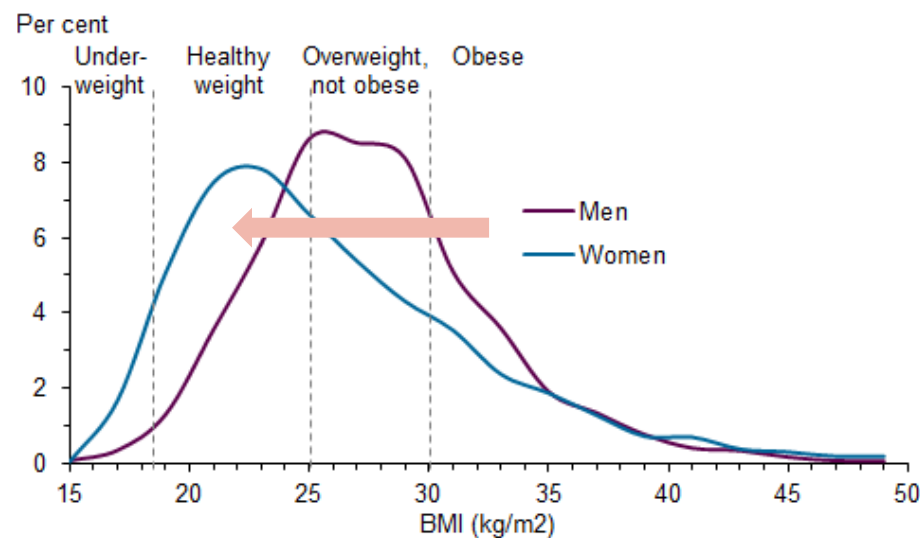
## Comparison of clinical and population strategies

### 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

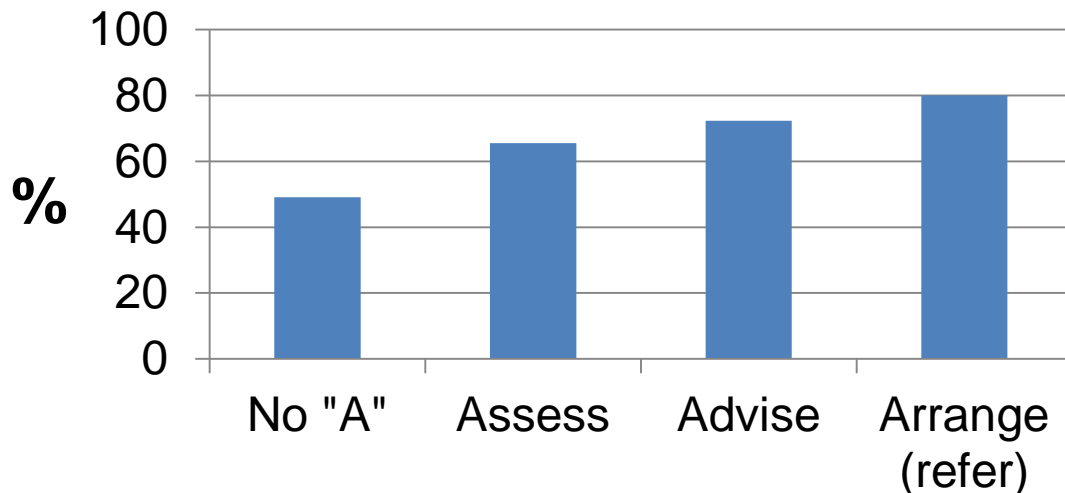
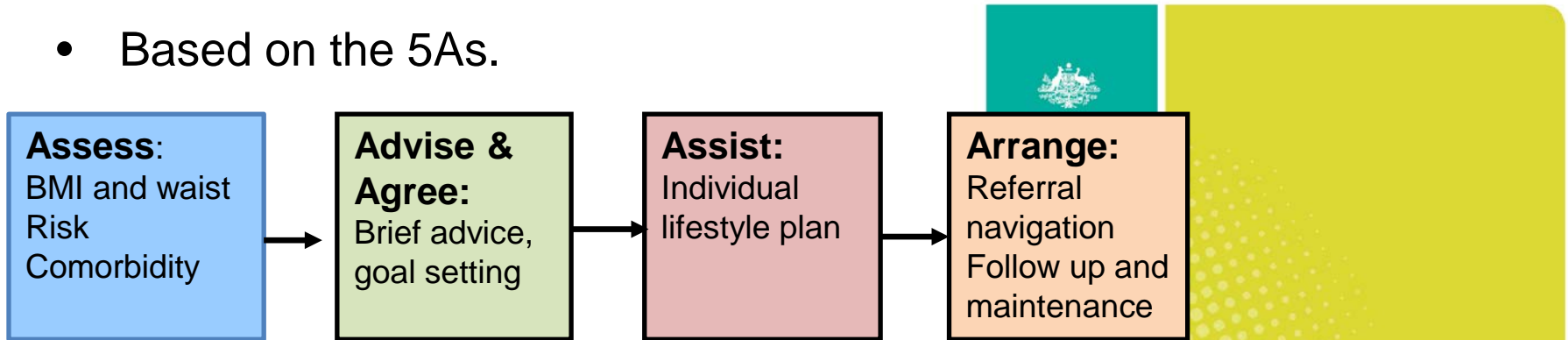


# PHC Opportunity

- 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.

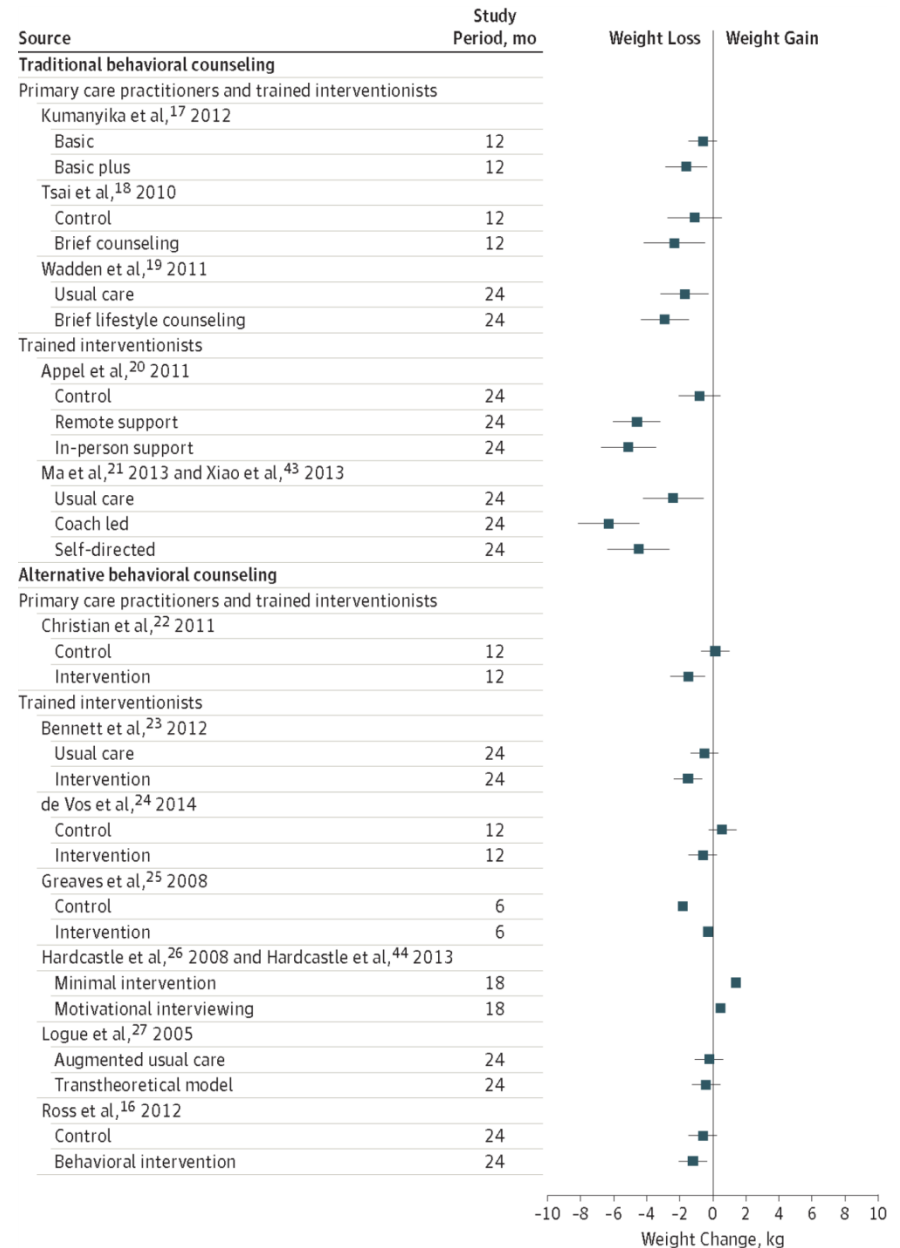
## NHMRC Clinical Practice Guidelines

- Based on the 5As.



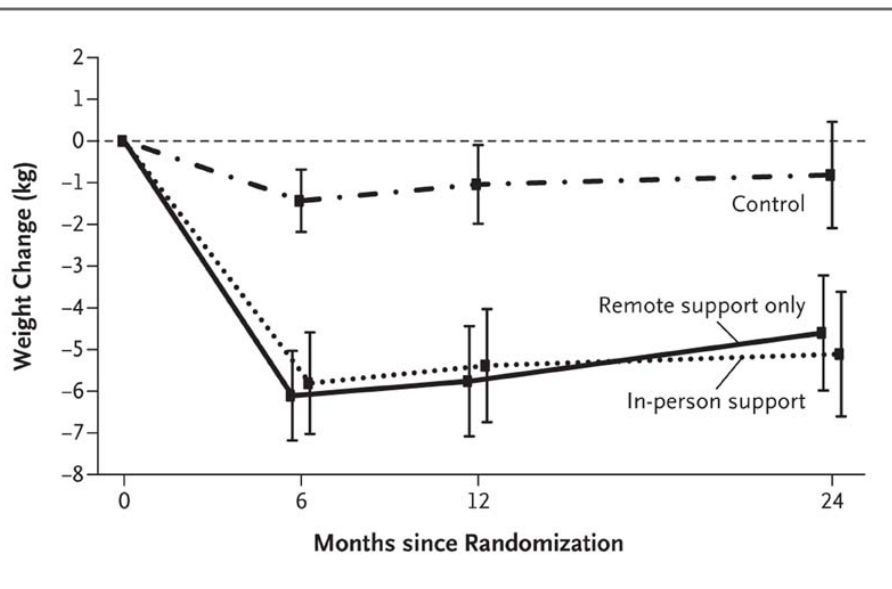
Weight management  
can be effective –  
but little evidence in  
routine PHC practice

*Wadden TA et al*  
*JAMA*. 2014;312(1  
7): 1779-1791



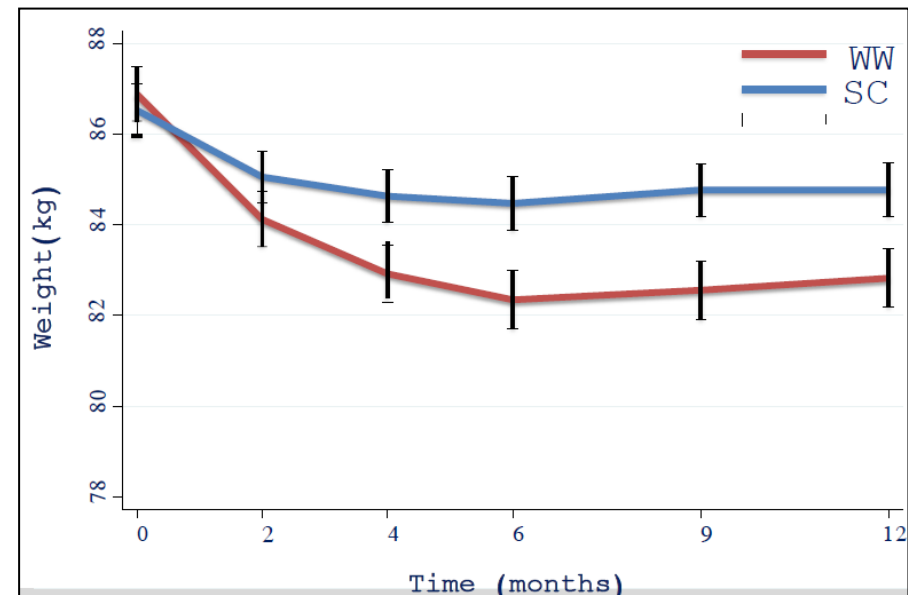
## Referral for behavioural interventions

### In practice or remote



Appel LJ et al. N Engl J Med 2011;365:1959-1968

### Commercial Providers



Jebb et al Lancet. 2011;378(9801):1485-92

## A variety of access methods





## Early life

Sargeant (2010) reviewed 17 interventions in PHC for overweight and obese children

- 8 significant change in BMI

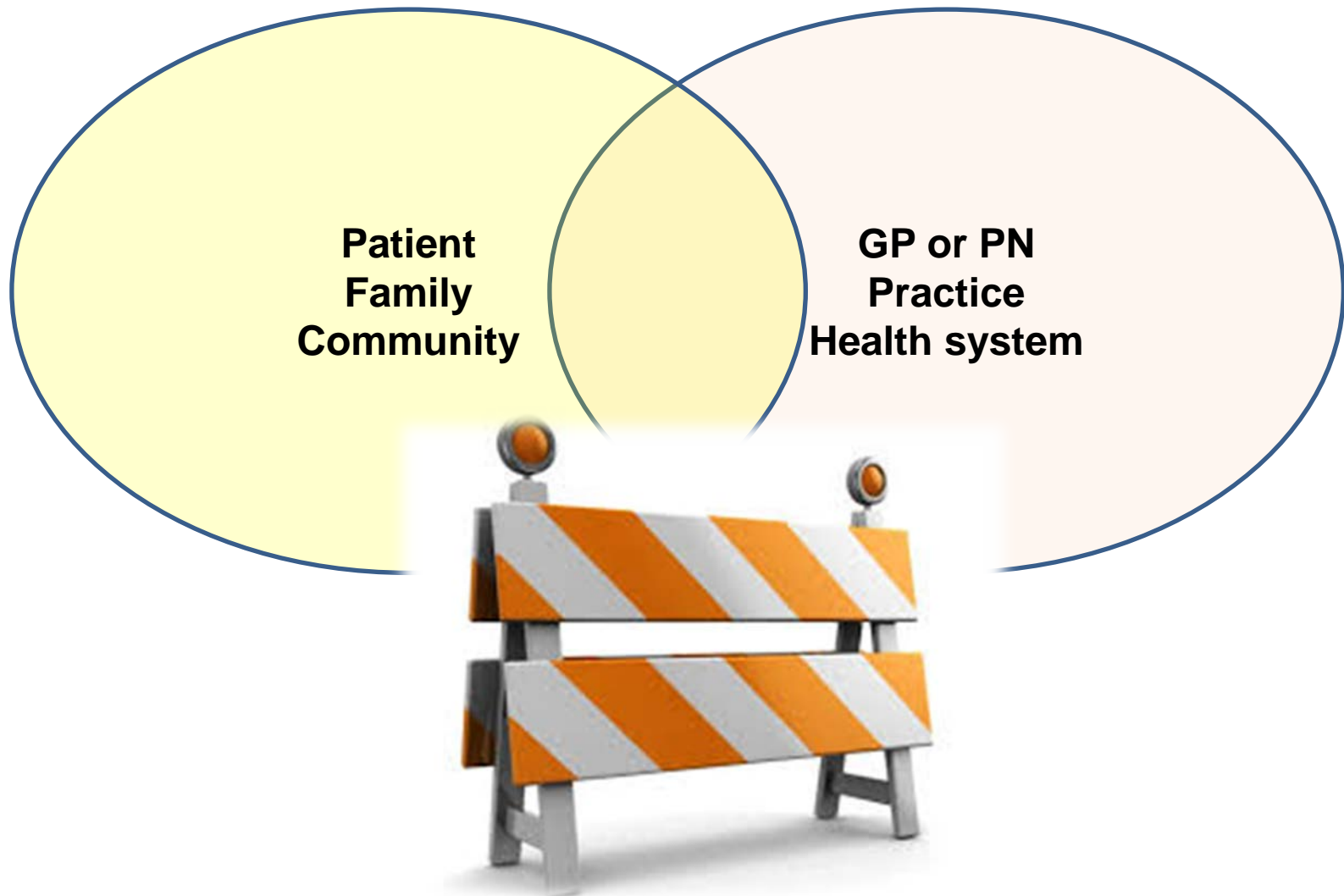
Wake (2013) reported outcomes of Hopscotch trial

- 26% moved from obese to overweight

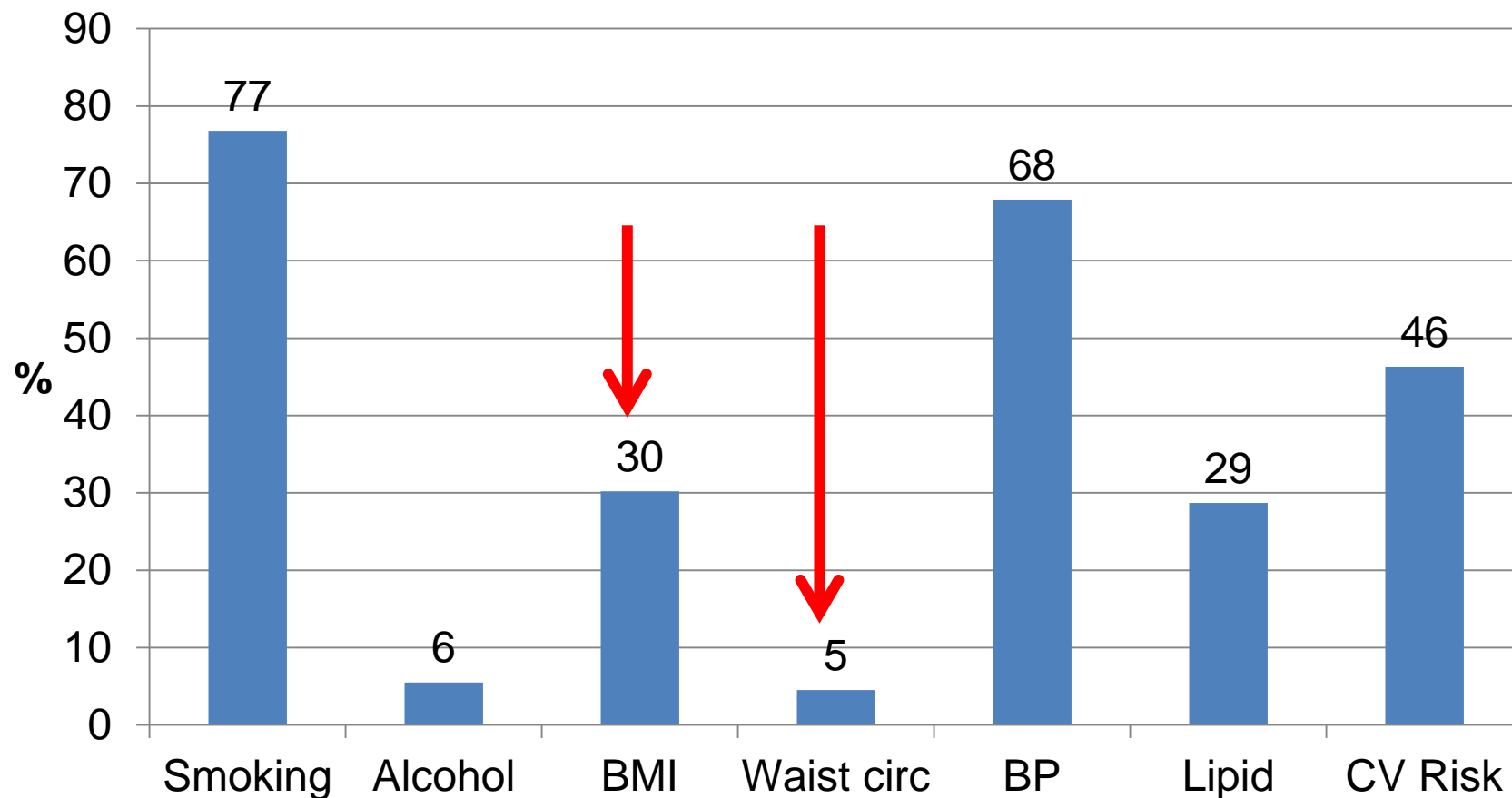




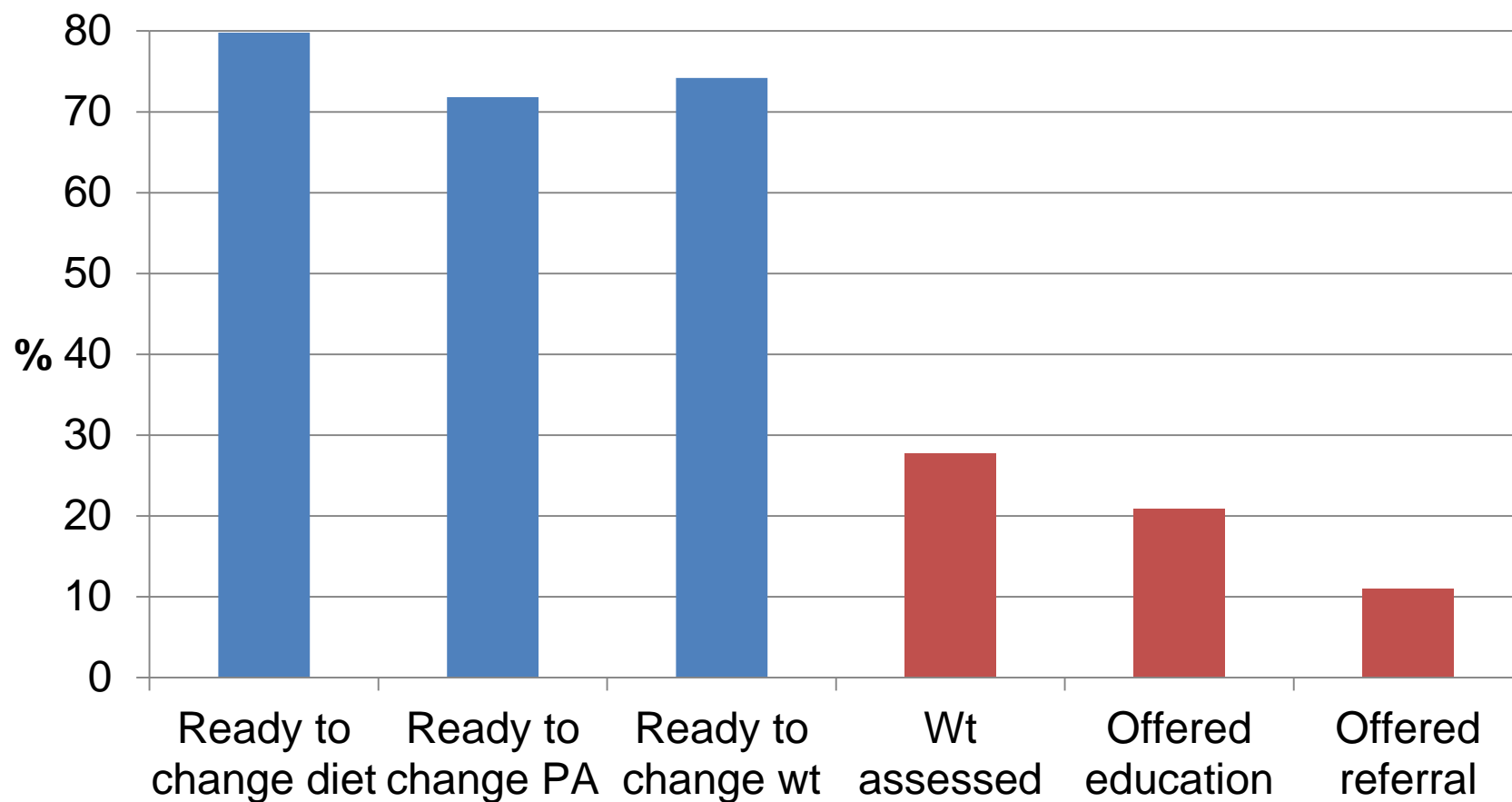
# Barriers to implementation



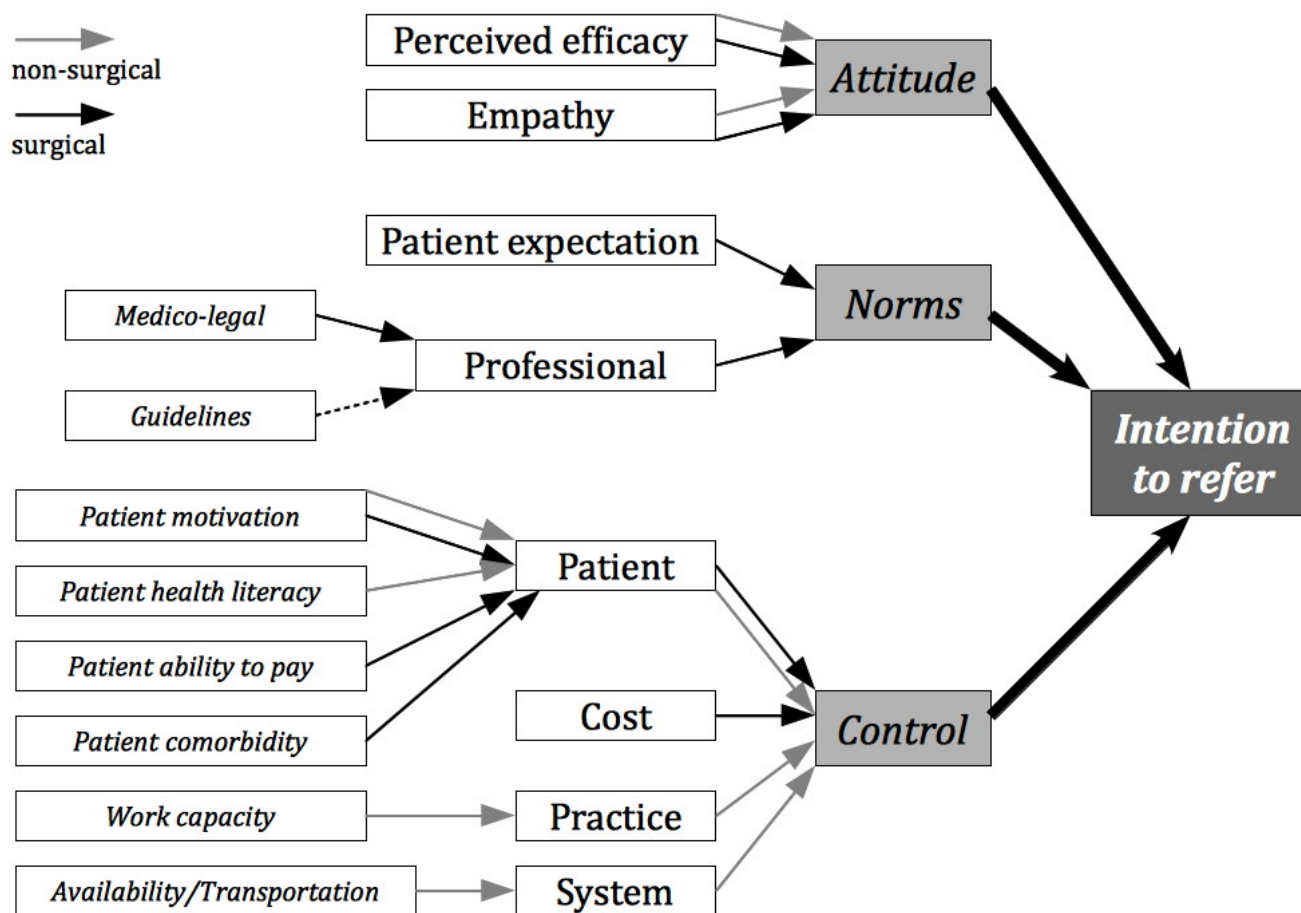
## A1: Assess: Recording of risk factors (n=22,070) (PEP study)



## 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



# Why are intervention rates so low?

## Provider

**Attitudes and beliefs:** pessimism about effectiveness of interventions

**Confidence:** tailoring approach to patient needs

**Work capacity:** time, organisation, staff roles

## Patient

**Confidence:** Previous failure

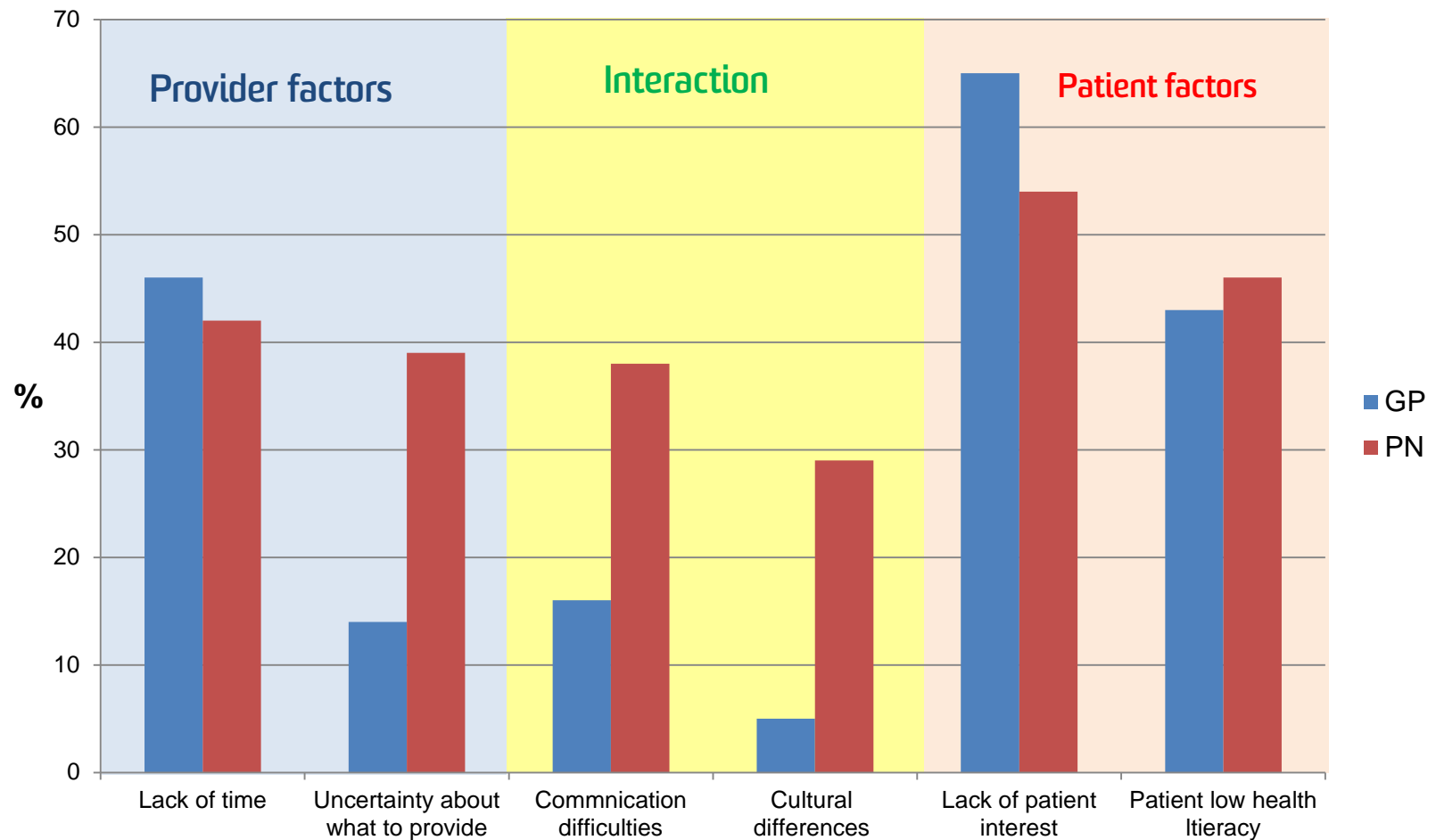
**Health literacy:** Lack of health literacy, ability to navigate.

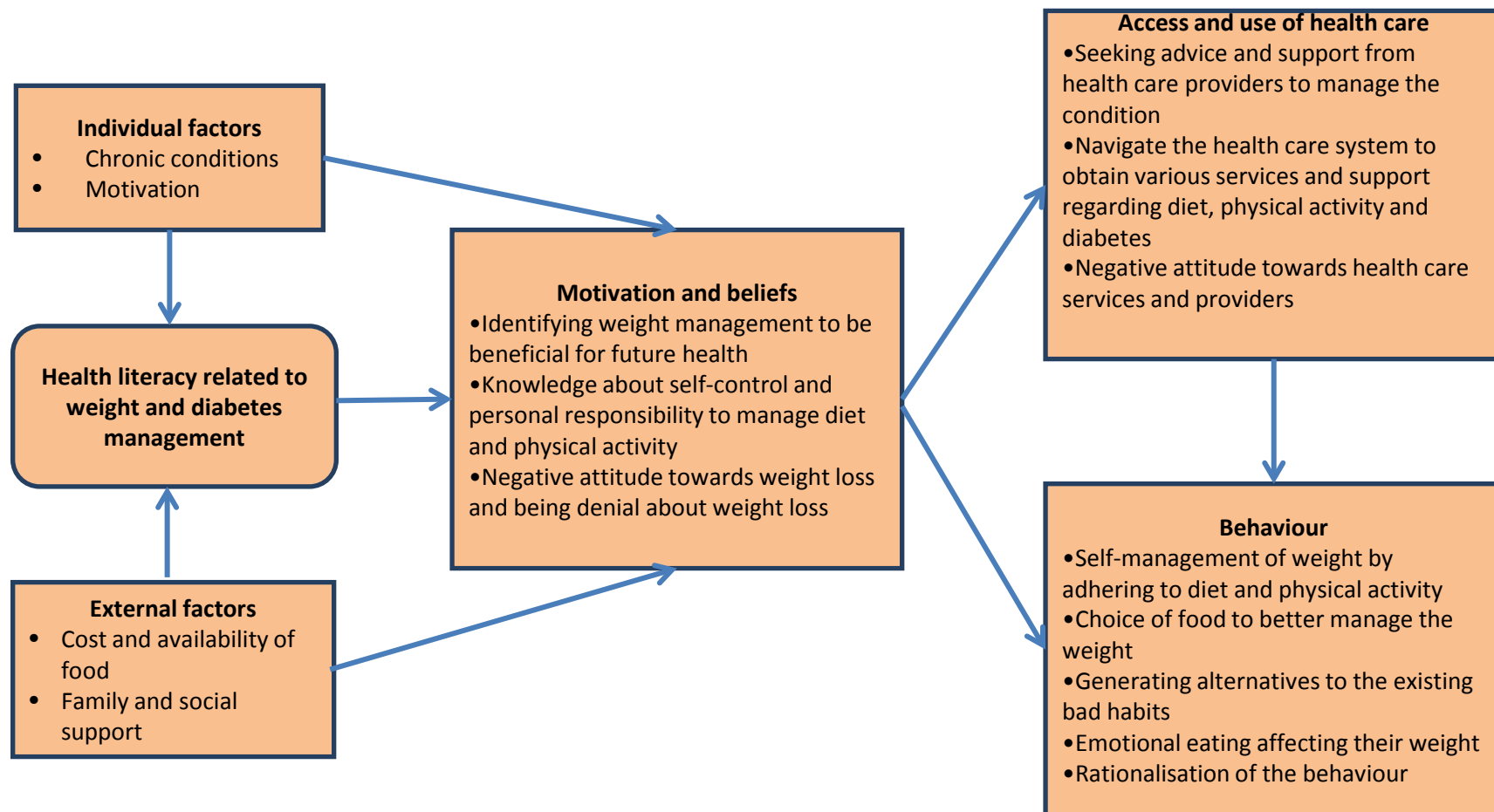
**Cost:** ability to afford out of pocket cost of referral services

**Access:** ability to navigate and acceptability of referral services

**System:** Availability/transport, funding

## Barriers to management of obesity in patients (BMWGP 2015)





## Factors influencing patient weight loss behaviour

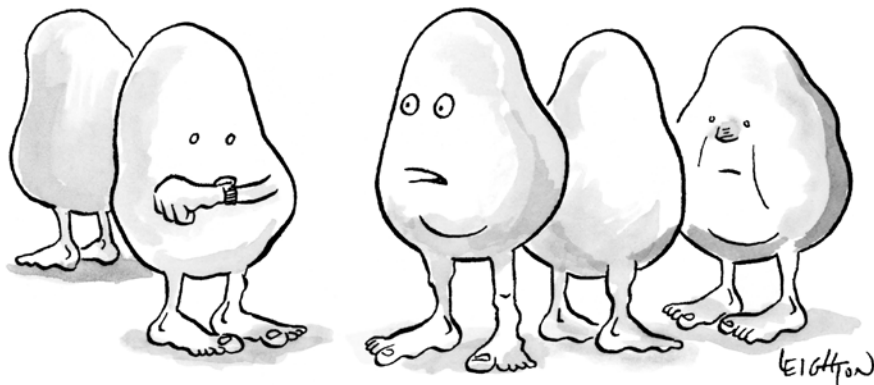
## Chronic relapsing condition

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.

YOUR LOST WEIGHT

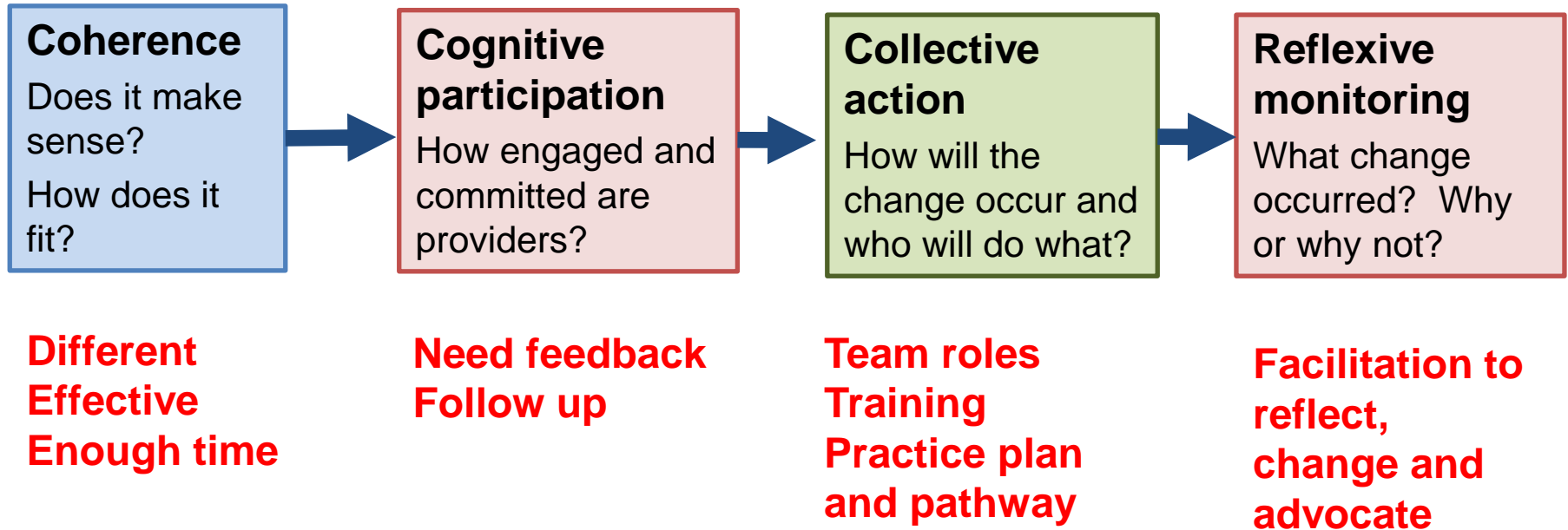


*"Ready to head back?"*



[illegible]

# Implementation at the practice level

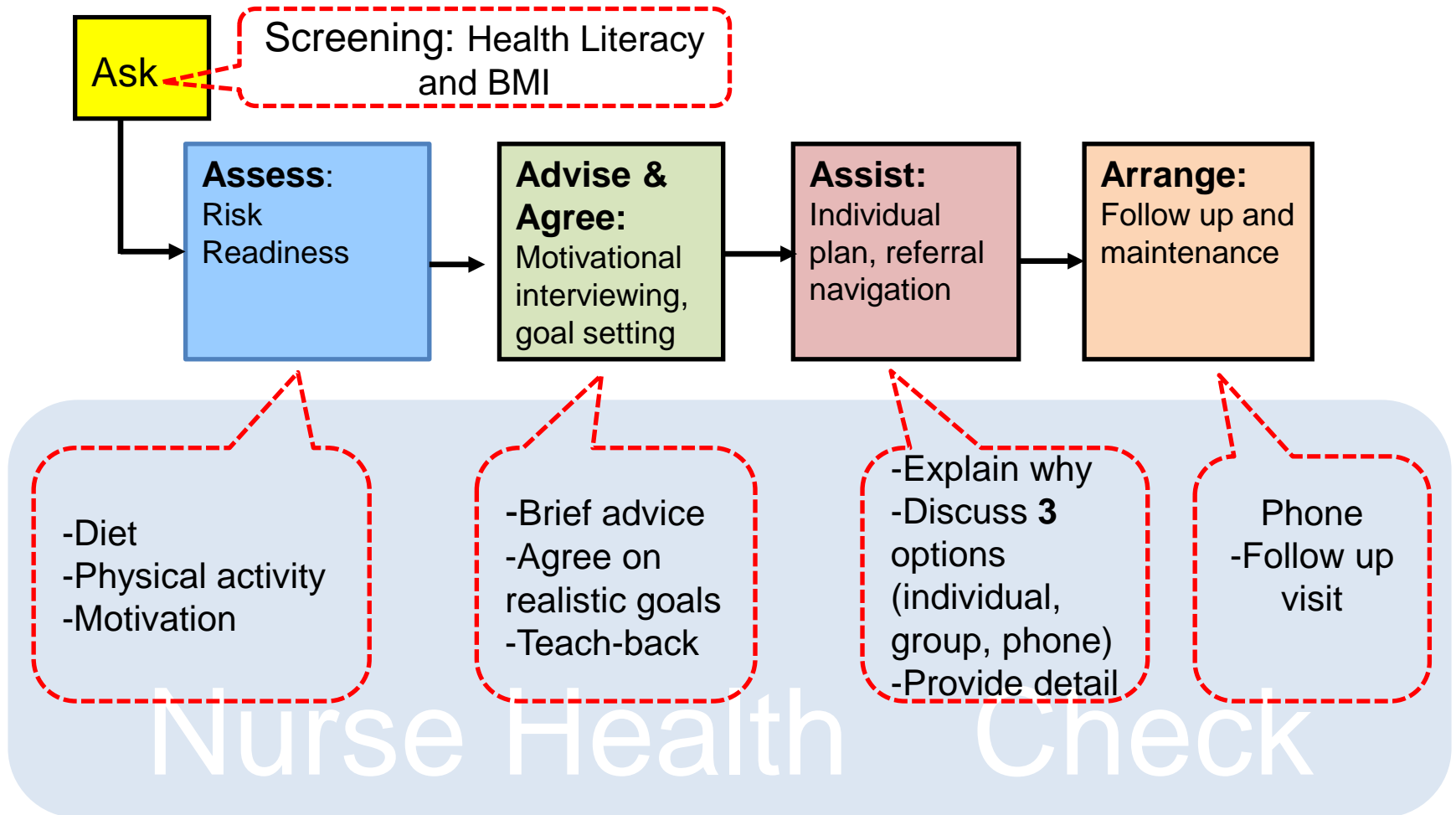


## Costing analysis of linked data from PEP study

- 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.



## BMWGP: Health literacy for weight loss



## 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

Growing healthy



### 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

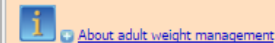
### Organisational support from PHN

- Training of staff
- Health pathways
- Walking interview



#### Adult Weight Management

For older adults, see the [Older Adults Weight and Nutrition pathway](#).  
For children, see the [Weight Management in Children pathway](#).



#### Assessment

1. Measure [BMI](#) and consider measuring [waist circumference](#).
2. Examination including blood pressure.
3. Consider:
  - Underlying medical conditions:
    - Underweight e.g., Hyperthyroidism, COPD, Eating Disorder, malignancy.
    - Overweight e.g., PCOS, Hypothyroidism, Binge Eating Disorder, Sleep Apnoea.
  - Medications e.g., antidepressants, antipsychotics, antiepileptics, diabetes medication.
  - Lifestyle assessment e.g., dietary habits, exercise, smoking, alcohol intake.
4. Arrange bloods if:
  - an underlying cause is suspected.
  - a nutritional deficiency is suspected e.g., iron levels, B12, folate.
  - screening for diabetes or hyperlipidaemia is indicated.

#### Management

1. Manage according to BMI result:
  - **BMI < 18.5** indicates the patient is underweight. Manage any underlying medical condition.
    - Consider the [Food First approach](#) and give patient information.
    - If after 4 weeks using the Food First approach there is no improvement, consider referral to a dietitian.
  - **BMI 18.5 to 25** indicates a healthy weight range. Consider self-management and:
    - address any nutrient deficiencies.
    - give [Eating Well and Keeping Active for Good Health](#) patient information.
  - **BMI > 25** indicates the patient is overweight. Manage any underlying medical condition.
    - general practice team involvement with [10 Steps to a Healthier Weight](#) and give patient information.
    - other community providers: [Appetite for Life](#) (for those with a BMI > 20), [Weight Watchers](#).
    - requesting dietitian services, as below.

## Integrating clinical and population health approaches

### 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

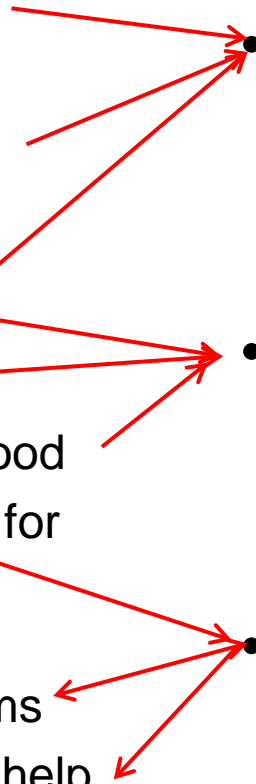
Community education or self help activities

### PHC Interventions

• Early life interventions

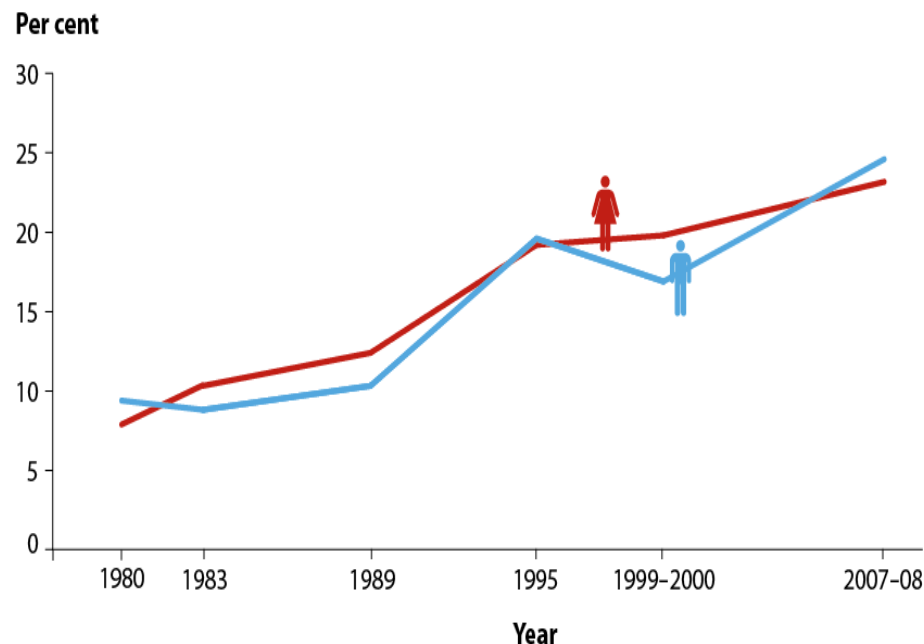
• Health literacy for weight management

• Referral from PHC



# 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](http://www.compare-phc.unsw.edu.au)

# Acknowledgements

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