

**W**E'VE long been led to believe that anyone who is overweight just needs to put down the fork and hit the gym. Eat less, move more has always been one of the phrases centred around weight loss, making those who find themselves constantly fighting a losing battle against piling on the pounds feeling all the more like failures.

Despite the fact that there's more information out there than ever before, obesity levels are rising yearly, and the issue costs the HSE billions of euro annually. But now a Dublin-

## By MAEVE QUIGLEY

based GP is hoping to tackle the myths surrounding weight and diet head on.

Dr Michael Crotty of the My Best Weight Clinic in Blackrock, Co Dublin, says GPs now need to re-examine the way they treat patients who are overweight and look at the new science surrounding obesity and its causes.

'I am a GP by training,' he explains. 'I trained in Ireland and went to Canada and when I was there I experienced a new way of looking at weight and treating it. I think a lot of health-care practitioners find it a difficult area to manage. So getting some education on the

underlying sciences and the best evidence of ways of treating it have really helped me.'

Dr Crotty believes that we live in a society that has stigmatised being overweight and this is not helping people whose health may be at risk.

'In society we make a lot of assumptions about weight and there is a lot of judgement and blame and shame around weight and this is wrong,' he says.

'We need to change the way we think about it and treat it. So trying to combat weight stigma and weight bias and taking a more evidence-based non-judgemental and sustainable approach was the main impetus for me to start my clinic.'

Dr Crotty is campaigning for more evidence-based treatments to be refunded on the medical card so that people see obesity as a condition like blood pressure or cholesterol that can be treated.

'It's challenging because of the way that weight is thought about in society,' he says. 'It is very hard to combat that stigma and bias but things are changing in Ireland, albeit slowly.'

'I am on the clinical advisory group to guide and steer weight management services in Ireland and we have launched the model of care for obesity through the HSE, which is going to set up referral pathways through community clinics where people can access to help adopt these evidence-based approaches.'

**I**AM on the adult management subcommittee of that as well. We are working with the Irish College of General Practitioners in educating GPs in particular and other health practitioners on having this evidence-based approach towards weight.

'In the same way as there is a lot of stigma and bias in society the same thing permeates healthcare. A lot of people who are living in a bigger body or living with obesity experience that whenever they go to their doctor. No matter what problem they go in with it's blamed on their weight and weight becomes the topic of discussion,' explains Dr Crotty.

'We need to start treating excess weight as a medical issue. It's not a lack of willpower, it's not a lack of motivation, it's not a lifestyle problem and it's not somebody's fault if they are living with weight and yet people are constantly being blamed. We don't blame people for having other medical conditions like asthma or psoriasis, we treat them and that's what we should be doing for weight as well.'

Often the overweight are measured via the BMI scale and pointed towards a food pyramid and the 'eat less, move more mantra' but Dr Crotty believes this approach is outdated. In fact, our constant dieting could have the opposite effect.

'A lot of it stems from before we had the scientific research to tell us the genetic predisposition towards excess weight to identify the many different factors that influence our weight — biological, neurological, hormonal and societal,' he explains.

'We've grown up in a society where we are told all you have to do is eat less and move more from a very young age, and again many people have been exposed to different, potentially unhealthy, weight control practices over time. That repeated weight cycling — weight loss followed by weight regain — reinforces the stigmatising view that it's simple and it's our fault if we can't manage our weight long term.'

'But actually, the science doesn't back that up,' says Dr Crotty. 'We are increasingly knowing more about it and any evidence-based treatments for weight are now based on the knowledge that this is a genetically-conferred, neurological, hormonal,

medical condition and not actually something that is easily controlled.'

In his clinic Dr Crotty says he often sees people who are blaming themselves for something that is not their fault.

'A lot of the impact of weight I see is the internal blame and stigma that people have,' he says. 'People blame themselves for their weight issues, they feel 'I know what to do, I just need to do it' and they might be unaware of the reasons why they have an issue with weight and the body's defences against weight loss.'

And the psychological damage that can do is damaging in itself for what they want to achieve.

'When people blame themselves, that can have a major impact and can actually make it more challenging for them to make good decisions about their health and their eating patterns, further exacerbating the problem,' says Dr Crotty. 'Repeated weight cycling can have a negative impact on people metabolically, on their heart health and other areas.'

'At my clinic, most people that I meet are very engaged people who have been trying to manage their weight for a long time and have very successfully lost weight but then have encountered weight regain for all the reasons we have mentioned, which is why we are looking for a new and different approach that will be focusing on their health and how we can improve their health.'

A number of different treatments are available but there is a long waiting list for the likes of bariatric surgery in Ireland.

'Surgery is a fantastic treatment for some people who are in need of treatment; there are other treatments like behavioural interventions and behavioural supports and medications that are also very helpful but again there is a challenge around reimbursement and the cost of these medications.'

'These are all things that we are advocating for and pushing for so that people can access this evidence-based care rather than the over-simplistic, over-stigmatising, 'eat less, move more' diet and exercise approach which has traditionally been taken which we know does not work, based on scientific evidence.'

There are a number of medications licensed in Ireland already, two of which work on our subconscious and built-in biological drive for food.

'The two most effective of those work on the subconscious parts of the brain that regulate hunger, fullness and reward from food, that subconscious part of the brain that we can't change by thinking,' says Dr Crotty.

'We can't think ourselves less hungry, we can't think ourselves more full, that biological drive is different for everybody. In someone who has an issue with their weight, they are often more biologically driven towards food. These medications can help to improve those symptoms and as a result improve health and manage weight long term.'

'It's like taking medication for blood pressure, cholesterol or other issues and while we take these medications are safe, effective and work really well,' Dr Crotty says. 'If you stop the medication you are taking away the treatment so someone will still have the underlying reasons why they struggle with their weight.'

Dr Crotty also uses behavioural approaches which are different for every patient.

'This can be a psychological, nutritional, and physical day-to-day structural approach,' he says.

This is a wide umbrella, looking at the physical, psychological and metabolic ways our health is impacted by weight from a medical perspective with a view to intervening to improve health.

These could include looking at a



# The 'EAT LESS, MOVE MORE' approach does not work



**13**  
The percentage of adults in the world with obesity



**Dr Michael Crotty, (centre), GP Specialist in Bariatric Medicine and Clinical Lead with his team**

person's stress levels, sleep, time management, triggers that make them take in more than they need, emotional eating, comfort eating, physical activity, medication if necessary.

Dr Crotty says: 'We work on improving the powers of restraint and resilience, mindfulness, activity, what type of food they are eating and even psychological techniques to improve the ability to make healthy decisions.'

Dr Crotty also believes it is important not to just see scales as a measure of success as other things

can be more beneficial. 'People can have improvement in function, reduction in pain, better sleep, better blood sugars, better blood pressure, they can have a better relationship with food and less internal blame and stigma.'

'We are not treating numbers on the scales, we are treating people and to us this is not about making people smaller and making them conform to society's ideals of what is a normal weight or an ideal weight. This is about making people healthier long-term.'

BMI is the way we traditionally

used to look at weight but it doesn't correlate particularly well with health, morbidity and mortality, he explains.

'It is a marker of size and a surrogate marker of body fat but it doesn't tell us anything about body composition or distribution of weight which are two important factors. The diagnosis of obesity is not based on size, it is excess or atypical adiposity which is fatty tissue that impairs health and really we should be focusing on that impairment of health rather than what size someone is.'

Dr Crotty would prefer that doctors used the Edmonton Obesity Staging System or the King's College Staging criteria.

'These look at the impact weight is having on someone's health; they are better markers to use as it's not about weight or size it is the impact on someone's health.'

'We know that a 5 to 10 per cent reduction in weight can have a major significant impact on long term health, risk of diabetes, blood pressure, sleep apnoea and many other factors as well as improving quality of life and pain. These are things we see day-to-day.'

'But for me the biggest thing is that when people are taking action they don't feel restricted and they don't feel miserable. It reduces the constant noise and thinking about food so that people are able to enjoy their lives and they are not constantly focused on food,' says Dr Crotty.

'Really it's getting that balance between improving someone's health, improving their quality of

life but also allowing them to enjoy life.'

This approach has a major impact, according to Dr Crotty and he is hopeful that more training will be given to GPs to help them get a better understanding of how to treat obesity.

Society has a role to play in this too as our focus needs to move away from judgement in terms of how weight is portrayed.

'Not every person living in a bigger body has obesity,' Dr Crotty insists. Obesity is only present if excess weight is having a negative impact on someone's health and if it is having a negative effect on someone's health then we should treat that person without judgement and without shame. With evidence-based treatments, their long-term health will improve.

'This is not about making everyone the same size or conforming to society's opinion on what the ideal weight is.'

■ For more information see the website [mybestweight.ie](http://mybestweight.ie)