

# Talking about Weight

## Tips for discussing Weight in Primary Care

### Introduction

Obesity is not afforded the same time or resources as other chronic non-communicable diseases. Many practitioners avoid bringing up the topic of weight or will do so obliquely when discussing other medical issues. We must address the root causes and drivers of obesity to provide safe and effective treatments to our patients.

Reluctance to discuss weight may demonstrate a need for more support and training for the healthcare professional.

### What is Weight Bias?

Weight Bias refers to negative attitudes and stereotypes about obesity and people living with obesity - judging a person's values, skills, abilities, or personality based on their body weight or shape.

Experiencing weight bias can have negative consequences for individuals - shame/blame, internalised stigma, anxiety, depression, poor self-esteem & body dissatisfaction which can lead to unhealthy weight control practices.

Weight bias from Healthcare professionals can lead to an avoidance or delay in seeking medical care and worse health outcomes.

**Explore all potential causes for symptoms:  
LOOK BEYOND  
WEIGHT!**



### Barriers to Discussing Weight

- Concern about offending patient
- Perceived time & resource limitations
- Lack of training/confidence
- Limited referral pathways
- Personal issues with weight
- Poor awareness about Obesity as a disease
- Unaware of evidence for treatment options

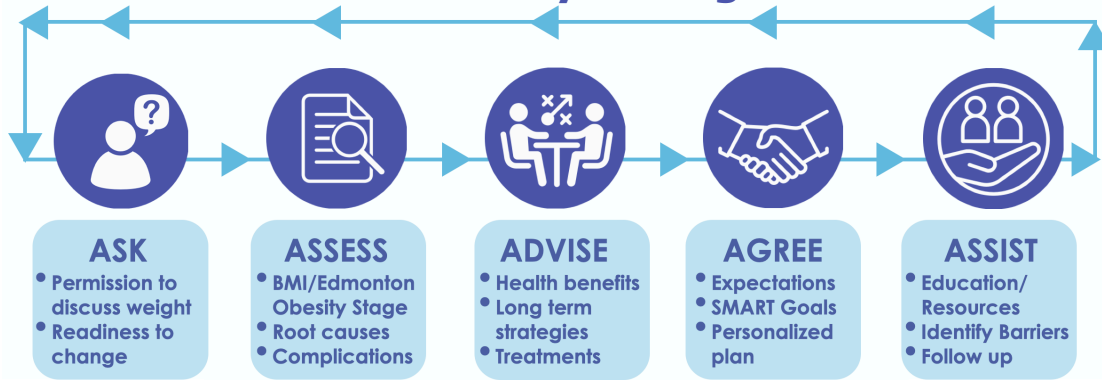
### Reducing Weight Bias in Practice

- Recognise Obesity as a complex disease
- Assess our own weight bias
- Consider patient's past experiences
- Ask permission to discuss weight (when appropriate)
- Separate Health & Weight - related, but not the same
- Assess/manage presenting issues before discussing weight. Don't automatically blame weight for all issues
- Virtual Consultations: removes many barriers for our patient, convenient/comfortable and safe

### Clinic Environment

- Remove stigmatising material (magazines/posters etc)
- Armless chairs that support larger body size & shape
- Appropriately sized BP cuffs, gowns & equipment
- Private room for scales with appropriate capacity
- Staff trained in person first language

# 5As of Obesity Management



Adapted from Obesity Canada. 5As of Obesity Management. 2011. [https://obesitycanada.ca/wp-content/uploads/2018/02/Practitioner\\_Guide\\_Personal\\_Use.pdf](https://obesitycanada.ca/wp-content/uploads/2018/02/Practitioner_Guide_Personal_Use.pdf).

## General Approach

- Supportive & encouraging
- Focus on Health Gain, Sustainable Behaviours & Root causes
- Avoid stigmatising and overly simplistic narrative - "eat less and move more."
- Be aware of the risks of weight cycling
- No anecdotal or "helpful" weight loss tips
- Manage expectations (early)
- Highlight non-scales successes
- Increase health literacy:
  - Requirements to manage weight long term?
  - What factors which prevent weight loss?
  - What factors encourage weight regain?

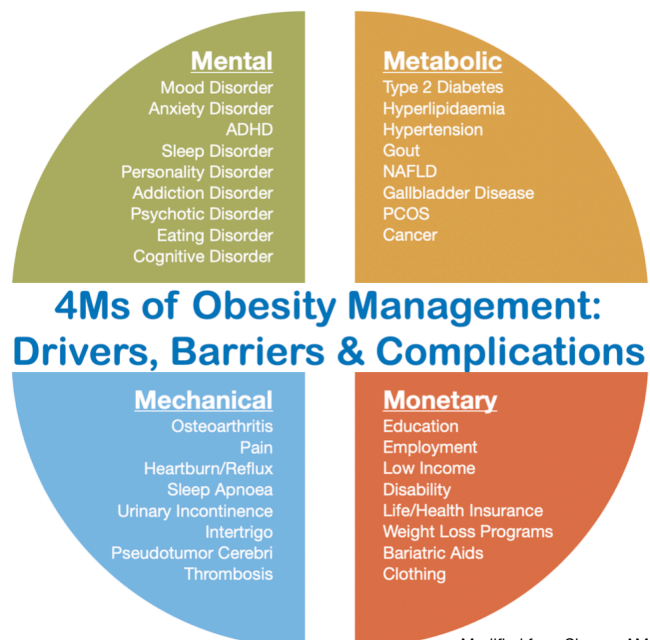
USE	INSTEAD OF
Excess or Unhealthy Weight	Obese or Fat
Patient Living with Obesity	Obese Patient
Severe Obesity	Morbidly Obese
Eating Habits	Diet
Physical Activity	Exercise

## Do Not Assume!

- Do not make assumptions about lifestyle, eating habits, health, motivation or physical activity based on weight.
- Do not assume people want to lose weight: Ask
- Do not assume that people are unaware of their weight or the potential associated risks
- Do not assume that people have not tried to lose weight previously - many have lost weight repeatedly and may have regained

## Role of the GP/Family Doctor

- Screening & Diagnosis of Obesity
- Identify patients at risk
- Start patient centred conversation: 5As
- Assess: History, 4Ms, Exam, Investigation
- Screen for co-morbidities/complications
- Awareness of Obesogenic medications
- Consider treatment: Behavioural (nutrition, exercise, lifestyle) +/- medication
- Collaborate to develop management plan
- Refer? community, commercial, specialist



Modified from Sharma AM. Obes Rev. 2010; 11:808-809.

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