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Managing Fat People - Concurrent Workshop Repeated

Saturday, 22 June 2013	Start 2:00pm	Duration: 55mins	Opus
	Start 3:05pm	Duration: 55mins	Opus

Managing fat people

Tony Dowell

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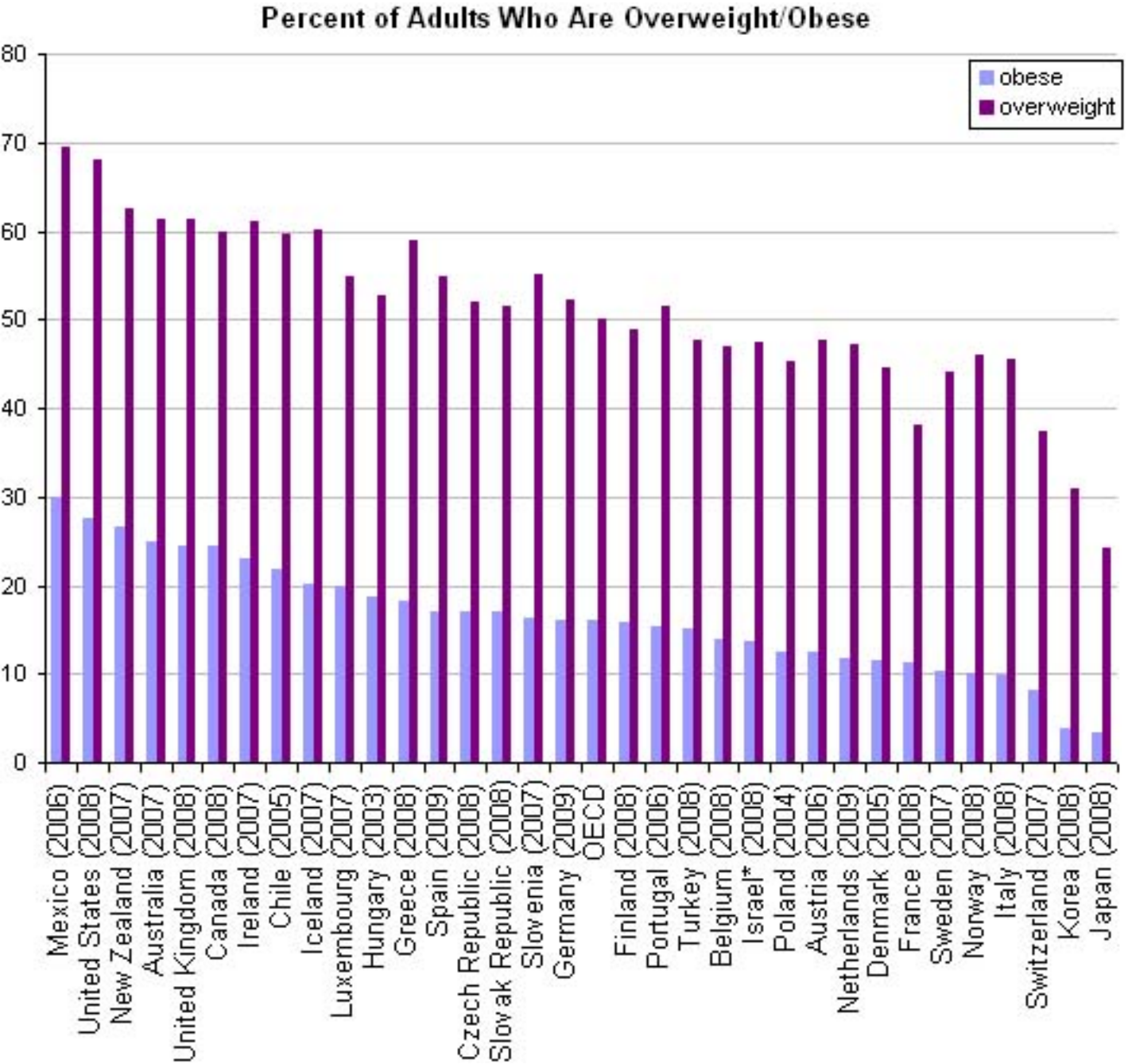
This workshop

- What is the problem
- Information and imperatives
- The solutions
  - Finding the right language
  - Traditional
  - Tricky ones
  - TAbOO

What is y(our) problem ?

"I love my body
exactly
as it is."



Obesity as a global health issue

New Zealand

- One in four adults (aged 15 years and over) were obese (27.8%)
- 44.7% of Maori adults were obese
- 57.9% of Pacific adults were obese
- There has been an increase in obesity in males from 17.0% in 1997 to 27.7% in 2008/09
- There has been an increase in obesity in females from 20.6% in 1997 to 27.8% in 2008/09.

The Lifecourse - Childhood

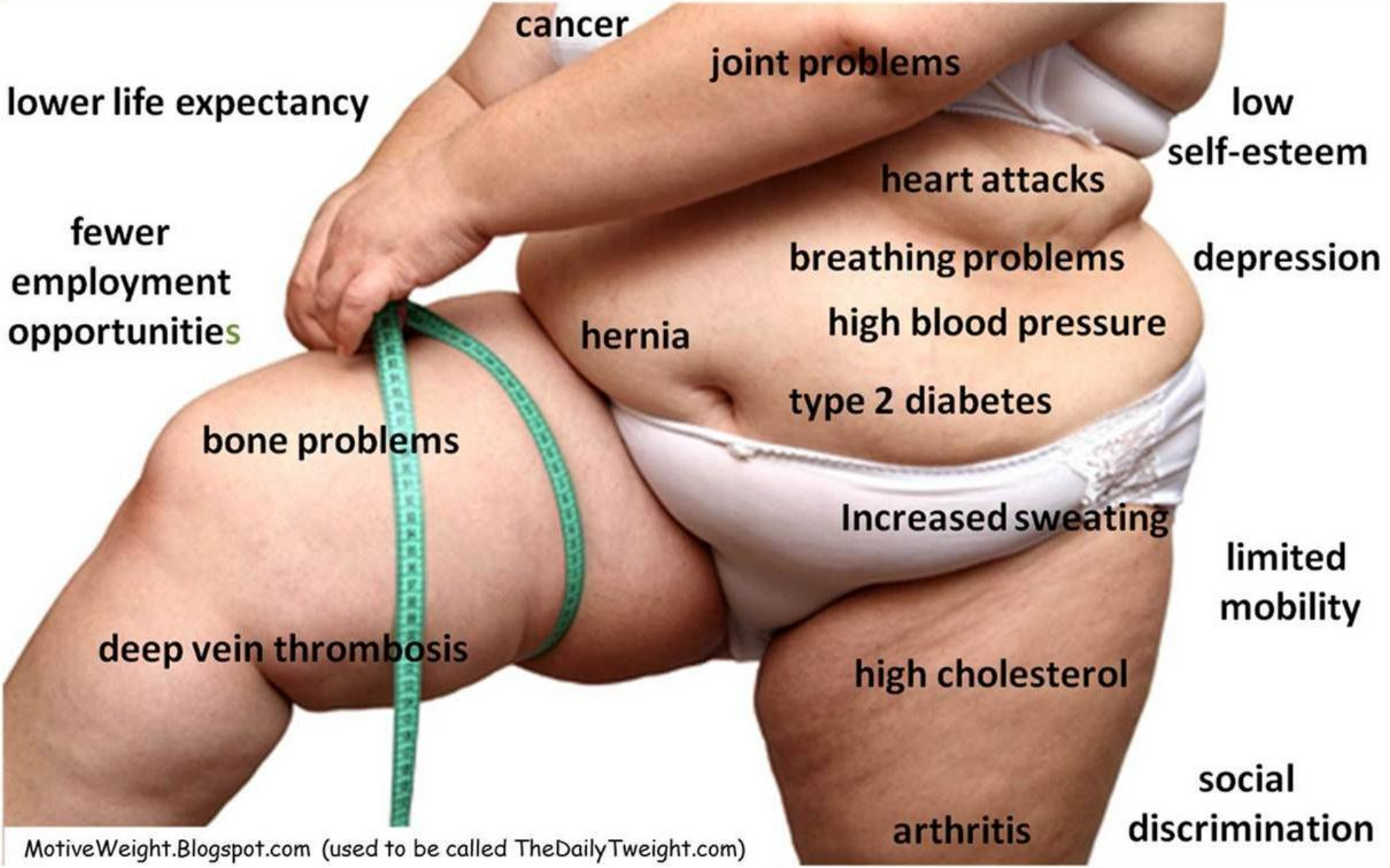
2006/7

- One in twelve children (aged 2 to 14 years) obese (8.3%).
  - One in five children overweight (20.9%).
  - Adjusted for age, Pacific boys and girls 2.5 times more likely to be obese than boys and girls in the total population
  - Adjusted for age, Māori boys and girls 1.5 times more likely to be obese than boys and girls in the total population
  - No change in the average (mean) BMI or the prevalence of obesity for children aged 5-14 years since 2002.

Consequences

- Impaired physical health
- Impaired mental health
- Stigmatisation and discrimination

The Negative Effects of Obesity on Your Health and Your life



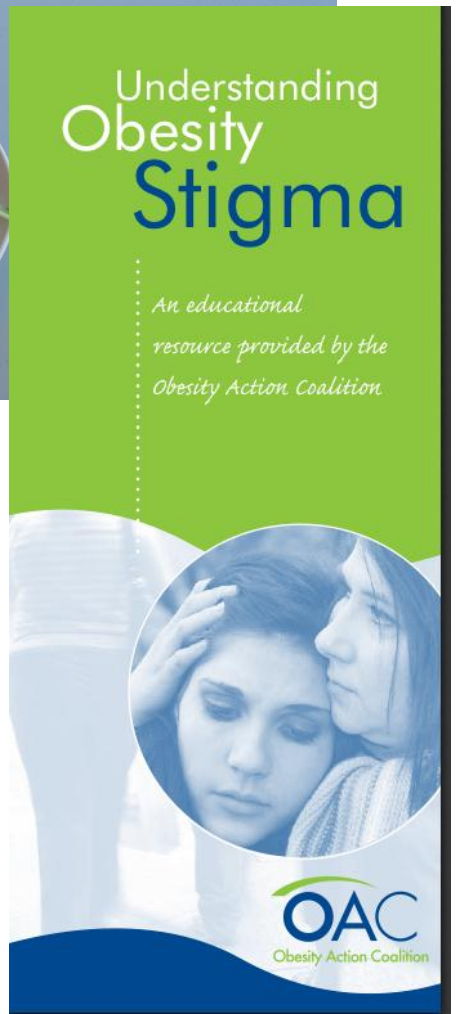
MotiveWeight.Blogspot.com (used to be called TheDailyTweight.com)

Obesity and Mental health

- Both significant proportion of the global burden of disease.
- Bi-directional associations mental health problems and obesity
- Relationships between actual body weight, self-perception of weight and weight stigmatisation are complex and this varies across cultures, age and ethnic groups
- Weight stigma increases vulnerability to depression, low self-esteem, poor body image, maladaptive eating behaviours and exercise avoidance.
- Obese children are at particular risk of low perceived competence in sports, physical appearance, and peer engagement.
- http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf
- Franklin, J., Denyer, G., Steinbeck, K. S., Caterson, I. D., & Hill, A. J. (2006). Obesity and risk of low self-esteem: a statewide survey of Australian children. *Pediatrics*, *118*(6), 2481-2487.

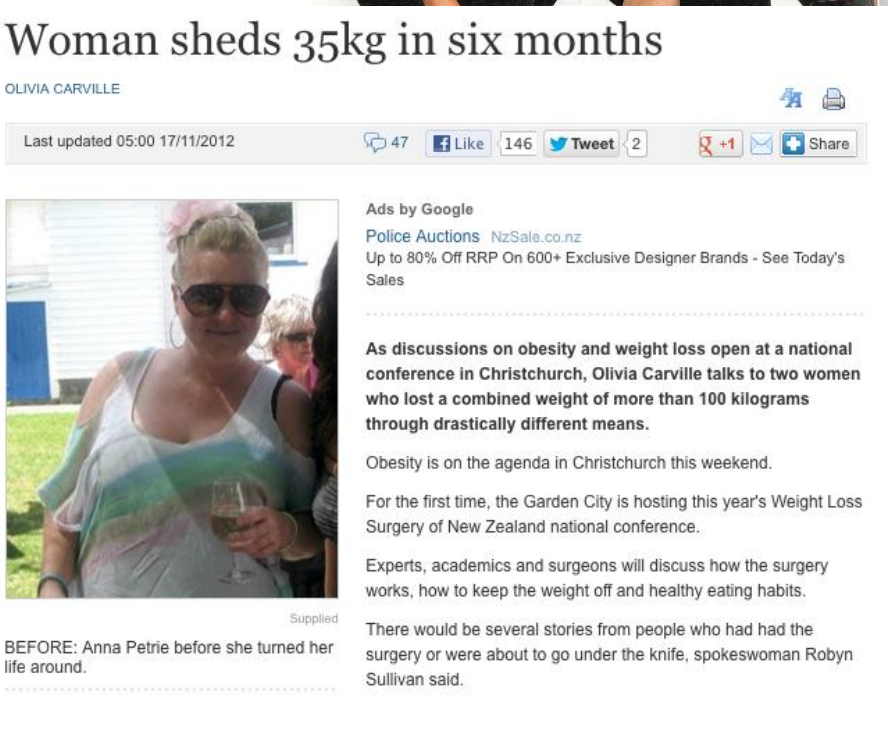
Stigmatisation and discrimination

- The ‘racism’ of the decade
- Affects the stigmated and the stigmatisers



Stigma and discrimination

- Media frenzy
- Conflicting confusion
- Affects us all



Woman sheds 35kg in six months

OLIVIA CARVILLE

Last updated 05:00 17/11/2012

47 Like 146 Tweet 2 +1 Share

Supplied

BEFORE: Anna Petrie before she turned her life around.

As discussions on obesity and weight loss open at a national conference in Christchurch, Olivia Carville talks to two women who lost a combined weight of more than 100 kilograms through drastically different means.

Obesity is on the agenda in Christchurch this weekend.

For the first time, the Garden City is hosting this year's Weight Loss Surgery of New Zealand national conference.

Experts, academics and surgeons will discuss how the surgery works, how to keep the weight off and healthy eating habits.

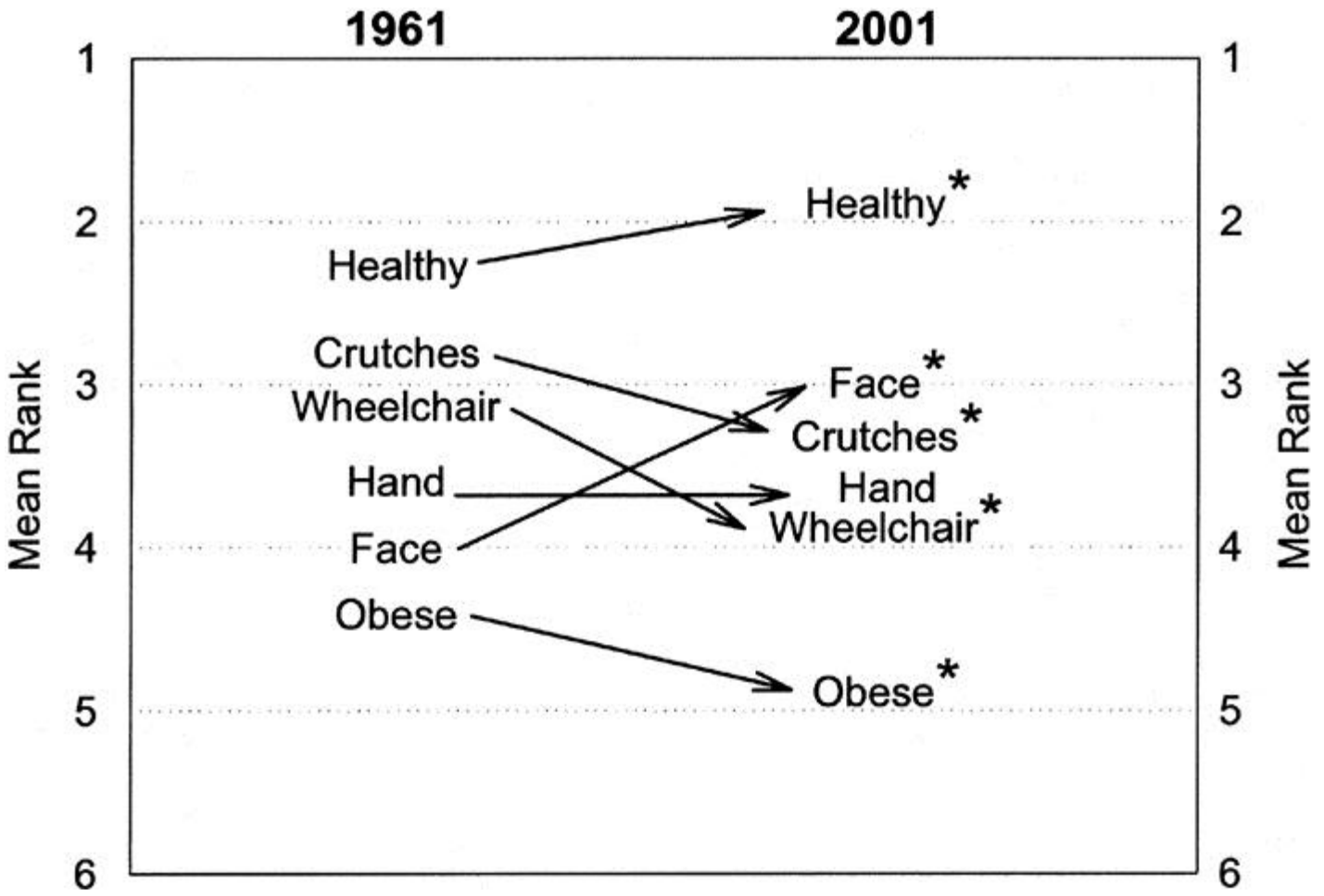
There would be several stories from people who had had the surgery or were about to go under the knife, spokeswoman Robyn Sullivan said.

FAT PEOPLE

Go be fat somewhere else

Getting Worse: The Stigmatization of Obese Children

Janet D Latner and Albert J Stunkard



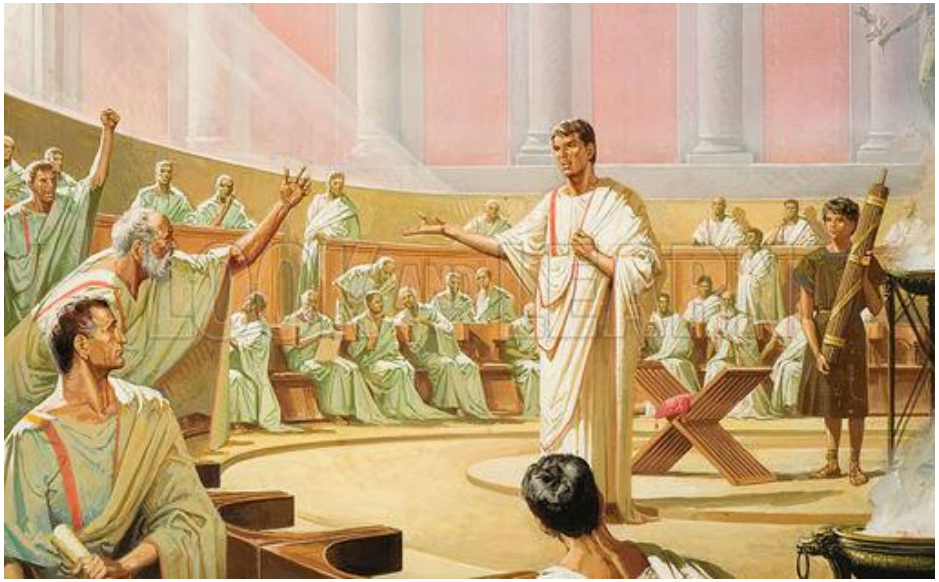
Obesity Research Vol. 11 No. 3 March 2003

Intervention	Model	Potential for stigmatisation
Use zoning laws to limit establishment of new fast food restaurants	environmental	low
Impose taxes on sugar sweetened drinks	environmental	low
Increase PE in schools	environmental	Moderate (fat students vulnerable to harrassment during sports)
Increase obesity-related health education in schools	behavioural	Moderate -education reinforces attribution of obesity to personal choice
Mandate BMI measurement in schools	behavioural	High – potential for harassment both at school and at home
Encouragement of weight loss programmes by primary care physicians	behavioural	High – health care workers exhibit high levels of weight bias leading to stigmatizing health care encounters for fat patients

The biggest question

- Who should take responsibility for obesity?
- People who are obese and their families?
- Society ?
- Indecisives can apportion between the two.

Where to from here ?



In this debate everything that everyone says will be true, no matter how opposed their views. Resolving this contradiction for the good of the people is our life's work.

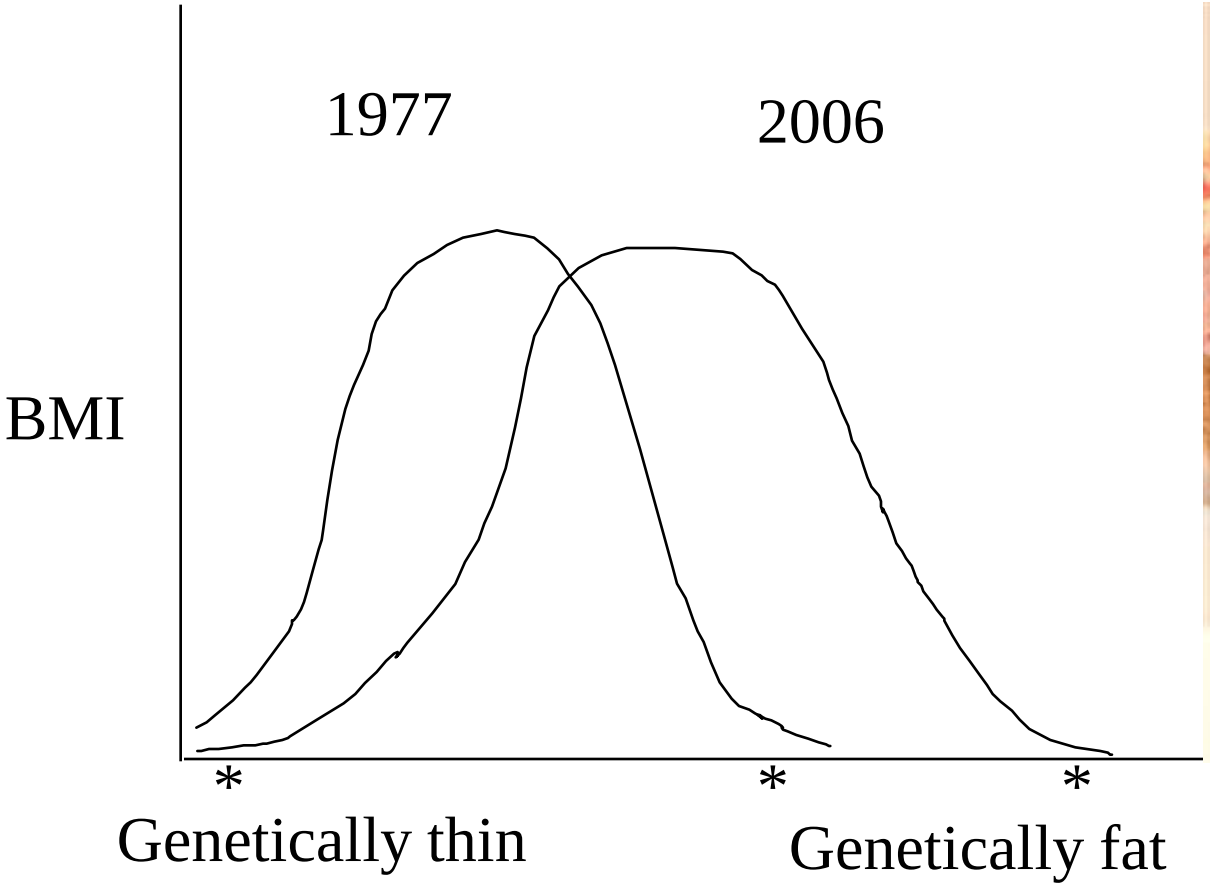
Senator Facilibrus – Address to the Roman Senate - 32 BCE

Where to from here ?
Exploring aetiology

Obesity is a heterogeneous complex disorder of multiple etiologies characterized by excess body fat that threatens or affects socioeconomic, mental or physical health

Sharma 2007

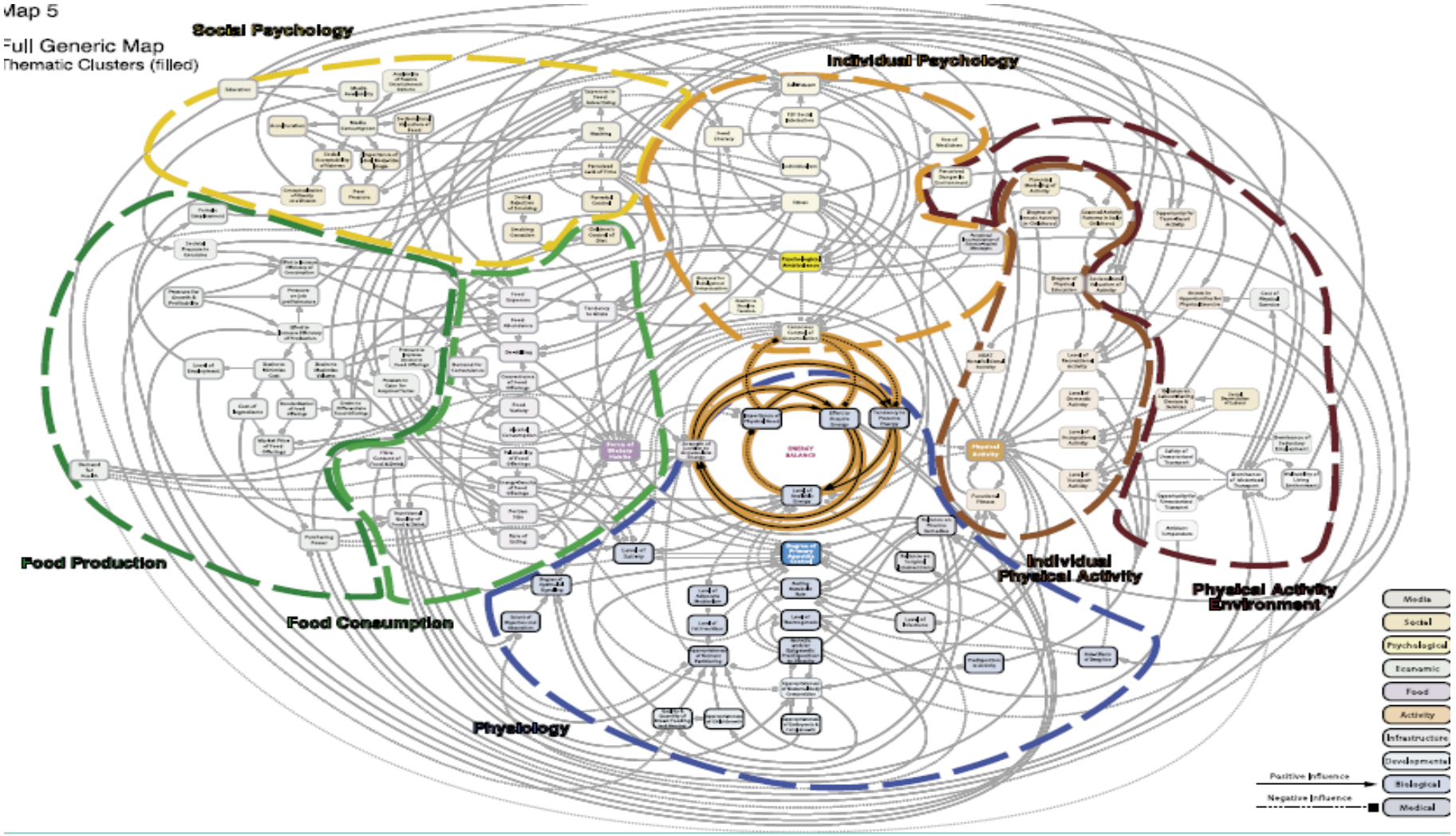
Genes and the Environment



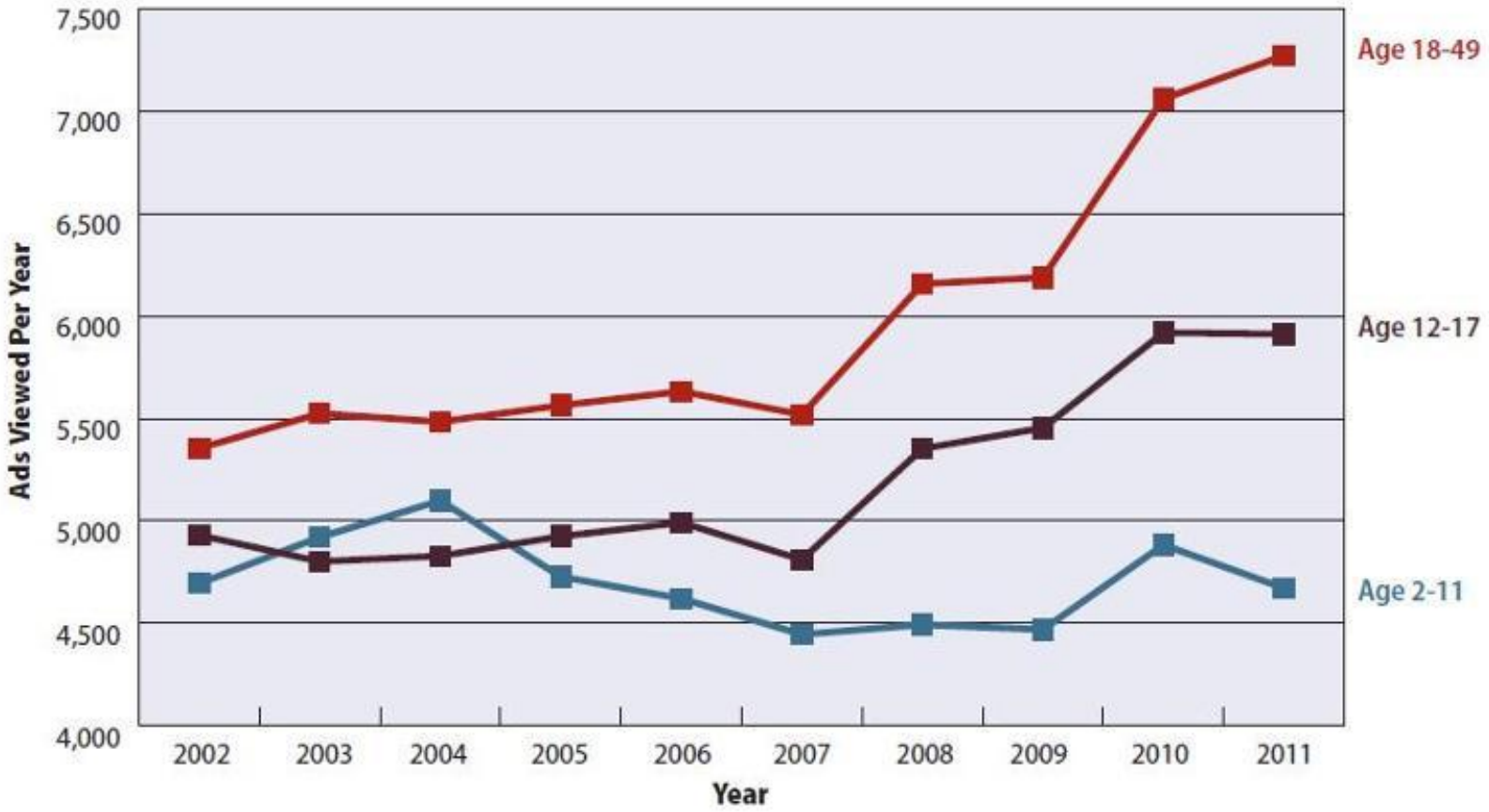
Child and Youth obesity is not solely due to:

- Lack of exercise
- Maccas and Coke
- Poverty
- Lack of parental support
- Childrens perverse behaviour ‘whatever’
- School policies
- Lack of school meals
- Dairy owners
- Government policies
- Food industry hegemony
- Poor health promotion
- Lack of engagement in the issue by General Practice

Causes of obesity

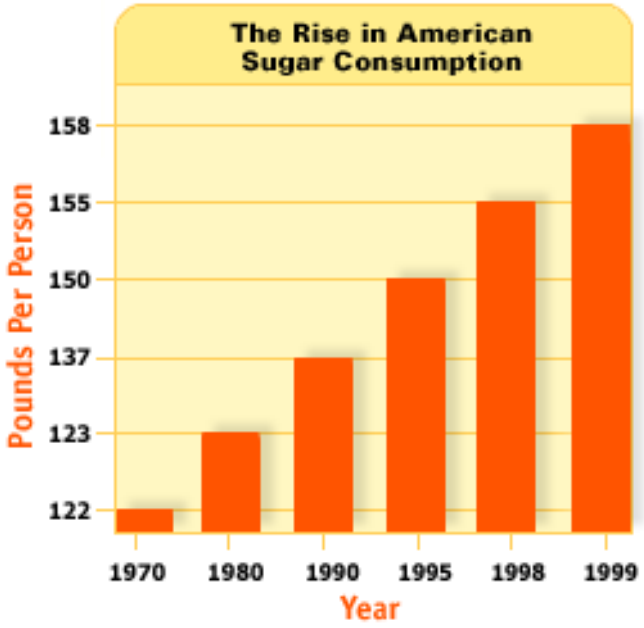


US television food and beverage advertising exposure by age: 2002-2011



Pepsi Bus Handle Cool handle advertising campaign for Pepsi was featured on 3400 buses throughout USA.

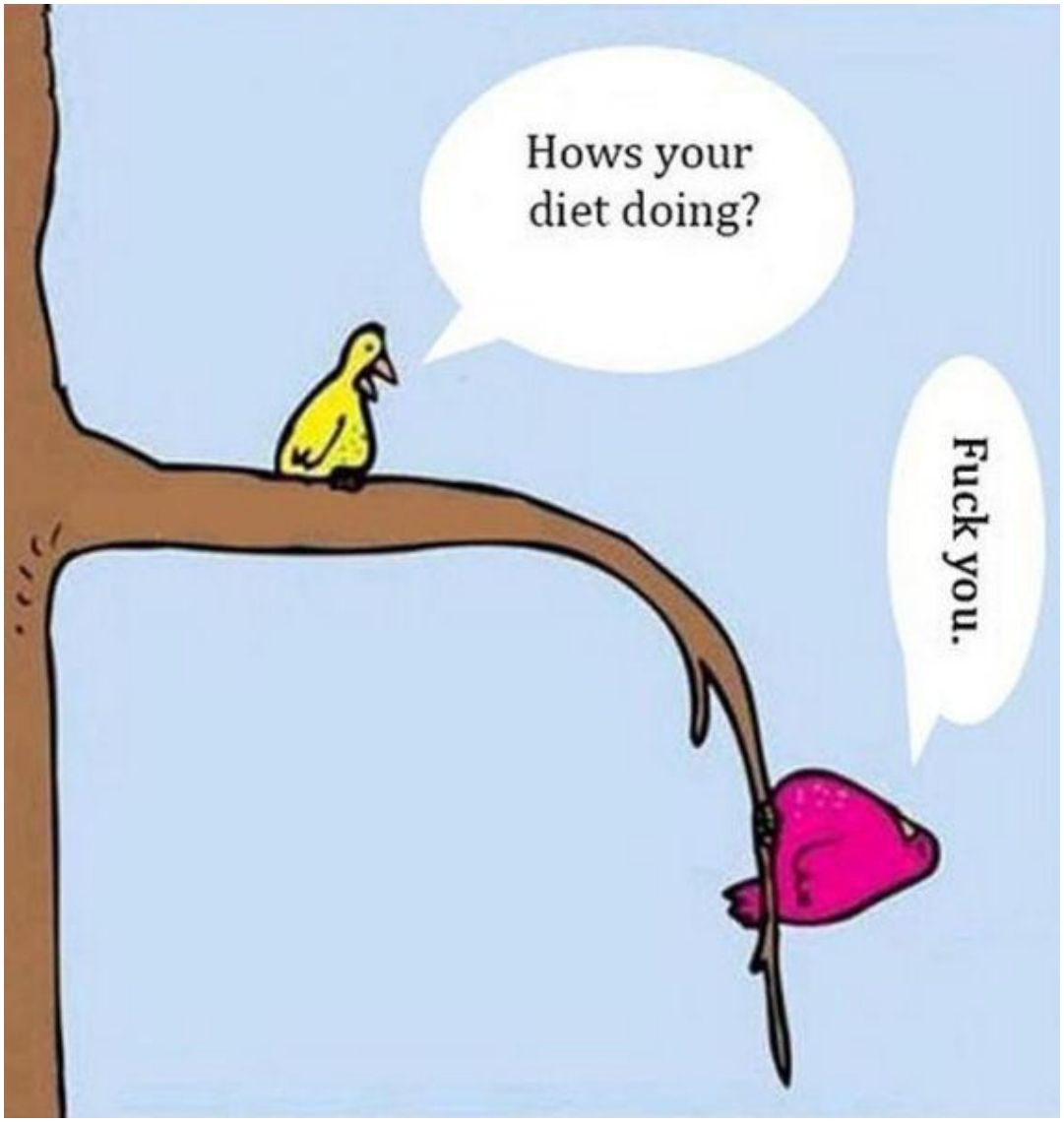
Tricky stuff



Attitudes and the ‘new normal’

- *“ My coach at the gym says I should think about surgery now, but I think I should wait a few years”* 17 year old - BMI 38

Solutions



What works

- Most things – a bit
- Brief intervention counseling
- Intensive dietary support
- Community based school programmes
- Weight loss surgery
- BUT
- Not enough

Weight Change?

- 13 year study : 1980 - 1993
- 3 intervention cities and 3 control cities
- The intensive community programme involved community leaders, mass media, courses, seminars and workshops for the general population, and school based programmes for school children and their parents[8]
- At every measurement point between 1980 and 2000, the body mass index of the population steadily

What works

- Compared with usual care, dietary counseling interventions produce modest weight losses that diminish over time.
  - Dansinger, M. L., Tatsioni, A., Wong, J. B., Chung, M., & Balk, E. M. (2007). Meta-analysis: the effect of dietary counseling for weight loss. *Annals of internal medicine*, *147*(1), 41-50.
- Bariatric surgery appears to be a clinically effective and cost-effective intervention for moderately to severely obese people compared with non-surgical interventions. Uncertainties remain and further research is required, including:
  - Picot, J., Jones, J., Colquitt, J. L., Gospodarevskaya, E., Loveman, E., Baxter, L., & Clegg, A. J. (2009). The clinical effectiveness and cost-effectiveness of bariatric (weight loss) surgery for obesity: a systematic review and economic evaluation.

First Australian Experiences With an Oral Volume Restriction Device to Change Eating Behaviors and Assist With Weight Loss

Toni L. McGee[1], Mariee T. Grima[1], Ian D. Hewson[2], Kay M. Jones[3], Ellen B. Duke[4] and John B. Dixon[1,3]

Eating behaviors impact satiety and caloric intake so should be considered in any weight-loss program. A novel custom-made oral device has been designed to be worn in the upper palate while eating in order to slow eating-rate and aid weight loss. The aim of this study was to assess the device's potential impact on weight-loss and

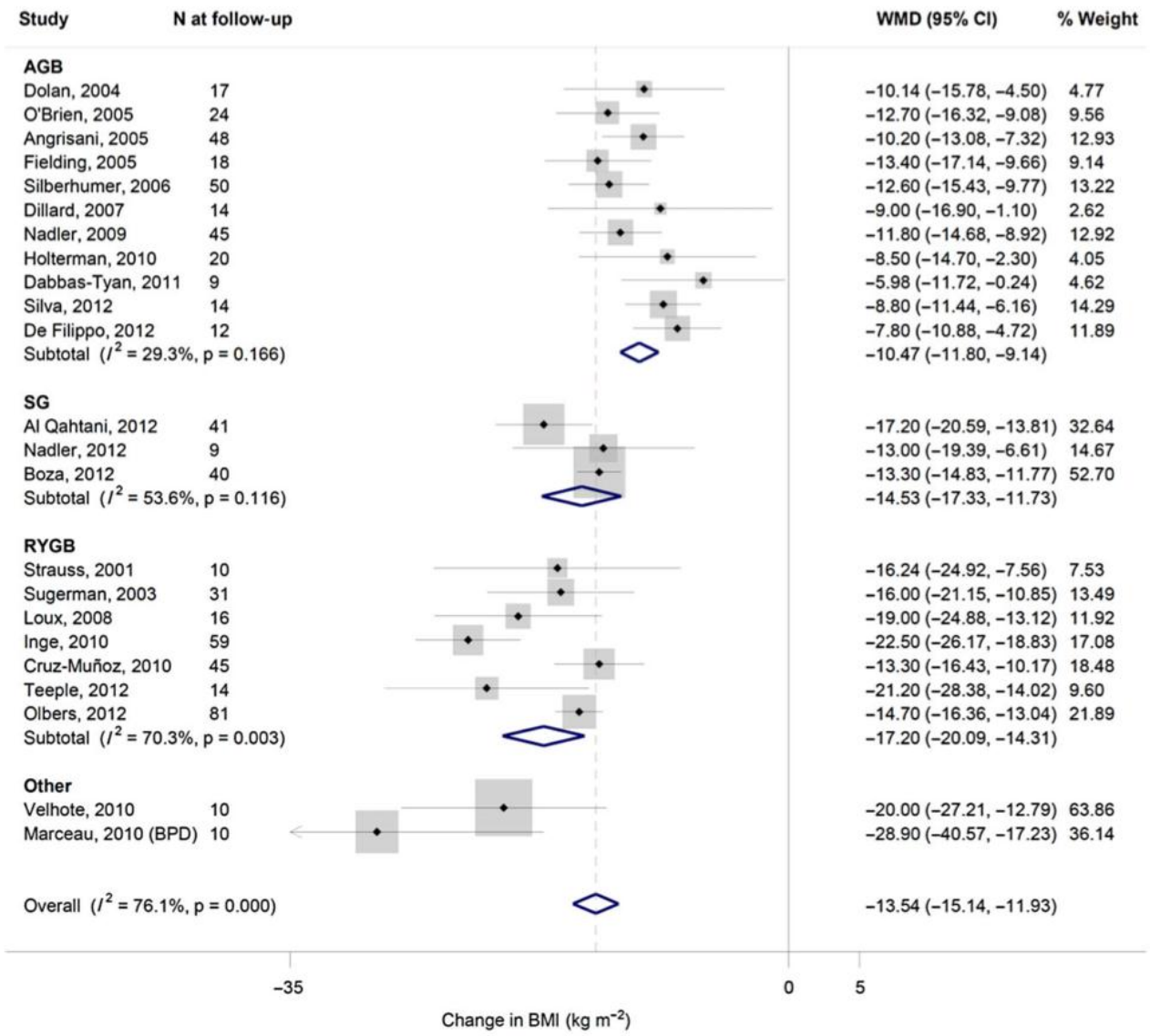
- 2012 evidence
- There were no significant adverse events (AEs), but 65% of participants required device adjustment by the dentist.
- For most, speech difficulties discouraged device use in social settings.

Weight loss surgery ?

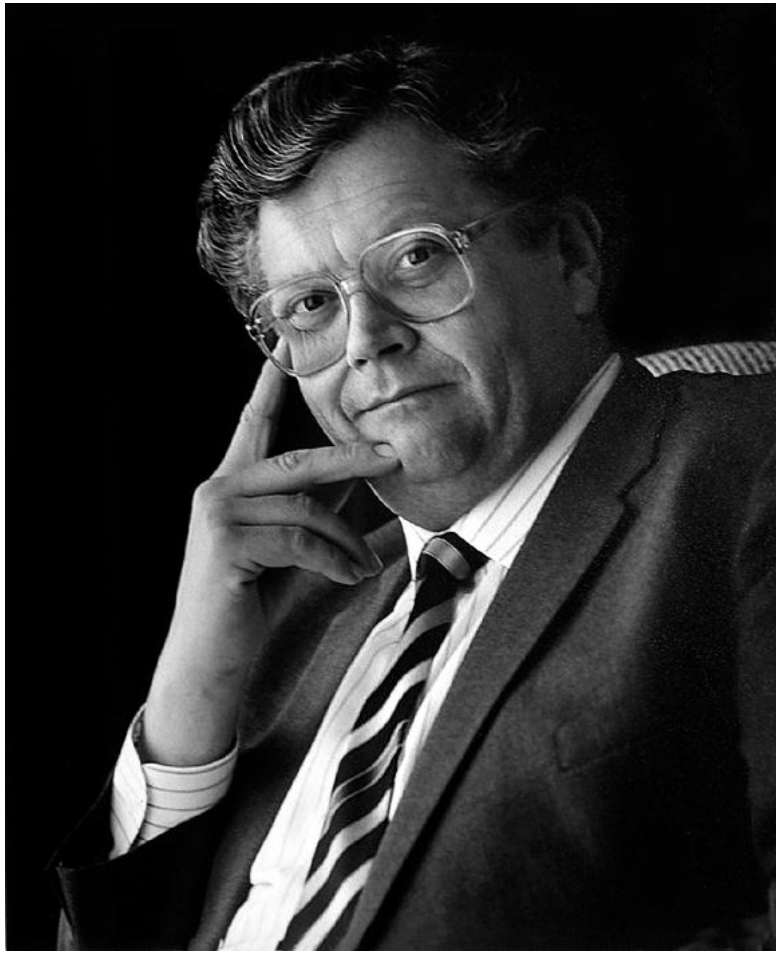
- Obesity saviour?
- Works - individual patient
- Surgical snake oil?
- Media football
- Sociology discourse
- **“In the war on obesity, surgery is the ultimate, drastic weapon.**
- Gender issues
- Biomedical response

Exploring Media Representations of Weight-Loss SurgeryNicole M. Glenn, Kerry R. McGannon and John C. SpenceQual Health Res 2013 23: 631

Surgical intervention



New Zealand

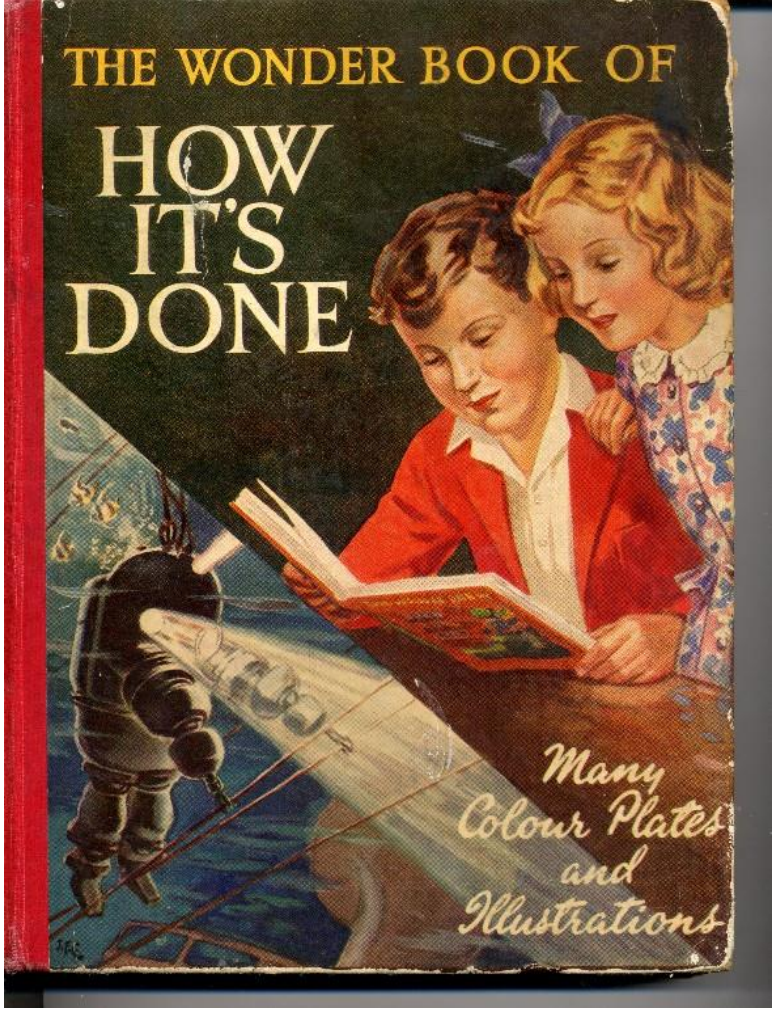


What works in your practice now?

"Giant silverware makes the portions look smaller, so you don't feel guilty about eating so much!"

TAbOO
A simple plan for primary care

- *“ Yeah – look I just don’t think that getting people to lose weight is part of my job “ - GP*
- Finding the language
- A 4 point strategy
- Getting engaged in the debate



Previous research shows:

- **Brief interventions beneficial**, opportunities for providing lifestyle advice are not always taken up
- **Frequency and style of lifestyle advice delivery varies:**
  - lifestyle topic – perceived barriers
  - consultation length/competing demands
  - patient & practice characteristics
  - confidence and skills
- **Effectiveness of lifestyle interventions depends on:**
  - patient motivation to change
  - the quality of communication between patients and doctors
  - the strategies used (e.g. simple, non-specific instructions/advice vs. problem solving approach)

Beliefs of GPs and PNs

- Most GPs consider obesity a disease.
- Characteristics of obese patients
  - Lacking in self discipline
  - Lazy
  - Ugly
  - Non-compliant
  - Unmotivated

Puhl, R. and K. Brownell, *Bias, discrimination, and obesity.* Obesity Research, 2001. **9**(12): p. 788-805.
Puhl, R. and C. Heuer, *The stigma of obesity: A review and update.* Obesity, 2009. **17**(5): p. 941-964.
Fogelman, Y., S. Vinker, J. Lachter, et al., *Managing obesity: a survey of attitudes and practices among Israeli primary care physicians.* International Journal of Obesity, 2002. **26**(10): p. 1393-1397.

Beliefs of GPs and PNs

- Within both professional groups there is a belief that the responsibility lies with the patient

Epstein, L. and J. Ogden, *A qualitative study of GPs views of treating obesity.* British Journal of General Practice, 2005. **55**(519): p. 750-754.
Jallinoja, P., P. Absetz, R. Kuronen, et al., *The dilemma of patient responsibility for lifestyle change: Perceptions among primary care physicians and nurses.* Scandinavian Journal of Primary Health Care, 2007. **25**: p. 244-249.

Responses to Survey Monkey Pilot

- **GPs and Nurses** who participated in the survey felt more comfortable raising the issue of smoking with patients than they did about alcohol, illicit drugs or overweight/obesity
- **71.4%** of participants thought the issue of overweight & obesity should be routinely raised during GP consultations
- **76.9%** of participants felt that General Practice could be better supported in raising the issue of overweight & obesity with patients
- **72.7%** of participants would find some training or strategies useful

Language - What do we say now? Mixed messages ?

- GP: =the most important thing about that is getting that good sleep and having some <u>energy</u> the next day //have you\ lost some weight
- PT: /yes\\
  <u>no</u> i put it on
- GP: oh have you=
- PT: =hah hah hah
- GP: i thought oh i thought you looked trimmer ((to NS)) has she really put it on=

ARCH Group – University of Otago – Diabetes Tracking Study – 2008 / 2011

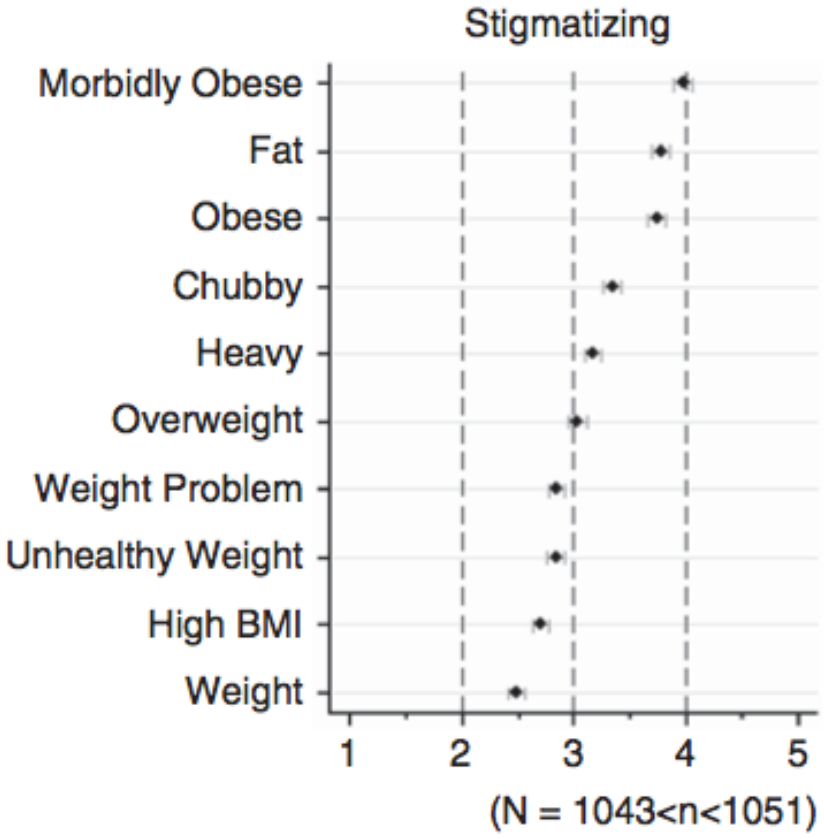
Mixed messages - 2

- NS: =i think just really ((exhales)) *happy*
- GP: oh //hah hah well i thought you looked slimmer so um\
- PT: /hah hah hah hah hah\\ i wish hah hah
- NS: /hah hah hah\\
- GP: oh well um
- PT: i've put <u>on</u>
- +
- GP: *oh yeah well it's over christmas* isn't it
- PT: <u>yes</u> hah hah=
-

So what words do you use?

- How to say the ‘F ‘ word
- And when

Public perceptions of weight labels
R Puhl *et al*



Raising the topic

“Weight wise where do you think you’re at?”

“Do you think you eat fairly healthily or do you think you eat stuff that you shouldn’t a lot?”

“Are you happy with your current weight?”

“Your weight may be affecting this condition, does it worry you?”

“Any amount of weight loss is good for your health”

Raising the topic – finding a reason

<u>GP31-03 Clip 1:</u> Getting "fat" on the table
(00:46 minutes)

GP: okay + so um the research er n- n- none of the research is about that the laughs)) *research is* ((laughs)) is about weight basically + all right
GP: ((with a high voice)) *are you are you- are you okay as far as your weight is concerned*
PT: <u>no</u> far too fat i want tr- i want to lose some weight //((laughs))\
GP: /oh okay do you know how much you weigh?\\
PT: nope nope no //((laughs))\
GP: /(no don't do that) that's fair enough\\ absolutely that's fine you just wanna get into some other clothes //(and)\
PT: /yes\\ i want to lose some ((laughs)) *weight* //*yes* ((laughs))\
GP: /yep all right okay so the research is around it's giving\\ you messages about + what we can do which is
PT: ((laughs)) //((laughs))\

Child and youth

- Greater interactional delicacy
- e.g. The 87Kg – 14 year old BMI 29
- "Do you think you all eat fairly healthily in the family or do you think you eat stuff that you shouldn't a lot?"
- " So- I'm just trying to work out what the dose of your tablets might be – can we pop you on the scales- what weight do you think you might be"

Gray L, Stubbe M, Tester R , Macdonald L, Dowell A

ARCH
Applied Research on Communication in Health

Child and youth

Overweight 17 year old with Mum

- “GP – So do you get any exercise then ?”
- “Nah – Only when I go over and stay all night at my boyfriends (giggles). – Except they won’t let me – ‘cos they don’t like me getting pissed”.
- GP “ er – mmmm – Ok then”

What actually happens

- We find it difficult to initiate discussion
- Bio-medical explanations - out of context from the patient reality or experience.
- Checklist of facts
- Find exercise easier as a solution than diet

TAbOO- Key messages

4

1. **Eat less**
2. **Breakfast is the most important meal of the day**
   - limit snacking
3. **Green flag / Red flag**
   - opportunity/ problem solving &self-monitoring
   - Culturally appropriate
   - **Exercise** – doesn't make people lose weight , but is brilliant for all sorts of other reasons
4. **How are you feeling ?**
   - think psychological impact
   - And support
   - Family/Whanau/Colleagues – support

Talking About Overweight & Obesity in Practice

Excess weight generally creeps up over a long period. Weight loss should be slow and steady, with small lifestyle changes over time.

A 5-10% weight loss is associated with improvement in health and quality of life [1-3]

Research shows there are some simple changes that can assist people to lose weight:

1. Portion Distortion: we are eating too much

Review and reduce portion sizes (including alcohol). Try a smaller plate, cup, or glass. Reducing portion size is simple and doesn't need complicated calorie counting or diet restrictions.

2. Importance of breakfast

Start the day with a healthy breakfast. Most people have probably heard this one before, yet many of us don't eat breakfast.

3. Problem-solving and self-monitoring

Review, reflect and move forward: ask your patient to think about any 'green flags' that may help achieve weight loss goals, or 'red flags' which may limit or prevent those goals. Consider which of these (if any) can be influenced or changed to support weight loss.

4. Social support - family/whānau/colleagues

Strong systems of social support are helpful in weight loss. Family involvement has been shown to increase weight loss [3].

The red herring of exercise

- Exercise is amazingfantsaticbriliant
- But not for weight loss
- Lose ½ kilogram of body fat /week = 25 kg / year
- 10 hours of walking at 5kph (3mph) = 90 minutes per day.
- 4 hours of jogging at 10kph (6mph) per week
- 4½ hours of cycling at around 20kph (12mph) per week - or 40 minutes per day.

NS32-01 (and 7 minutes later, delivering the brief intervention)

Nurse And I would like you to think about is there something that you might be able to change every now and then in how you're eating that might just help in terms of a bit of weight loss…you don't have to give things up, but maybe just have a look at the portion size

Patient my wife cooks…….and she just puts it in the middle of the table and I just help myself……ha ha…..

Nurse [silent]

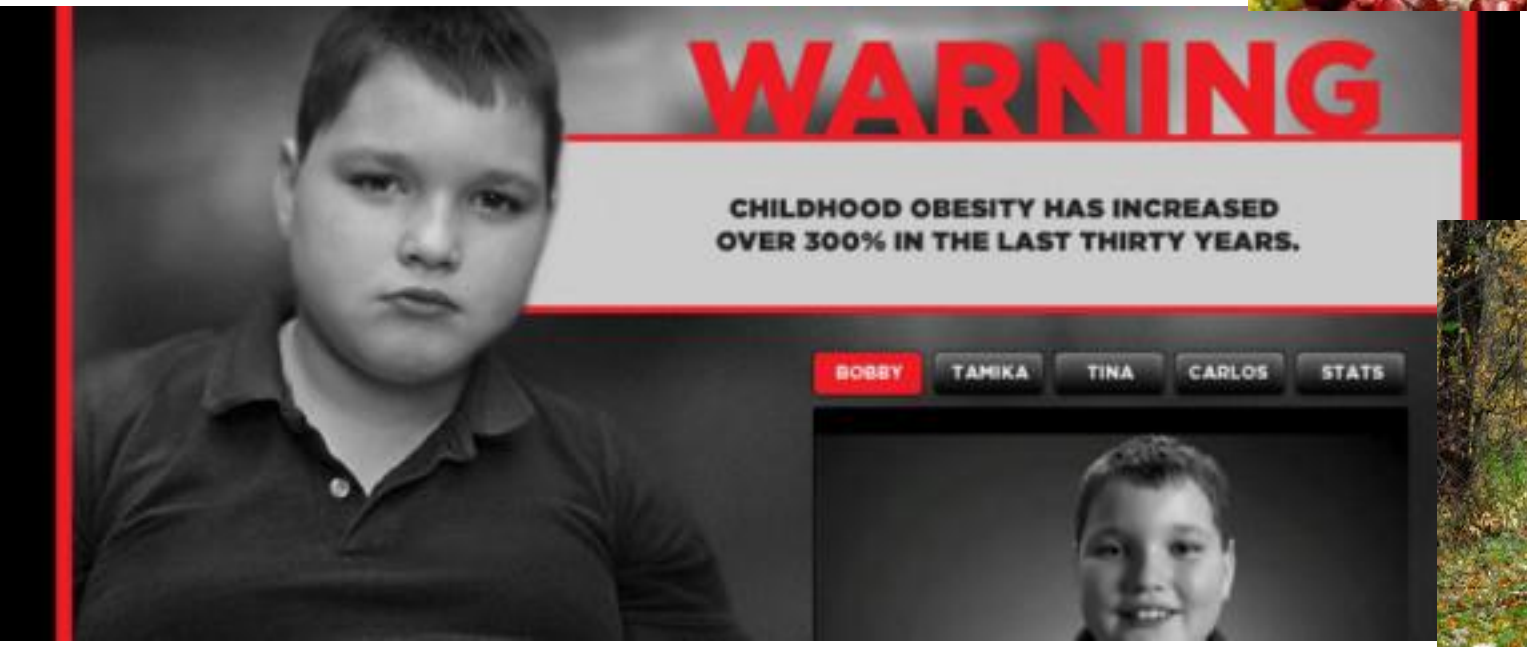
Patient aah point taken

<u>GP08-26 Clip 2:</u> Exercise diversion (00:49 minutes)

GP: ((inhales)) now + in terms of this study that you've said you're okay for //me to\
PT: /mm\\
GP: talk to you about ((inhales)) um we're just asking the question of people how they feel about their weight at the moment? whether it's something they're happy //with\ whether it's something they wanna do anything about
PT: /(yeah)\\
PT: yep + ((laughs)) *actually* ((laughs)) i would like to lose some weight ((drawls)) *and i* just started doing more exercise i'm not ((drawls)) *really* kind of + probably looking at what i eat a little bit but it's- i'm more focused on exercise at the //moment + the only thing that-\
GP: /yeah so what are you looking at\\ doing in terms of exer//cise\
PT: /oh\\ well i've + been going to the gym
.. ((discussion about exercise for 1 minute))
.PT: //so + (try it that's that's my)\
GP: /((tut)) oh fantastic that sounds like a very\\ good mix
PT: yeah
GP: ((inhales)) and in terms of your food //have you\ got any ideas around that=
PT: /(yeah)\\

Population health

- Societal and Government action



Physician weight loss advice and patient weight loss behaviour

- Literature review and meta – analysis 2013
- 12 study results combined
- Effect size for patient weight loss effort was odds ratio (OR) 1⁄4 3.85 (95% confidence interval (CI) 2.71, 5.49; P > 0.01)

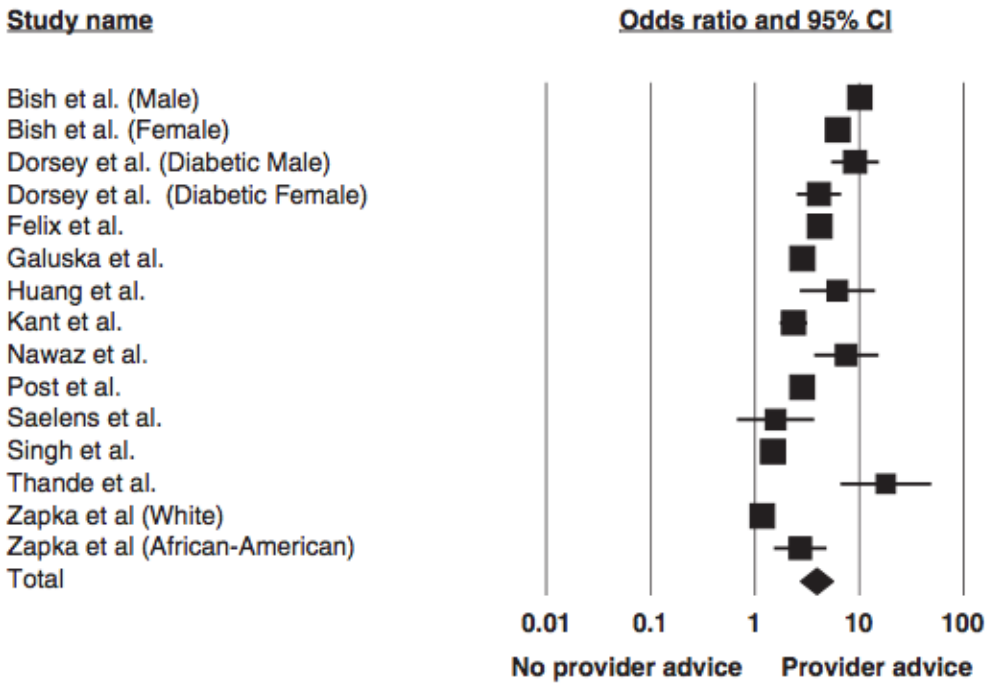
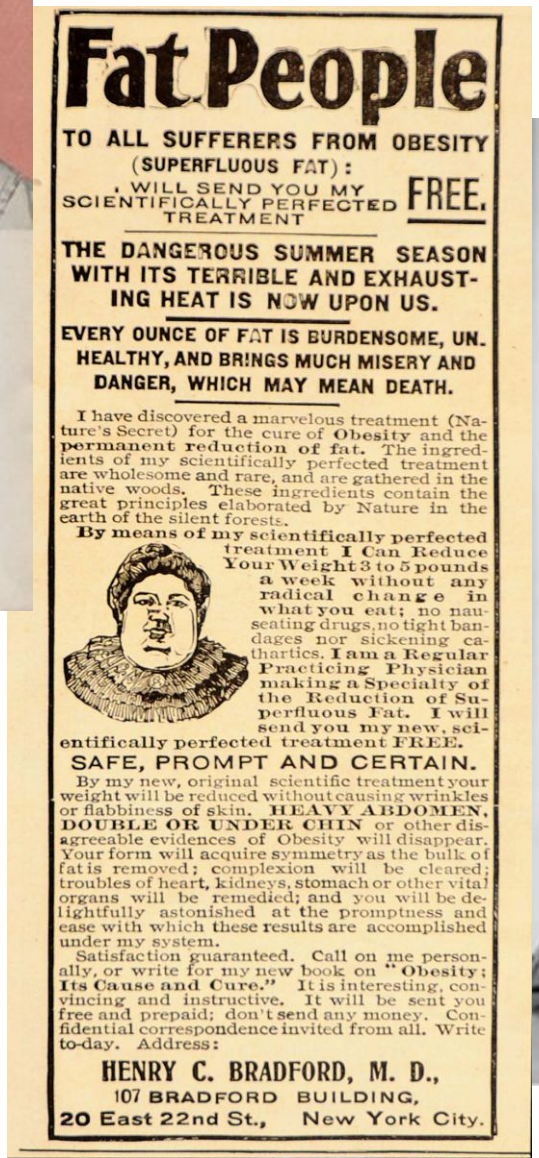


Figure 2. Odds ratios for the effect of provider advice on patient weight loss attempt for each study and overall in the meta-analysis.

Rose, Poynter, Anderson, Noar and Conigliaro. Physician weight loss advice and patient weight loss behavior change: a literature review and meta-analysis of survey data International Journal of Obesity (2013) 37, 118-128

Historical traditions




Thank you