TACKLING THE SUBJECT OF WEIGHT WITH PATIENTS: THE DIFFICULT CONVERSATION

Jacquie Lavin and colleagues offer advice on opening a discussion about weight and explain why it is so important

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Abstract

Being overweight carries with it a range of health risks, including high blood pressure, heart disease, diabetes, sleep apnoea, musculoskeletal problems and cancer. Weight is often a highly charged emotional subject, but it is one health professionals increasingly need to raise with patients. The conversation should explore how patients feel about their weight, their understanding of how weight may affect their health, their emotional and mental wellbeing, what they may have tried to do about their weight and how committed they are to making lifestyle changes. By recognising that past experiences and struggles with weight and failure to succeed have a profound effect on commitment, health professionals can begin to have helpful conversations about weight management and behaviour change.

Keywords
Behaviour change, making every contact count, obesity, weight advice, weight management

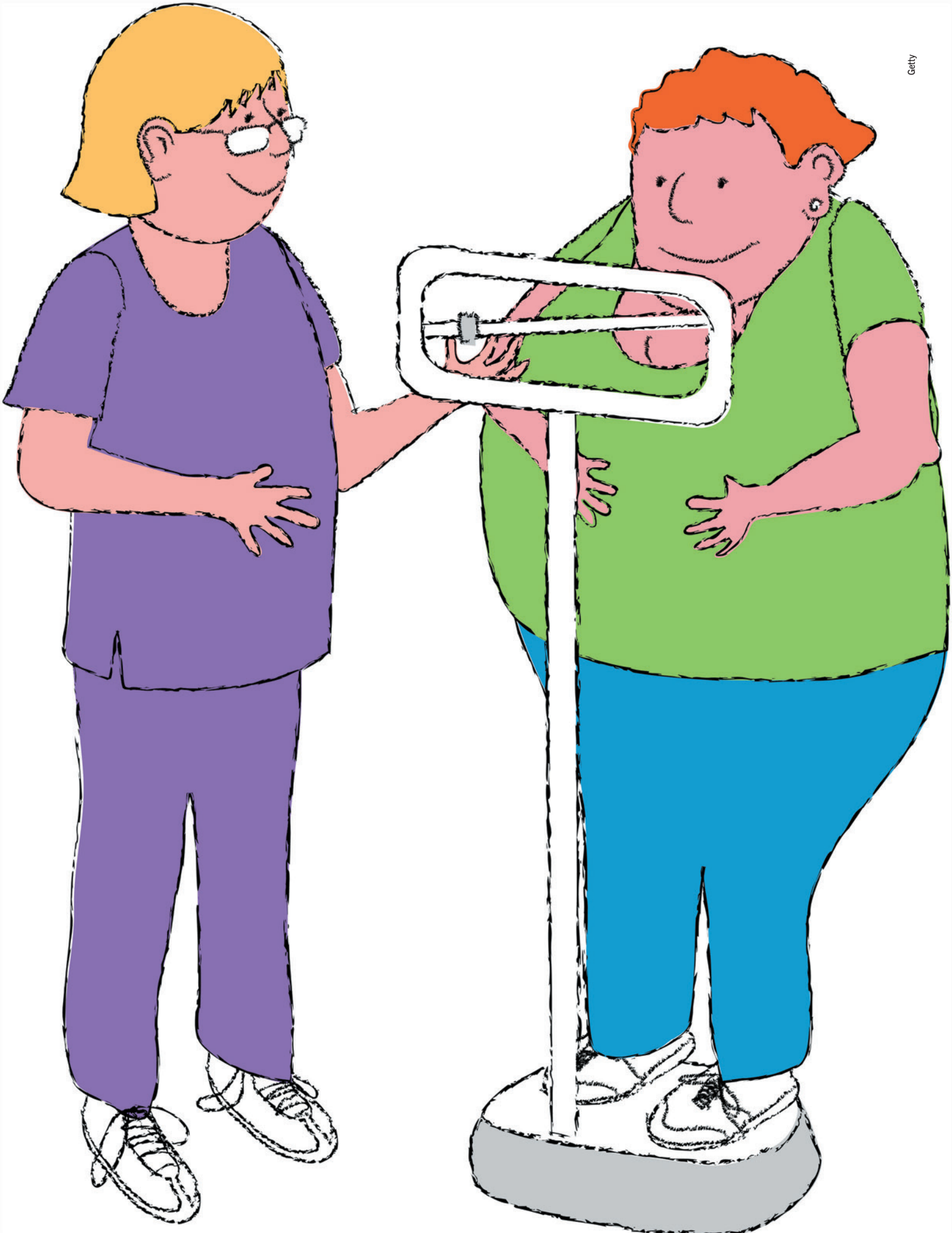
EXCESS WEIGHT and its associated risks are some of the most important but preventable challenges to health. Public Health England (2014) says: 'Overall health problems associated with being overweight or obese cost the NHS over £5 billion each year. There is no silver bullet to reducing obesity; it is a complex issue that requires action at individual, family, local and national levels. We can all play our part in this by eating a healthy balanced diet and being more active.'

Although there are people in all population groups who are overweight or obese, obesity has been found to be related to:

- Social disadvantage, which is more marked in women (Health and Social Care Information Centre (HSCIC) 2014).
- Educational attainment: around 30% of men and 33% of women with no qualifications are classed as obese, compared with 21% of men and 17% of women with a degree or equivalent (HSCIC 2012).
- Ethnicity: estimates of adult obesity prevalence by ethnic group differs according to the measurement used (for example, body mass index (BMI), waist-to-hip ratio or waist circumference), but it seems more prevalent among black African and Bangladeshi women, whereas Chinese men and women appear to have the lowest obesity prevalence whichever measure is used (Gatineau and Mathrani 2011).

Women with an obese BMI are around 13 times more likely to develop type 2 diabetes and men five times more likely; in the case of hypertension, the figures are four times as high for women and two and a half times more likely for men (HSCIC 2012).

In 2012, 43% of men and 38% of women with an obese BMI were found to have high blood pressure. During 2012/13 there were 10,957 hospital admissions with a primary diagnosis of obesity, nine times higher than in 2002/03 (HSCIC 2014). It is estimated that life expectancy is reduced by an average of two to four years for those with a BMI of 30-35kg/m^2, and eight to ten years for those with a BMI of 40-50kg/m^2 (Gatineau and Mathrani 2011).



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Overweight and stigma

Weight stigma generally refers to negative attitudes towards someone's weight and affects relationships and activities in a detrimental way. Stigma can come in many forms, including verbal bias (teasing, criticism, stereotypes, insults) and physical barriers and obstacles due to weight (medical equipment not being large enough, chairs or seats in venues that do not accommodate larger people).

Stigma can also result in explicit forms of discrimination, such as in the workplace when an overweight person is not given the same opportunities as someone of a healthy weight, or in public where people who are overweight are ignored or overlooked. Weight-related stigma has been shown to start as early as the age of three. It spans society as a whole, and is evident in workplaces, education, healthcare settings, the media and personal relationships (Puhl and Heuer 2009).

Individuals who experience weight stigma may have higher rates of depression, low self-esteem, anxiety and other negative consequences (Puhl and Heuer 2001, Brownell *et al* 2005, Puhl and Heuer 2009). Stigma may have negative consequences for eating behaviours: people may eat for comfort and to soothe their emotions, choosing high-calorie foods (Schvey *et al* 2011, Major *et al* 2014).

In the healthcare setting, people may avoid appointments if they fear they will be subjected to stigma, or have been in the past. Jackson *et al* (2014) found that making people feel bad about their weight is counterproductive and is more likely to cause people to gain weight than lose it. The potentially negative responses to weight stigma make it important that primary health care professionals consider their own, often unconscious, bias and how this might affect their ability to effectively support patients.

Ensuring every contact counts

Everyone working in the NHS is being urged to ensure that 'every contact counts'; this means that 'preventing poor health and promoting healthy living is essential to reduce health inequalities and sustain the NHS for future generations' (NHS Future Forum 2012).

Establishing a national standard that makes every contact count involves systematically promoting the benefits of healthy living across the health service, asking individuals about their lifestyles and changes they may wish to make, responding appropriately to the lifestyle issues raised and taking action to either give them information, or signpost or refer them.

Discussing weight and healthy lifestyles with patients is one way of making every contact count. Discussions about many health issues, including smoking, drugs, alcohol and domestic violence can be challenging. It is essential to establish a quality standard that places sensitive discussion about weight at the same level of importance as these issues.

Potential concerns

It could be argued that raising the issue of weight is more difficult than, for example, smoking or alcohol consumption, because it is often not possible to tell from looking at a patient that they smoke or drink more alcohol than advisable. Conversations have to start with a direct question: do you drink/smoke? Obesity is immediately visible, and to address it might feel like a comment on the individual's personal appearance, contributing to their feelings of being stigmatised.

Many professionals are uncomfortable with raising and discussing the issue of bodyweight. 'What if I offend the patient?', 'what if they don't want to talk about their weight?', 'how can I talk about a patient's weight when I struggle with my own weight?' are all genuine questions. However, excess weight is a national problem and there is a call for NHS professionals, including nurses, to do more to tackle it with patients. Just because it might be a difficult conversation does not mean that we should not have it.

Opportunities to raise the issue of weight

It may feel easier to discuss a patient's weight if they present with a condition that is directly weight related; for example, at a diabetes clinic or during coronary heart disease aftercare. However, there are many indirect opportunities to raise the issue and to have a supportive conversation: health checks, family planning, baby immunisations, vaccinations, medication reviews (for asthma, migraines, skin conditions) and mental health consultations are just a few.

Awareness and understanding

Consider how patients might be feeling when they walk into an appointment with you or when you broach the subject of weight. Take account of negative experiences they may have encountered with other healthcare professionals in the past and how they may feel about their weight: frustrated, angry, ashamed, comfortable, or in or out of control.

Understanding this and what patients want and think they can achieve is central to supporting them. First, find out about their awareness and knowledge of weight issues, their concerns, their confidence, what they have tried before and what they may currently be doing. Do not make assumptions or judgements.

Many patients will have tried weight loss or healthy lifestyle approaches and been unsuccessful, leaving them without confidence in their ability to change. Many will have tried fad diets, skipping meals, cutting out entire food groups and other unsustainable ways to lose weight. While previous failures can lead to feelings of shame, guilt and self-criticism, the reality is that they have been let down by the 'promises' of these weight loss methods. Health professionals are in the ideal position to provide appropriate, sensible advice, support and signposting.

Practical tips

It may feel right to use slightly different approaches, depending on whether you are seeing a patient about a potentially weight-related condition or something completely unrelated.

If consulting about a weight-related condition Rather than telling the patient about the risks and what they should do, which may make them feel they are being criticised or blamed and so prevent an open conversation, explore their understanding of the relationship between weight and health conditions. It can be useful to ask questions such as, 'what do you know about weight and blood pressure?' or 'has anyone discussed the links between weight and fertility with you before?' Use the answers to find out what the patient knows, and seek permission to provide them with more information if necessary. Taking this approach means the patient is more likely to be receptive to the discussion.

Some patients have reported that the first they knew of a health professional's concern for their weight was when they read their medical notes. Reconsider the use of the term 'obesity': some people can find the term offensive and labelling. If it is necessary to say 'obesity', explain that this is a medical term and the reasons why it might be referenced in notes or during discussion.

If consulting about an issue unrelated to weight Asking for permission to weigh a patient can open a discussion. For instance, 'I see from my records that I haven't checked your weight recently, would you mind if I weighed you today?'

A weight range chart that does not use medicalised terms such as 'obesity' can be used as a visual tool to show where the patients are on the health range chart and aid discussion. However, it is important to be aware that height/weight charts may, by their choice of language or colours to label those most overweight, increase the potential for stigmatisation. The media, when portraying obesity, tend to use pictures of clinically or morbidly obese patients, so somebody with a BMI of 25, 30 or even 35 may not associate themselves with that image, and think, 'it doesn't mean me'.

Use of open-ended questions that avoid any hint of blame or judgement is important to starting a discussion. For instance, asking 'are you heavier than you would like to be?' or 'how do you feel about your weight' invites patients to consider their weight against their own desired standard, rather than something that is 'inflicted' by the medical profession or society. Most patients will suggest they are not happy with their weight, providing an opening to discuss potential support.

What if I struggle with my own weight? Many healthcare professionals struggle with their weight and some think that this makes it difficult to discuss the subject with patients. Research for the Royal Society for Public Health (RSPH) (2014) shows that patients are less likely to take advice about diet and exercise from overweight health professionals. A Populus survey of 2,100 adults across the UK found that fewer than one in ten (9%) would take advice on diet and exercise from an overweight GP, whereas nearly two thirds (59%) would take advice from a GP with a healthy weight.

The RSPH research with 103 people working in public health also found that:

- 73% believe that people who work in public health should be a healthy weight.
- 81% feel that practising what you preach about healthy weight is particularly important for public trust.
- 53% say they are under pressure to act as a role model for healthy lifestyles.

In contrast, some people report that seeing an overweight healthcare professional was helpful in terms of greater empathy and insight and a feeling of trust. One service user said: 'She was sensitive and understanding and very encouraging. She acknowledged her weight and said if it was easy to lose weight, she'd be a size zero! She was funny and I felt understood and not demeaned in any way' (Department of Health 2008).

Disclosing your feelings, if you are comfortable doing this, may be useful in giving patients a sense that you are able to empathise and support them.

Lifestyle advice

If patients have indicated that they would like to lose weight, a discussion about healthy lifestyles is the next step. It is important to be supportive and non-judgemental, and remember that they have probably tried to make healthy choices in the past or

might currently be making an effort. A patient who appears extremely overweight with a BMI of 40 may already have reduced that from 45.

Use open questions to establish what has previously worked for the patient. Find out their motivations for making changes and whether they have any worries or perceived barriers. Ask about their history and praise any change for the better – positive reinforcement helps people continue their attempts to make healthy lifestyle changes.

Ask: 'What help would you like from me?' It is possible the time is not right for the patient. If so, acknowledge this and let them know you are there and your door is open. For instance, 'if you'd like to discuss this further or I can provide any help, please make another appointment when you're ready'. Where patients indicate that they would like help, be prepared to advise and guide them by exploring a range of options and signpost them to appropriate resources and services (Box 1).

During a conversation with a patient, watch out for body language or hints that the patient is saying 'the right things' but has no intention of making changes. Discuss what might work for them, what they feel comfortable trying, what might get in their way, what will be their first step, all with the aim of them setting their own goals, which you may then review at follow up.

To reinforce your commitment to help, ask patients what would they like you to do. Would they like to see you again and, if so, what would they like you to do if they do not come back to see you as agreed? Patients are less likely to seek a follow-up appointment if they feel they have failed, yet it is when a patient lapses that the additional support is crucial. The most valuable support a health professional can give is to help patients decide an action and commit to it, confident of taking the first step, no matter how small, towards making a behaviour change when they leave your appointment.

Box 1 Support for patients

- Do you have services where you can refer patients for weight management support?
- Are there community-based weight management services you could recommend?
- Are there local activity classes suitable for patients with a high body mass index? Consider potential barriers and also explore what they might enjoy.
- Are services appropriate for different ethnic groups?
- Are same-sex sessions available locally? Some people prefer to attend mixed groups or sessions.
- Can you refer directly to a local dietetic service?
- Are there websites or support services you can recommend?
- Talk to colleagues about the provisions you have locally or any advice and experience they could share.

Conclusion

Being overweight can affect patients' physical and mental health and wellbeing. Some people may not be aware of the effect that carrying excess weight can have on their health, although those who are excessively overweight will have experienced a range of limitations from bullying to being unable to do many everyday activities. Many may have tried in the past to lose weight without success and found that they gained it back and even added weight. It may be a difficult conversation to have, but consideration of how patients may be feeling and their emotional state can make raising the issue easier. Starting a caring, non-judgemental conversation that explores how your patients feel about their weight and their understanding of the effect it has can be a significant entry point in helping them begin to make changes to their behaviour and starting them on a journey to better health and mental and emotional wellbeing.

Slimming World has produced Discussing Weight – A Resource for Health Professionals, which is available to download at tinyurl.com/slimworld-resources. Printed copies are available by emailing public.health@slimmingworld.com

Online archive

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Conflict of interest
All the authors work for Slimming World, a commercial weight management service provider

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