

# Weight management in general practice: what do patients want?

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Levels of overweight and obesity in Australia have risen to epidemic proportions over the past two decades.<sup>1,2</sup> As general practitioners are consulted by over 80% of the Australian population during the course of a year,<sup>3</sup> they can play an important role in weight management programs.<sup>4,5</sup>

Although there has been research on GPs' attitudes to managing overweight and obesity in their patients,<sup>6-9</sup> little is known about what weight management advice patients actually want from their GPs,<sup>10</sup> and no research on this aspect has been conducted in Australia.

The exploratory study reported here aimed to investigate patient views of the role of GPs in weight management.

## METHODS

### Survey

We conducted a waiting-room survey of patients attending five purposively sampled general practices in May–August 2005. The practices recruited had an interest in research and represented different socio-demographic areas. Two practices were located in metropolitan Sydney, one in an outer metropolitan suburb, one in a semi-rural location, and one in rural New South Wales. The practices also varied in size (two to eleven doctors) and billing method (three bulk-billing and two private-billing practices)

With the agreement of the GPs and practice staff, the chief investigator (D T) attended the surgeries on particular days. All patients aged 18 years and over visiting the surgery on these days were considered eligible and were invited to participate. Patients were excluded from the study if they were pregnant, too unwell to participate, or had difficulty understanding English.

Consenting patients completed a questionnaire on their opinion of their weight, the role of their GP in weight management, the usefulness of specific weight-loss advice from their GP, and their likelihood of changing their behaviour in order to lose weight.

### Measurements

Using standardised equipment, we measured patients' height and weight (to calculate body mass index [BMI]) and waist circumference. We compared data on BMI with patients' perceptions of the need for weight loss and GPs' advice to lose weight.

## ABSTRACT

**Objective:** To explore patients' views of the role of general practitioners in weight management.

**Design:** Waiting-room questionnaire survey, including measurement of height, weight and waist circumference, May–August 2005.

**Participants and setting:** 227 patients from five general practices located in metropolitan and rural New South Wales.

**Main outcome measures:** Patients' views on: the role of GPs in weight management; the usefulness of weight-loss strategies; and the likelihood of following the GP's advice about weight loss.

**Results:** Most patients (78%) felt that GPs had a role in weight management, but only 46% thought that GPs would be able to spend enough time to provide effective weight loss advice. Over 80% of patients perceived advice on healthy eating and physical activity to be useful or very useful, and were likely to follow weight-loss recommendations; 78% were in favour of regular review. Patients indicated they would be less likely to see a dietitian or to attend information sessions, and unlikely to take weight-loss medication. Views of overweight and obese patients were generally similar to those of normal weight patients, but there were significant differences in perceptions of the usefulness of information on weight and weight-related medical conditions, as well as willingness to change lifestyle, possibly reflecting resistance to change among obese or overweight patients.

**Conclusion:** These findings have implications for the design of primary care interventions for managing obesity.

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### Ethical approval

The study was approved by Sydney South West Area Health Service (Western Zone) Human Research and Ethics Committee.

### Statistical analysis

Differences in response between normal and overweight or obese patients were analysed using the  $\chi^2$  test. The analysis was performed using Epi Info (version 3.3, Centers for Disease Control and Prevention, Atlanta, Ga, USA) and StatsDirect (version 2.3.8, StatsDirect, Sale, Cheshire, UK).

## RESULTS

### Participants

A total of 331 patients were approached. Of these, 295 patients were eligible to participate and 227 (76.9%) consented to take part in the study. The consent rate across the five practices ranged from 59% to 91%. The main reasons given for patients declining to take part were lack of time, lack of interest, or unable to read without spectacles. Some did not give a reason. There was no significant difference in the proportion of males and females among the responders and non-responders ( $P=0.27$ ). Demographic and anthropometric characteristics of the participants are given in Box 1.

### Role of GP in weight management

Patient perceptions of the role of GPs in weight management are shown in Box 2. Most patients felt that GPs had a role in weight management and over half said they would see their GP for weight loss advice. However, a quarter said they would not. The reasons included:

- they could lose weight on their own;
- they would seek help from elsewhere first;
- they were not so overweight that they needed the doctor's help;
- they did not feel the doctor could provide adequate advice or would have the time; and
- the cost of seeing the doctor.

### Patients' v GPs' perceptions of the need for weight loss

Of the 227 patients, 71 (31%) felt they needed to lose weight and their GP had advised them to do so. However, another 75 patients (33%) who felt they needed to lose weight had not been advised by their GP to do so. We analysed the results of patient reports of GPs' weight-loss advice according to measured BMI (Box 1). Five of 63 patients in the normal weight range reported that they had been advised by their GP to lose weight. Of 67 patients in the overweight category, 14 had

been advised by their GP to lose weight, but 53 had not; and of 81 patients in the obese category, 53 had received GP advice to lose weight, but 28 had not.

**Usefulness of weight-loss strategies**

Patients' perceptions of the usefulness of different strategies for weight loss provided by GPs are shown in Box 3A, and their perceptions of their likelihood of changing their behaviour in response to a GP's advice on weight loss are given in Box 3B.

Views of overweight and obese patients were similar to those of normal weight patients for most of the questions. However, greater numbers of those in the normal weight range compared with those who were overweight or obese felt that:

- information on obesity would be "very useful" (39.6% v 18.5%; difference in proportion: 21.1%; 95% CI, 7.4%–35.4%);
- information about medical conditions associated with weight would be "very useful" (47.6% v 24.6%; difference in proportion: 23.0%; 95% CI, 8.8%–37.0%); and
- they were "very likely" to increase their physical activity (50.0% v 25.7%; difference in proportion: 24.3%; 95% CI, 10.0%–38.3%).

**DISCUSSION**

Most of the patients surveyed believed that GPs have a role in weight management and the necessary knowledge and skills, but only 46% felt that GPs had enough time to provide effective weight loss advice. Surveys of GPs have shown that they hold similar sentiments regarding lack of time in managing weight problems in their patients.<sup>6,11,12</sup>

Patients expressed positive views about receiving lifestyle advice, such as dietary and physical activity guides from their GP. These options were favoured over medications and dietitian referral. There is evidence that nutritional counselling can produce improvement in weight.<sup>13</sup> The results are encouraging for the effectiveness of strategies like the SNAP (smoking, nutrition, alcohol, and physical activity) framework<sup>14</sup> and the Lifescipts resources.<sup>5</sup>

A survey of Australian GPs' attitudes and practices regarding obesity management found that GPs viewed long-term follow-up as less likely to be important than the provision of advice about diet and physical activity.<sup>6</sup> In contrast, in our study, patients felt regular review was a useful component of weight-loss management. Obesity is a chronic condition and long-term support from health professionals is recommended in managing this problem.<sup>2</sup>

It is interesting that, of the patients falling into the obese category, over a third said they had not been advised by their GPs to lose weight. The fact that these data rely on patient

recall weakens their reliability, but they may indicate that GPs should be more proactive in instituting preventive health measures.

Patients were ambivalent about the usefulness of medications for weight loss, and half of them stated they would be unlikely to take medication to lose weight. Studies of GPs have also shown reluctance to prescribe medications for weight loss to obese patients,<sup>7,15</sup> and that only a minority of GPs thought medication for weight loss was useful.<sup>6</sup>

There were significant differences between normal weight and overweight and obese patients in their perception of the usefulness of information on weight and weight-related medical conditions, as well as their willingness to change their lifestyle. This may reflect greater resistance to a behaviour change among those who are overweight or obese, consistent with the findings of a study from the United States.<sup>16</sup> Further research to identify reasons for resistance to behaviour change in this group is needed.

A limitation of the study is that it involved only a small number of practices and may not reflect the views of all patients. The study also had limited power to detect small differences between normal-weight patients and overweight or obese patients. The assumption was that for any outcome of interest reported by the normal weight group the study had 80% power to only detect a difference greater than 21%, with the attendant risk

of type 2 errors. In our study population, overweight and obesity levels were higher than estimated population levels<sup>17</sup> and levels in other general practice surveys.<sup>18</sup>

In summary, most of the patients surveyed felt that GPs have a role to play in weight management and would favour advice on lifestyle changes for weight loss over other interventions. They felt regular review would be useful, and they would be willing to attend for follow-up care. Better understanding of what patients want from their GPs will help contribute to improved management and care for patients.

**1 Patients' demographic characteristics and anthropometric measurements (data are given as number [%] unless otherwise indicated) (n = 227)**

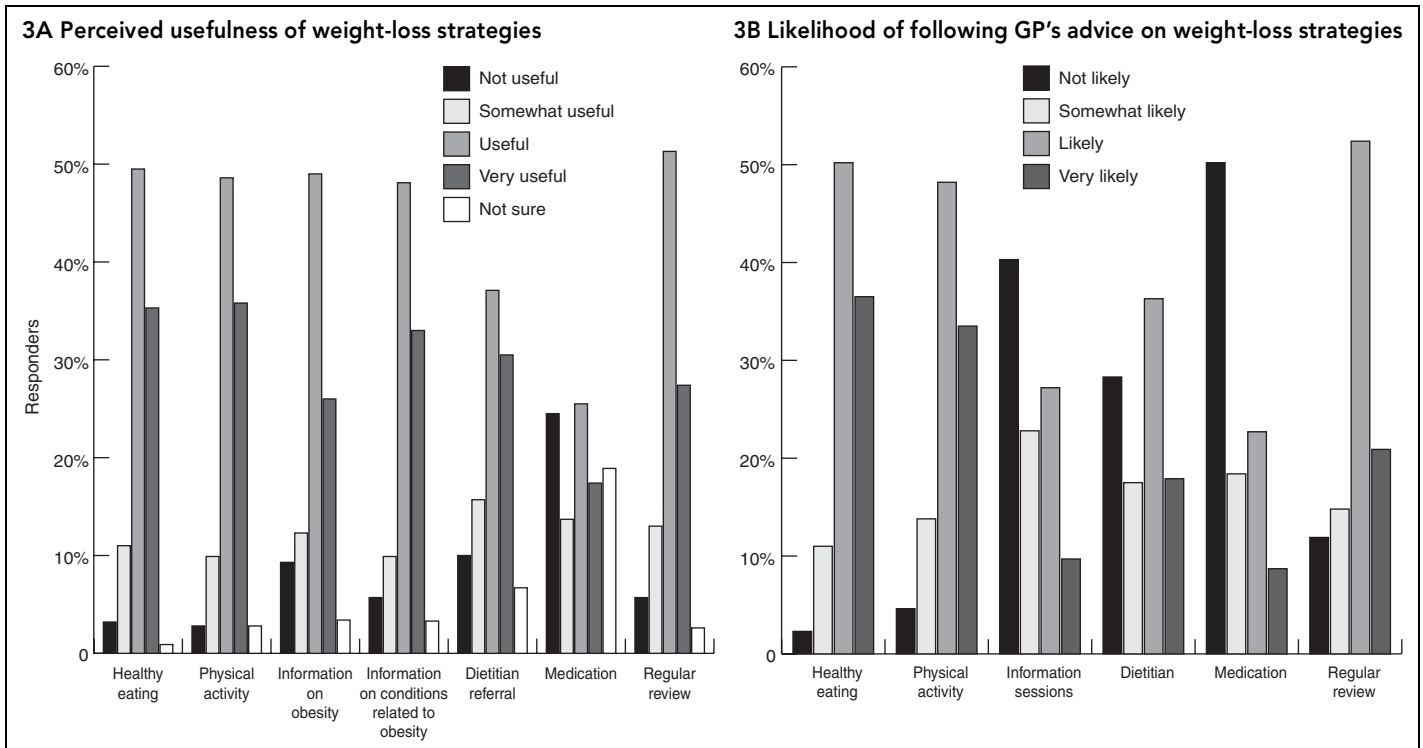
Characteristic	Female	Male
Sex	165 (73%)	62 (27%)
Age (years) mean (range)	47.5 (19–85)	51 (18–85)
Australian born	113 (68.5%)	40 (64.5%)
English spoken at home	146 (88.5%)	58 (93.5%)
Overweight or obese	103 (62%)	49 (79%)
Body mass index (BMI, kg/m <sup>2</sup> )*	(n = 155)	(n = 62)
Underweight (< 18.5)	1 (0.6%)	1 (1.6%)
Normal weight (18.5–< 25)	52 (33.5%)	11 (17.7%)
Overweight (25–< 30)	46 (29.7%)	22 (35.5%)
Obese (≥ 30)	56 (36.1%)	27 (43.5%)
Waist circumference (cm)*	(n = 155)	(n = 59)
Normal risk <sup>†</sup> (F, < 80; M, < 94)	54 (34.8%)	22 (37.3%)
Increased risk <sup>†</sup> (F, 80–< 88; M, 94–< 102)	33 (21.3%)	11 (18.6%)
Greatly increased risk <sup>†</sup> (F, ≥ 88; M, ≥ 102)	68 (43.9%)	26 (44.1%)

\* Ten women and one man declined to be measured or were missed.

† Risk of metabolic complications.<sup>2</sup>

**2 Patients' perceptions of the role of general practitioners in weight management**

	Yes	No	Not sure	Did not answer
GP has a role in weight management	177 (78.0%)	5 (2.2%)	43 (18.9%)	2 (0.9%)
GP has the necessary knowledge and skills to manage weight	156 (68.7%)	6 (2.6%)	65 (28.6%)	0
GP is able to spend enough time to give effective weight loss advice	105 (46.3%)	43 (18.9%)	76 (33.5%)	3 (1.3%)
Would ask GP for weight loss advice	131 (57.7%)	59 (26.0%)	36 (15.9%)	1 (0.4%)



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**COMPETING INTERESTS**

None identified.

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**REFERENCES**

- International Diabetes Institute. Diabetes and associated disorders in Australia, 2000: the Australian diabetes, obesity and lifestyle study (Aus-Diab). Melbourne: International Diabetes Institute, 2001.
- National Health and Medical Research Council. Clinical practice guidelines for the management of overweight and obesity in adults. Canberra: NHMRC, 2003. Available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/obesityguidelines-guidelines-adults.htm> (accessed Jun 2006).
- Commonwealth Department of Human Services and Health. Better health outcomes for Australians. National goals, targets and strategies for better health outcomes in the next century. Canberra: AGPS, 1994.
- Wake MA, McCallum Z. Secondary prevention of overweight in primary school children: what place for general practice? *Med J Aust* 2004; 181: 82-84.
- National Heart Foundation of Australia and Kinect Australia for the Lifescrpts consortium. Lifescrpts in your division: supporting lifestyle risk factor management in general practice. A guide for Divisions of General Practice. Canberra: Commonwealth of Australia, 2005.
- Campbell K, Engel H, Timperio A, et al. Obesity management: Australian general practitioners' attitudes and practices. *Obes Res* 2000; 8: 459-466.
- Foster GD, Wadden TA, Makris AP, et al. Primary care physicians' attitudes about obesity and its treatment. *Obes Res* 2003; 11: 1168-1177.
- Cade J, O'Connell S. Management of weight problems and obesity: knowledge, attitudes and current practice of general practitioners. *Br J Gen Pract* 1991; 41: 147-150.
- Price JH, Desmond SM, Krol RA, et al. Family practice physicians' beliefs, attitudes, and practices regarding obesity. *Am J Prev Med* 1987; 3: 339-345.
- Potter MB, Vu J, Croughan-Minihane M. Weight management: what patients want from their primary care physicians. *J Fam Pract* 2001; 50: 513-518.
- Pratt CA, Nosiri UI, Pratt CB. Michigan physicians' perceptions of their role in managing obesity. *Percept Mot Skills* 1997; 84: 848-850.
- Holund U, Thomassen A, Boysen G, et al. Importance of diet and sex in prevention of coronary artery disease, cancer, osteoporosis, and overweight or underweight: a study of attitudes and practices of Danish primary care physicians. *Am J Clin Nutr* 1997; 65 (6 Suppl): 2004S-2006S.
- Pritchard DA, Hyndman J, Taba F. Nutritional counselling in general practice: a cost-effective analysis. *J Epidemiol Community Health* 1999; 53: 311-316.
- Joint Advisory Group on General Practice and Population Health. Smoking, Nutrition, Alcohol and Physical activity (SNAP) framework for general practice: integrated approaches to supporting the management of behavioural risk factors of smoking, nutrition, alcohol, and physical activity in general practice. Canberra: General Practice Partnership Advisory Council, 2001.
- Fogelman Y, Vinker S, Lachter J, et al. Managing obesity: a survey of attitudes and practices among Israeli primary care physicians. *Int J Obes Relat Metab Disord* 2002; 26: 1393-1397.
- Murphree D. Patient attitudes toward physician treatment of obesity. *J Fam Pract* 1994; 38: 45-48.
- Cameron AJ, Welborn TA, Zimmet PZ, et al. Overweight and obesity in Australia: the 1999-2000 Australian diabetes, obesity and lifestyle study. *Med J Aust* 2003; 178: 427-432.
- Britt H, Miller G, Knox S, et al. General practice activity in Australia 2003-4. Canberra: Australian Institute of Health and Welfare, 2004. (Cat. No. GEP 16.)

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