

# CAN PRIMARY CARE HAVE AN IMPACT ON OBESITY?

As smoking rates have steadily declined in the UK over the past four decades, the second biggest cause of cancer, obesity, has been relentlessly rising (NHS 2017; ONS 2017). **It is estimated that around 1 in 10 cancer cases in the UK are caused by obesity, yet only 15% of the UK public are aware of the link** (Parkin 2011; CRUK 2017).

**C**o-ordinated societal and policy action has been key in reducing the number of smokers over the past 20 years. In comparison, measures to tackle obesity have been less effective. Although recent regulations to limit some aspects of the promotion of high fat, salt and sugar foods to children have been welcomed by campaigners, and the new 'sugar tax' on soft drinks has had a significant impact on sugar reduction efforts, it will be some time before the health benefits are observed. In the meantime, the NHS, and particularly primary care, remains at the frontline in addressing the growing problem of obesity. With GPs facing mounting pressures, lack of time and reduced budgets, can we realistically expect them to also reduce the weight of the nation? We asked two GPs for their views.



**Dr Michael Banna** – GP Partner and Lifestyle Medicine Lead

## GPs alone cannot solve the obesity epidemic

There are a number of challenges involved in tackling obesity and the fact that the problem seems to be getting worse, rather than better, suggests that it may be insurmountable for primary care to manage alone. GPs are struggling under the strain of an ever-increasing workload and dwindling resources. The idea of expecting more from them than they are already delivering seems somewhat unrealistic. I'm not ready to give up just yet, but if we are to

make a difference then the first thing we need to do is recognise that obesity is a societal issue and not just another health concern for primary care to manage.

A major problem is that modern life seems to make it remarkably easy to gain excess weight. Our environments have a strong impact on our behaviour so we cannot expect individual changes alone to solve the obesity epidemic. Instead we need a whole system approach to tackling obesity, including population level measures (such as rebalancing price promotions away from unhealthy foods to healthy foods) to help improve the nation's diet and create an environment where healthier choices become the norm.

People need access to better health education, instead of the constant exposure to sensationalised, complex and conflicting media messages about diet and exercise, which only serve to confuse and may actually discourage healthy lifestyle changes (Nagler 2014). We seem to favour an 'all-or-nothing' approach, with dramatic transformation pictures, restrictive diets and a 'no excuses' attitude. Instead we should be encouraging people to make small, sustainable changes that they are more likely to adhere to and which lead to greater benefits in the long run.

GPs are clearly in a unique position in terms of opportunistic health promotion and bringing up the topic of lifestyle changes. But it's clear we need to improve our skills on how to deliver

**"We need a whole system approach to help improve the nation's diet and create an environment where healthier choices become the norm."**

behaviour change advice and encourage patients who are overweight or obese to lose weight. We need to acknowledge that obesity is a multi-factorial condition, which has different causes for different people: lifestyle and time constraints, psychological and motivation-related problems, education and social factors to name just a few. While GPs can help their patients take the first step, it is difficult to make a significant impact within our short consultations.

What is more, the lack of referral options, and the cumbersome referral process for secondary care services that are available, only add to the feelings of frustration.

As GPs, we can help to tackle obesity but only as part of a comprehensive approach that involves patient education, support, government legislation and the restructuring of our environment to help people make healthy choices. It is a big challenge that will take time but, as with weight loss, making small changes can yield significant results.



**Dr Rachael Marchant** – GP and RCGP/CRUK clinical support fellow for cancer

## GP intervention for patients who are overweight or obese can be effective

As healthcare professionals, we have an important role to play in helping the overweight and obese patients that we see on a daily basis.

As we know, GP consultations are short and have multiple agendas. Many of our patients are overweight or obese, occasionally they come to see us about this but more often the opportunity to address their weight presents as an extra topic to fit into an already time-constrained consultation. However, a recent survey found that 89% of GPs agree or strongly

agree that providing weight advice to patients who are overweight or obese is worthwhile (Cancer Research UK 2018).

While more research is needed to understand the effectiveness of GP interventions, emerging evidence indicates that having conversations with patients about their weight can have a significant impact. For example, receiving advice from a health professional about weight loss is associated with patients wanting to weigh less and attempting to lose weight (Jackson et al 2013). Brief advice by a doctor and onward referral to a weight management programme has also been shown to significantly reduce patients' mean weight (Aveyard et al 2016). In the same way we use brief advice and signpost to Stop Smoking Services, we are a key part of the chain in managing patients who are overweight or obese.

**'A Cancer Research UK survey in November 2016 found that 93% of patients were comfortable discussing their weight with a health professional.'**

In my experience, fear of offending the patient can be a major barrier to raising the subject of weight, but there are many issues we tackle that may be considered uncomfortable, so weight is not a subject we should shy away from. Indeed, evidence shows that most patients find it both appropriate and helpful if their GP initiates discussions about their weight (Aveyard et al 2016).

I find that weighing a patient allows an objective assessment of their BMI and is useful for opening the conversation about what can be done to help them. The **RCGP/CRUK behaviour change and cancer prevention**

**module** provides simple suggestions for how to have this conversation.

As Dr Banna highlights, many GPs feel there is a lack of suitable weight referral options. It is clearly essential that when giving advice GPs have suitable evidence-based services to refer patients onto and that these are both appropriate and acceptable to patients. If current trends continue, it is estimated that

almost three out of four adults will be obese or overweight by 2035 (Cancer Research UK 2016). Reducing the prevalence of people who are overweight or obese will save GP time and appointments, prevent cancers and increase the overall health of the population. But perhaps the greatest rewards will come from seeing your patients lose weight, increasing their chances of living well for longer and feeling better about themselves.



## LAST WORD

**Professor Linda Bauld – CRUK/BUPA Chair in Behavioural Research for Cancer Prevention, Cancer Research UK**

### Collective action is needed

Both Dr Banna and Dr Marchant recognise the challenge that overweight and obesity poses for the health of their patients and for society. Future projections are stark, but we also know that even small changes could make a difference. Given the contribution of obesity to many other conditions beyond cancer, the overall benefits of any reduction will be significant.

To achieve this change, a combination of approaches is needed - there is no silver bullet. Arguably the greatest gains will be made by action at the societal level to change our food environment. This is where policies like the soft drinks levy, further

action to reduce junk food marketing and restrictions on price promotions on junk food in the retail environment can make a big difference. GPs can be advocates for these policies. At the individual level, what happens in primary care will also contribute to change. Currently it is relatively rare for patients to receive advice about their weight from their doctor. A recent UK survey found that, only 38% of patients who were obese and 12% of patients who were overweight had been given any advice about weight loss by their doctor in the past year (Hooper et al, 2017). If GPs can deliver brief advice about weight to more patients who are at

**'At the individual level, what happens in primary care will also contribute to change.'**

risk and refer them to weight management services this will make a difference. Taken together, societal action and support for individuals will help tackle what is rapidly becoming one of the greatest health challenges of our time. ●

**Find out more at**  
**[cruk.org.uk/obesityinsight](http://cruk.org.uk/obesityinsight)**

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