

Screening

Collecting data on the heights and weights of patients within a practice will provide a picture of the magnitude of the problem of obesity within individual surgeries and localities. Statistically, a general practitioner with 1800 patients is likely to have 250 or more adult patients who are obese.¹ Areas of high social deprivation can expect to have a higher percentage.

The collection of statistics is important in terms of allocation of resources and in helping to devise appropriate obesity strategies. A UK-wide, primary care-based study known as the 'Counterweight Programme' recently reported that, in their experience, obesity was often under-reported and under-recognised in primary care practice.² The failure to document Body Mass Index (BMI) scores could highlight a sense of uncertainty among practitioners about how to manage obesity, and could be an indication that there is a failure to intervene. Interestingly, the project also highlighted that among the practices surveyed, obese patients consulted their GP significantly more often than normal-weight patients and accounted for a greater proportion of the prescribing budget.^{3,4} This was largely attributed to the co-morbidities that the obese patients were presenting with and serves to underline the fact that this burden of care will only increase if little action is taken to address management of obesity in primary care. Therefore, to gauge the extent and burden of the problem of obesity, and also to be able to monitor progress, it is recommended that practitioners should record measurements of weight and height (BMI measurements) for all patients registered within a practice. It is vital to have scales that can weigh **all** patients accurately and the practice should be aware that many standard scales have a maximum capacity of only 125 kg. Height should be measured early in adult life so that the BMI score can be monitored over time.

Highlighting the problem

Simple awareness-raising posters/leaflets could be set in place to draw patients' attention to the importance of obesity treatment and prevention, especially in high-risk situations e.g. smoking cessation.

References

1. Chambers R, Wakley G. Obesity and overweight matters in primary care. Oxon: Radcliffe Medical Press, 2002.
2. Laws R. Current approaches to obesity management in UK Primary Care: the counterweight programme. *J Hum Nutr Diet* 2004;17(3):183–190.
3. Laws R, Reckless J. Differences in disease prevalence between obese and normal weight individuals. *Int J Obes* 2003;27(Suppl. 1):S83.
4. McCombie L, Lean M. The impact of obesity on prescribing resources in primary care. *Int J Obes* 2003;27(Suppl. 1):27.