

# Target Groups

Taking the opportunity to screen all patients for obesity (or to collate existing data on the BMI of patients) will help with the decision of whom to target. It is unlikely that all patients can be afforded individual treatment and the decision on who to target for treatment should be agreed at the level of the practice and the local primary care trust/organisation. The scale of the problem, the limited time and resources available and the numbers involved can lead to healthcare practitioners feeling overwhelmed about how best to manage this condition.

It would seem practical to initially target groups that are already being seen within practices such as:

- Those attending CHD clinics
- Those attending diabetes clinics
- New patients to the practice

Alternatively, a practice could focus their attention on a specific group e.g. those with a BMI >28 who have a strong family history of diabetes or suffer from hypertension.

This does not exclude those with other clinical conditions who would obviously benefit from losing weight. It is also important to offer support to those patients who request help for weight management.

The NOF have published guidelines, detailing the patients and individuals who would benefit from treatment or advice.

### Treatment or advice should be offered to:

- Patients with a BMI  $\geq 30$
- Patients with a BMI  $\geq 28$  with co-morbidities e.g. chronic obstructive airways disease, coronary heart disease and diabetes
- Patients with any degree of overweight coinciding with diabetes, other severe risk factors or serious disease
- Patients who self-refer where appropriate
- Patients of families with more than one obese or overweight member – they may need special consideration and more intensive support
- Prevention advice should be offered to high risk individuals e.g. those with a family history of obesity, smokers, people with learning difficulties, low-income groups