

The Role of Primary Care

Introduction

Obesity is a complex disease and it is not surprising that many healthcare professionals feel daunted about tackling the problem. Time restrictions and the lack of suitable resources underlie the concerns that some health professionals express with regard to treating obesity. Others highlight that inadequate training, skills and support undermine their confidence in dealing with obese patients. Many more practitioners express concerns about the treatment options available to them.^{1,2} It is understandable, therefore, that in the face of the ever-increasing demands and expectations placed upon primary care, the addition of obesity management can seem a daunting prospect indeed.

There are, however, very compelling reasons as to why obesity should be addressed within primary care.

1. The recognition that obesity is a serious medical condition has increased.

In the UK, organisations such as the National Obesity Forum (NOF www.nationalobesityforum.org.uk), the Association for the Study of Obesity (ASO www.aso.org.uk), and Dietitians in Obesity Management UK (DOM UK www.domuk.org) have been formed in response to the demand for greater support for and commitment to the treatment and prevention of obesity. Many more international bodies, such as the World Health Organisation (WHO) and the International Obesity Taskforce (IOTF) also advocate the need to address the problem of obesity.

2. The government is concerned with the increasing levels of obesity.

A report published by the National Audit Office in 2001, entitled 'Tackling Obesity in England', highlighted that most contact with overweight and obese people occurs in primary care.³ A survey of general practices showed that many offer a range of strategies but that obesity protocols are not widely used in primary care and, as such, need further development.

3. General practice is where most people, obese or not, come into contact with medical services.

The contact afforded to primary healthcare staff presents an opportunity to monitor and manage obesity sooner rather than later. Primary healthcare professionals also offer a credible source of information, advice and support to their patients.

4. The rising levels of obesity will impact on other areas of healthcare provision.

The National Service Framework (NSF) for both coronary heart disease (CHD) and diabetes, outline clearly the responsibility of primary care teams in implementing effective strategies for the prevention and management of such conditions. The rising levels of obesity will impact greatly on the likelihood of effectively combating CHD, diabetes and other conditions associated with obesity, such as cancer, arthritis, respiratory and gastrointestinal disease.

5. The increasing prevalence of obesity in children is of grave concern.

The first cases of type 2 diabetes in adolescents have already been reported in the UK. Children can be closely monitored within primary care (in school, surgeries and at home), and opportunities exist for early detection and management of the overweight and obese.

Teamwork

There is a wide recognition of the need for a co-ordinated approach to obesity management and currently most PCTs are involved in developing a strategy to meet the needs of their individual population group. Once strategies have been agreed upon the challenge remains of how to effectively implement such programmes. Initially key individuals need to be identified to take a lead on co-ordinating obesity management programmes across diabetes, CHD and other relevant services.

It is not practical for GP practices to take on the full responsibility of managing the problem of obesity.⁴ Therefore, there needs to be an integrated approach involving schools, local and national government, the media, transport agencies, the food industry, planning authorities, commercial slimming groups and sports/leisure facilities. Nevertheless, because of the unique link that primary care has with individuals and families, they are in a pivotal position to influence and initiate management strategies.

The National Audit Office survey of GP practices in England confirmed that there are many advantages to a 'whole practice' approach in the management of obesity. This responsibility could be shared by all members of a PCT including:

GPs	Practice nurses
Dietitians	Health visitors
School nurses	District nurses
Midwives	Physiotherapists
Occupational therapists	Paediatricians
Psychologists	Counsellors
Social workers	Family therapists
Others working in the community	Healthcare assistants

It is important to clarify the different roles and responsibilities of healthcare professionals in order to achieve a co-ordinated and cohesive approach. The gate-keepers are likely to be GPs and practice nurses.

However, regardless of the strength of a team, it is unlikely to succeed if the patient or in the case of children, their families, are not a central component. Unlike other diseases, obesity does not lend itself to the classic medical model, where the doctor diagnoses the problem, prescribes the treatment and is then accountable for the outcome. It is the patient who ultimately exerts the greatest control over the decision to proceed and, eventually, the success of any therapy.⁵ Weight loss is not easy for obese patients, many of whom will have already experienced a great deal of frustration in trying to control their weight. Therefore, the primary care team can play an important role in recognising this and facilitating treatment in a very supportive and encouraging manner.

References

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