Obesity and chronic disease in younger people

In your editorial on obesity,¹ Yates et al talk in apocalyptic terms about the rise in its prevalence. Their description of its ‘devastating consequences’ is amplified to an impressive degree by the repeated use of figures referring to relative rather than absolute risk. They propose an ‘urgent need for high quality research’ and go on to comment approvingly on the paper from the Bristol team,² concluding that it provides evidence that ‘primary care can be used to engage effectively with, and manage, childhood obesity’.

To be honest, I’m not that good at analysing research papers but I felt it would be worthwhile seeing whether the paper delivered on this promise. Unless I am missing something, the main results I can see from this paper are as follows:

1. Of 152 eligible patients at the start of the trial, only 39 of them (25%) made it through to the end of the 12-month intervention period.
2. Reductions in body mass index (BMI) seen in those who did last the course (in both the primary and secondary care groups) were modest to say the least — and the authors comment that the mean change in BMI ‘is too small to be certain of an improvement in metabolic health’.
3. There is no follow up beyond the 12-month trial period to see if there is any sustained reduction in BMI.

A more realistic conclusion, therefore, is that this model of an obesity clinic is equally ineffective in primary and secondary care. Something perhaps to bear in mind before we rush to provide such services as part of the ‘re-focusing of healthcare priorities’ that your editorial recommends.

Roger Tisi,
GP, Audley Mills Surgery, Rayleigh, Essex, SS6 7JF. E-mail: rbtisi@googlemail.com

REFERENCE

Authors’ response

Thank you for inviting us to reply to the letter from Dr Tisi who is concerned that our conclusions are not justified by our results. Taking the points he makes in turn:

1. There were not 152 eligible patients: 152 patients were referred by their GP for specialist obesity support. These children were screened for eligibility and 31 were not deemed suitable for the trial because of obesity related comorbidities. This left a further 45 who declined to participate in the trial for various reasons. These 76 patients did not provide trial data and will have received treatment in secondary care in the usual way.

2. Reductions in body mass index (BMI) seen in those who did last the course (in both the primary and secondary care groups) were modest to say the least — and the authors comment that the mean change in BMI ‘is too small to be certain of an improvement in metabolic health’.

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