

Management of weight problems and obesity: knowledge, attitudes and current practice of general practitioners

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SUMMARY. A postal questionnaire was used to assess general practitioners' knowledge, attitudes and current practice of treatment regarding obesity and weight problems. Overall, 299 responses (75%) were received from general practitioners randomly selected from family practitioner committee lists in Portsmouth and Norwich.

Currently 27% of the doctors were overweight and a further 3% obese. Many doctors (69%) had tried to lose weight at some time and 40% had been overweight and a further 12% obese in the past. The most popular methods used to educate overweight and obese patients were one to one counselling and giving out diet sheets and leaflets on healthy eating. The treatment advice to patients from the majority of doctors was to eat less in general (78%) (specifically to eat fewer calories 75%); to exercise (77%); or to attend a slimmers group (54%). Doctors thought that they were less effective than the media or the family in persuading overweight patients to lose weight. Doctors said they were prepared to counsel on weight reduction but felt they had little success in achieving weight loss in patients. Experience was ranked as the most important contributor to knowledge about managing obesity, and medical school was rated as least important.

Further study is needed to discover how different practices and attitudes affect patient management and which ones are associated with greatest success. Medical schools and postgraduate centres could play a more important role in educating doctors about nutrition.

Introduction

THE health risks of being overweight or obese are considerable. Obesity increases the risk of developing hypertension, diabetes, ischaemic heart disease, gallstones, osteoarthritis and some types of cancer.¹ Gout, peptic ulcer and bronchitis have also been found to be statistically significantly higher in the obese than the non-obese.² These effects may be reversed in overweight individuals who manage to lose weight.³ Blood pressure and serum triglycerides and cholesterol decrease with weight loss^{4,5} and non-insulin dependent diabetes becomes easier to control.⁶ Mobility and pain management in osteoarthritis of the hips and knees is also improved if patients lose weight.⁷

A national survey in 1980 of adults aged 16 to 64 years found that 33% of men and 24% of women were overweight (body mass index 25.0–29.9 kg m⁻²) and an additional 6% of men and 8% of women were obese (body mass index 30.0 kg m⁻² or more). They also found that 30% of women and 10% of men

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had been dieting at some time in the previous 12 months.⁸ A study of general practice patients invited for a health check found that only 16% of men and 22% of women had been given advice from their general practitioner to lose weight despite higher prevalences of overweight and obesity in the study population.⁹

In view of the health risks of obesity and its prevalence in the population the general practitioner has an important role to play in its treatment. This study was designed to assess the knowledge, attitudes and practices of general practitioners about managing overweight and obesity.

Method

A sample of general practitioners was randomly selected using random number tables from family practitioner committee lists; 200 from the Portsmouth area and 200 from the Norwich area. These areas were chosen because in a study of heights and weights in Great Britain the south-east of England had the lowest mean body mass index values for adults and East Anglia the highest.⁸

A questionnaire, covering letter and reply-paid envelope was sent to each doctor. A reminder letter was sent to all non-responders three weeks after the initial mailing. Four weeks after this all non-responders were telephoned to try to encourage a response.

The questionnaire, piloted on general practitioners in Southampton, included closed ended questions about doctors' attitudes to obesity and weight problems, how competent doctors felt they were to counsel on weight problems and obesity and what methods they were using to treat them. The source of the doctors' knowledge of diet, weight gain and its management was also determined, as was their knowledge of current dietary recommendations. Some of the questions were based on those used by Price and colleagues in their study carried out in the USA.¹⁰

Results

Overall, 299 (75%) useable questionnaires were returned: 158 from Portsmouth doctors and 141 from Norwich doctors. For both areas combined, 81% (242) of the sample were men and 18% (53) women (sex not known for four doctors). The mean age of the doctors was 42.5 years (range 27 to 69 years). The mean number of years in practice was 18 years (range four to 45 years). The mean practice size was 9200 patients (range 1000 to 19 000 patients). Since differences between doctors from the two areas were small and not significant, the results have been combined.

Doctors' own weight problems

The mean current body mass index for 296 doctors (weight height⁻²) was 23.6 kg m⁻² (standard deviation 2.7). The percentage of doctors who were currently or had ever been overweight or obese is presented in Table 1. Currently 79 of the 292 doctors (27%) were overweight and 10 (3%) were obese, but 118 (40%) had been overweight and 36 (12%) obese at some time in the past. Sixty nine per cent of doctors had tried to lose weight at some time. Of the 89 doctors who were overweight or obese 81

Table 1. Current and maximum ever body mass index of the general practitioners.

GPs' body mass index (BMI) category ^a	Percentage of GPs	
	Men (n = 239)	Women (n = 53)
<i>Current BMI category</i>		
Underweight	6	6
Normal weight	63	64
Overweight	28	24
Obese	3	6
<i>Maximum ever BMI category</i>		
Underweight	4	0
Normal weight	46	38
Overweight	40	39
Obese	10	23

n = total number of respondents; three men did not give details of their body mass index. ^aBody mass index categories as defined by Royal College of Physicians, 1983. ¹ Underweight men < 20.0; women < 18.6 kg m⁻². Normal weight men 20.1–25.0; women 18.7–23.8 kg m⁻². Overweight men 25.1–29.9; women 23.9–28.5 kg m⁻². Obese men ≥ 30.0; women ≥ 28.6 kg m⁻².

(91%) had tried to lose weight at some time compared with 118 (63%) of the 186 normal weight doctors. The main reasons given by the doctors for wanting to lose weight were: appearance (65%) of respondents, fitness (54%), health (50%) and clothes not fitting (35%).

Methods used to treat weight problems

The most popular methods used by doctors to educate overweight and obese patients were: one to one counselling (98% of respondents), using diet sheets (93%) and giving out leaflets on healthy eating (89%). Only 17% used group counselling sessions and 32% saw the patient's spouse and family as well (Table 2).

The advice given by general practitioners to overweight or obese patients in both weight and non-weight oriented consultations is shown in Table 3. The main treatment advice was to eat less in general (78% of respondents); specifically to eat fewer calories (75%); to exercise (77%); or to attend a slimmers group (54%). More general practitioners in Portsmouth always or often recommended attending a slimmers group than did general practitioners in Norwich (62% versus 45%).

Attitudes to weight problems

The responses to the attitude questions showed that almost all of the general practitioners (98%) believed that it was part of their role to counsel overweight or obese patients on the health risks of obesity. Sixty nine per cent thought that they should be role models and maintain normal weight, although of the overweight doctors only 58% agreed with this. A large majority (84%) disagreed with the statement that 'counselling patients who need to lose weight is easy' and only 26% thought that counselling patients who need to lose weight was professionally rewarding. Twenty seven per cent agreed with the statement that 'overweight people tend to be more lazy and over-indulgent than normal weight people'; only 43% disagreed, the rest neither agreed nor disagreed. Three quarters of general practitioners (77%) thought that it was important for them to remain up to date on weight problems and their management and two thirds (62%) thought that more accurate nutritional and calorific labelling of food would help in preventing and reducing weight gain.

The doctors were asked to rank the influence that the general practitioner, the media and the family had on overweight people. The general practitioners thought that they had least influence (14% ranking general practitioners as most important)

Table 2. Methods used by general practitioners to educate patients about obesity.

	Percentage of GPs using method
One to one counselling (n = 298)	98
Diet sheets (n = 298)	93
Leaflets on healthy eating (n = 298)	89
Referral to practice counsellor (non-GP) (n = 292)	41
Seeing and advising patients' spouse and family (n = 295)	32
Risk factor questionnaires (n = 294)	11
Group counselling (n = 293)	17
Videos on healthy eating (n = 294)	1

n = total number of respondents.

Table 3. Frequency of advice given by general practitioners to overweight or obese patients.

	Percentage of GPs giving advice:		
	Always/ often	Some- times	Rarely/ never
Eat less in general (n = 292)	78	16	6
Take more exercise (n = 290)	77	19	4
Eat fewer calories (n = 293)	75	22	3
Join slimmers group (eg Weight-Watchers) (n = 296)	54	36	10
Keep weight diary (n = 293)	42	31	27
Keep food diary (n = 296)	28	33	39
Consult dietician (n = 296)	18	56	26
Recommend referral for behavioural therapy (n = 292)	3	12	85
Recommend referral to mental health services (n = 247)	3	4	93
Use appetite suppressants (n = 294)	2	9	89
Use very low calorie diet (commercial formula) (n = 294)	2	8	90

n = total number of respondents.

and the family had most influence (54% ranking the family as most important). Ninety per cent also thought that most overweight people wanted to lose weight because of appearance and few doctors thought that people wanted to lose weight for health and fitness (8% and 2% respectively).

The doctors were asked to rank how prepared they were to counsel on a range of health promotion topics and also how much success they tended to achieve with each topic (Table 4). The general practitioners felt most prepared to counsel on stopping smoking and weight reduction but felt least successful in achieving weight loss and reducing alcohol consumption.

Knowledge about weight problems

Doctors were asked to rank in order of the greatest contribution to their knowledge eight possible sources of information on diet, weight gain and its management. The highest contributor was 'experience', followed by journals, friends/colleagues, textbooks, general practitioner training, the media, postgraduate courses, with medical school contributing least to their knowledge.

Only 34% of 296 respondents knew the current prevalence of overweight British adults (defined as 25–34%) and only 36% of 295 respondents knew the current prevalence of obesity (defined as 6–10%). Doctors were asked about dietary recommendations for fat and fibre.¹¹ Only 12% of all respondents knew the

Table 4. Rank order of how prepared general practitioners were to counsel on various topics and their estimated success (1 = most prepared/successful, 5 = least prepared/successful).

	Rank order	
	Prepared to counsel	Achieve success
Stopping smoking	1	1
Weight reduction	2	4
Reducing alcohol intake	3	5
Starting exercise	4	3
Coping with stress	5	2

recommended fat intake was 30% of calories from fat and 28% knew the recommended fibre intake was 30 g fibre per day.

Discussion

The responses to this questionnaire showed that a lower proportion of general practitioners were currently overweight (27%) or obese (3%) compared with the national average. Forty per cent of the general practitioners had been overweight and 12% obese in the past. A larger proportion of the doctors (69%) had tried to lose weight at some time compared with a national sample of the general public (38%).¹² A study by Crawford and Worsley¹³ found that 43% of women had attempted to lose weight in the past 12 months and that 60% of these were overweight.

The usual approaches adopted by the general practitioners to educate their patients on weight problems were one to one counselling and using diet sheets or healthy eating leaflets. Despite the widespread use of nutritional leaflets there is little evidence that they are an effective means of health education.¹⁴ It has been suggested that obese patients are most efficiently supervised in groups, yet only 17% of doctors used group counselling sessions. Nevertheless, 54% of doctors always or often recommended that patients attend a slimmers group. A survey of family practitioners in the USA found that 84% of doctors recommended participation in Weight Watchers to their overweight patients.¹⁰

Only 32% of doctors saw and advised the overweight patient's family, even though 54% ranked the family as the most important influence on weight loss in overweight patients. Involvement of the family is perhaps the most important adjunct to an individual's attempts to slim.¹ One study has shown that when spouses of overweight subjects were involved in therapy the results were better than when subjects were treated on their own.¹⁶ More doctors should be encouraged to include the whole family in counselling sessions, particularly for the severely obese.

The main treatment advice given by the doctors in our study was to eat less in general, although a similar proportion always or often advised eating fewer calories. Simply eating less in general is poor advice and certain types of high calorie foods should be targeted. One study by Francis and colleagues¹⁷ showed that primary health care workers gave dietary advice that was likely to confuse or mislead patients.

Exercise was recommended by most general practitioners as a way to reduce weight. This should be recommended in conjunction with a reduced energy intake and may only be useful in mild obesity, since exercise tolerance is reduced in the obese.¹⁸ It is also important that patients are well motivated before starting exercise since the dropout rate from exercise programmes is 70–80% over one to two years.¹⁹

Only 3% of doctors recommended behavioural therapy. The American Council on Scientific Affairs²⁰ recommended that

dietary treatment, physical activity and behaviour modification were all necessary for long-term weight control. The reluctance of British doctors to recommend behavioural therapy may be due to their own lack of knowledge of this area and a lack of suitable local therapists. Far fewer general practitioners (18%) in our study recommended consulting a dietician than in an American study of family doctors (76%).¹⁵

It is encouraging that 98% of the general practitioners believed that it was part of their role to counsel patients with a weight problem. General practitioners are in an excellent position for such work as more than 70% of the general public will visit their general practitioner each year.²¹ However, most doctors did not find this work easy or professionally rewarding. Traditional methods of clinical teaching may not adequately equip doctors with appropriate communication skills.²² Part of the difficulty may have been due to the doctors' feeling that they were not successful in achieving weight loss in their patients.

One quarter (26%) of doctors viewed overweight people as more lazy and indulgent than normal weight people. This attitude is not surprising since evidence is conflicting over the metabolic basis of obesity. Recent evidence seems to indicate that overweight people have a similar energy expenditure to lean individuals but that the obese may underestimate energy intake.²³

It is interesting that 61% of general practitioners thought that more accurate and calorific labelling of food would help in preventing and reducing weight gain. The current voluntary European labelling guidelines make it very difficult for patients to compare foods and make healthy choices.²⁴

Experience was thought by the doctors to be the most important contributor to their knowledge of weight gain and its management. Training at medical school and by postgraduate courses were the least important sources of knowledge. A survey of nutrition teaching in medical schools concluded that the amount of time devoted to any nutritional topic in the pre-clinical years was very limited and that the picture in postgraduate centres was even worse.²⁵ The doctors' knowledge of the prevalence of obesity and weight problems and of specific dietary recommendations was poor. This lack of nutritional knowledge among doctors has been reflected in other studies^{17,26} and serves to highlight a need for more training in this area, which could well be provided by medical schools and postgraduate centres.

This study has shown which approaches and treatment are commonly used by general practitioners when counselling overweight or obese patients. A lack of professional satisfaction when counselling this group was identified. It seems that medical schools and postgraduate centres should play a more important role in educating doctors about nutrition. In addition, further work needs to be carried out to identify which of the possible treatment approaches is most successful in producing weight loss in overweight patients.

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