

Managing obesity in adults: Tips for primary care physicians

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Managing adult obesity is challenging for primary care physicians, but a new review published in *CMAJ (Canadian Medical Association Journal)* aims to provide an evidence-based approach to counselling patients to help them lose weight and maintain weight loss.

"Even though evidence suggests that patients are considerably more likely to lose weight when they are advised to do so by their [primary care](#) physicians, most patients who are clinically obese do not receive weight-loss counselling in primary care," writes Dr. Gilles Plourde, Cliniques Médicales de Nutrition et d'Amaigrissement de Gatineau, Quebec, with coauthor. "Patients may be told to lose weight, but they may not be given advice on how to do so successfully. There is an urgent need to find simple, effective strategies for improving weight-loss counselling in clinical practice."

The Canadian Health Measures survey (2007-2009) estimates that 62% of Canadian adults are overweight, and 24% are obese. [Obesity](#) is most common in middle-aged adults and declines after age 65. The economic costs of obesity are high, estimated at \$4.6 billion in 2008, and when the health costs of related diseases are included, cost estimates rise to almost \$7.1 billion. Obesity is linked to increased risks of high blood pressure, diabetes, heart disease, osteoarthritis, various cancers and other diseases.

While there is no single approach that works with everyone, physicians can use the 5A model to successfully counsel patients to change their eating habits and levels of physical activity. The 5A model, adapted from smoking cessation therapies, consists of assess/ask, advise, agree, assist and arrange.

Dietary modification and caloric restriction have been shown to be effective. Increases in physical activity and/or intensity combined with caloric

restriction increase weight loss. As well, behavioural therapy to change a patient's behaviour and habit has been shown to increase the success of dietary and exercise interventions, which also can help patients maintain weight loss.

Many physicians do not feel trained to treat obesity and [weight](#) issues. Research indicates that regularly measuring body mass index and waist circumference and using prompts to record can lead to better management of obesity.

"Adult obesity remains a public health concern in Canada," state the authors. "[Primary care physicians](#) are in an influential position to provide [weight-loss](#) counselling, which can be successfully done using the 5A model of behavioural change and stage-specific strategies for changing lifestyles. A sixth "A" should be added to the mnemonic: advocate - that is, to advocate for environmental and policy changes that support healthy eating and physical activity."

More information: Study:

www.cmaj.ca/lookup/doi/10.1503/cmaj.111640

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