Weight Management Treatment Algorithm

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

icgp

A Quick Reference Guide For Primary Care Staff

(See www.icgp.ie/weightmanagement or www.hse.ie for additional online resources)

Raising the issue

- *"I haven't checked your weight & height in a while. I can check it today as part of your check up? "*
- *"Do you think your weight (or general lifestyle) may be contributing to your back pain/fertility problem/ arthritis/reflux/diabetes/BP?"*

If patient agrees to engage proceed to assessment or arrange next appointment. The exercise & food diary could be given at this stage. (www.icgp.ie/weightmanagement)

If patient is not keen to engage do not push the issue but offer to revisit it at a later date.

Initial assessment

- BMI 18.5 – 25.0 reassure and advise re ongoing self-monitoring. (If BMI < 18.5 consider appropriate referral)
- BMI 25.0 – 40.0
  - Assess readiness to change
  - Assess patient's expectation & agree realistic target weight loss of 5 – 10% over 6 months.
- Show patient the category they are in on BMI chart (www.icgp.ie/weightmanagement).
- Advise of benefits of 10% weight loss
- Advise patient to keep a food & exercise diary for 4 days (www.icgp.ie/weightmanagement)
- BMI > 40 proceed with above and arrange referral to hospital based weight management service. (www.icgp.ie/weightmanagement)

Benefits of a 10% loss in presenting body weight

- 37% reduction in cancer deaths
- 20% reduction in all cause mortality,
- 40% reduction in diabetes related mortality
- 10mmHg reduction in systolic BP
- Improved lipid profile
- Improved fertility
- Improved mood & self-confidence

> ***"Stress that "obesity" is a clinical term with health implications, rather than a question of how one looks."***

Relevant History

- Medical history – relevant co-morbidities: diabetes, cardiovascular disease, cancer, operative history, PCOS, GORD, sleep apnoea, sub fertility, back pain, osteoarthritis, depression, medications & family history.
- Weight history (onset & progression of weight gain, peak weight)
- Dieting history (previous attempts, what diets, what worked, lowest weight achieved, reason for regaining weight)
- Physical activity history: objectify time spent (minutes per week); walk/cycle including transport to work (walk, cycle Vs car), leisure exercise (swim, golf, walk dog, etc.)
- Physical inactivity history: objectify time spent (minutes per week); watching TV & computer, in car, prolonged sedentary periods.
- Food intake i.e. home cooked/processed/take away, high carbohydrates/fats/sugar/salt, portion sizes, snacks, alcohol, supermarket habits – multipacks of bars/crisps etc.
- Psychological history – history of depression, anxiety or eating disorders. (See www.icgp.ie/weightmanagement for screening tools)

Physical Activity (P.A.) Guidelines www.getirelandactive.ie

Get Ireland Active
Promoting Physical Activity in Ireland

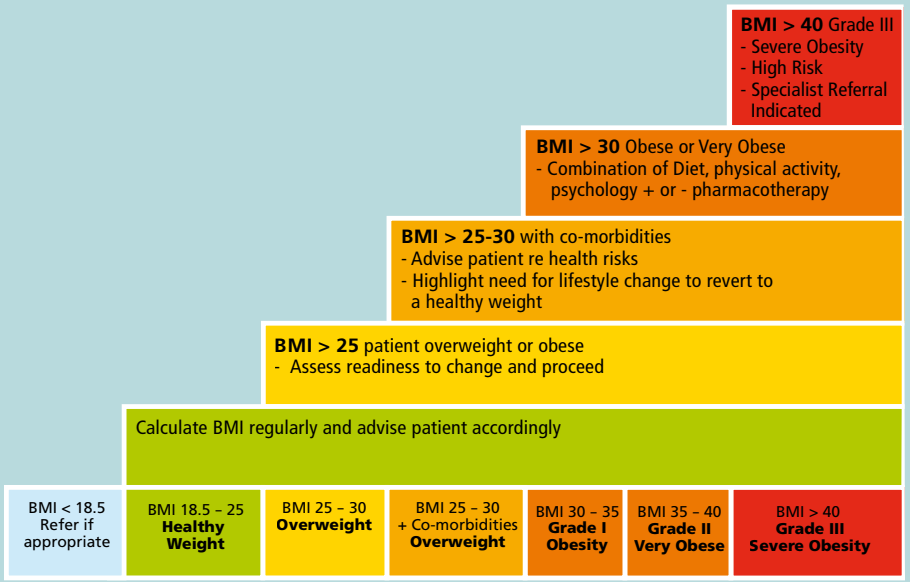
Suggest starting with **small, regular, planned** bouts of P.A. (10 minutes or less). Build to target time over months.

Weight maintenance

- Suggest 30 – 60 minutes moderate intensity P.A. between 5 to 7 days a week (> 150 mins per week)
- 60 minutes of moderate or 30 minutes of vigorous activity per day
- This can be broken up into smaller cumulative blocks (e.g. 15 mins x 5, 25 mins x 3, 35 mins x 2)

To lose weight

- Suggest 60 – 75 minutes of moderate intensity P.A. per day between 5 to 7 days a week (> 250 mins per week)



> ***"Stress that consistent weight loss of 0.5 -1kg (1-2lbs) per week will result in reaching the target weight of 10% weight loss."***

Subsequent visits / referral options

- Recheck BMI and assess trend
- Assess the food & exercise diary - identify & agree areas for improvement (www.icgp.ie/weightmanagement). Reset target.
- Explore any contributing factors i.e. medical & social, family & environmental factors.
- Consider referral to a Dietitian, Physiotherapist/Physical Activity Specialist or Psychologist. Referrals where possible should be within the Primary Care Team/Network to maximize multidisciplinary management.
- Refer to the GP Exercise Referral Programme/Green Prescription, if available in your area, or advise re regular, planned exercise. Emphasise self-monitoring of time involved (minutes per week). Use Physical Activity Diary. (www.icgp.ie/weightmanagement)
- Reweigh & explain that weight loss may be slow (or absent) in initial weeks but persistence will achieve results. Explore reasons for lack of weight loss.
- Consider referral to commercial, self-help & community organisations e.g. Weight Watchers & Unislim, as well as the online resource www.safefood.eu/weigh2live all of which are evidence based.
- Agree regular follow up – ideally every 4 weeks.
- Once 10% weight loss is achieved encourage weight maintenance for 6 months
- Consider other options e.g. pharmacotherapy (see box), bariatric surgery (hospital referral for BMI >40) (www.icgp.ie/weightmanagement)

Pharmacotherapy

Only one agent is currently licensed for the treatment of obesity – Orlistat. It is hoped that other agents will become available soon.

Orlistat

- Prescribe only as part of an overall plan for managing obesity in adults who have:
  - BMI of 28.0 kg/m2 or more with associated risk factors,
    Or
  - BMI of 30.0 kg/m2 or more.
- Continue treatment for longer than 3 months only if the person has lost at least 5% of their initial body weight since starting drug treatment (less strict with type 2 diabetics).
- Continue for longer than 12 months (usually for weight maintenance) only after discussing potential benefits and limitations with the patient.

Contraceptive renewal

- Advise patient that oestrogen containing contraceptives are not advised with BMI > 39 due to increased CV & thromboembolic risk.
- For BMI 30 – 39 advise patient of importance of weight loss, both for reduced cardiovascular risk and improved fertility.
- Consider alternatives & record.