

Few UK family doctors seem to be treating obesity/overweight appropriately

Patient health records suggest limited evidence of weight management in primary care

[Access to weight reduction interventions for overweight and obese patients in UK primary care: population based cohort study doi 10.1136/bmjopen-2014-006642]

Few UK family doctors seem to be treating overweight/obesity appropriately, with some not treating it at all, suggests an analysis of patient records published in the online journal **BMJ Open**.

The researchers scrutinised the anonymised health records of more than 90,000 obese and overweight adults, whose data had been entered into the Clinical Practice Research Datalink (CPRD) between 2005 and 2012.

The CPRD is the largest primary care database in the world, and contains the health records of over 5% of the UK population, submitted by 680 general practices.

The researchers looked at all the weight management options provided, including lifestyle advice, specialist referrals, and prescription of obesity drugs.

The average age of the patients was 56. Some 60% were overweight and 40% were obese, including 5% who were morbidly obese with a body mass index (BMI) of 40kg/m² or more.

Between 2005 and 2012, no weight management intervention was recorded for most (90%) of the overweight patients. Many practices didn't record any interventions at all for obese patients during this time.

A weight management intervention was more likely to be recorded in the health records of obese patients, but it was still not documented in more than 80% of those with simple obesity.

Patients with severe obesity were more than three times as likely to be offered weight management, but this was still not recorded in the case notes of over half (59%) of them.

Lifestyle change, including dietary advice and exercise, was the most common weight management plan offered in all but the most severely obese patients, for whom drug treatment was the most commonly recorded intervention.

And there was little documented evidence that progress on weight loss had been tracked after an intervention had been introduced.

Monitoring progress on weight loss in the first year after an intervention was most frequently recorded in the case notes of patients who had been referred to specialist services (34%). But it was only recorded for one in five of those given lifestyle advice and one in four of those prescribed an obesity drug.

There was no evidence that outcomes were being monitored for any intervention after five years.

Factors associated with weight loss intervention included older age, type 2 diabetes, and depression, with morbid obesity the strongest predictor of weight management provision. Women, former smokers, and those from disadvantaged backgrounds were also more likely to be treated for overweight/obesity.

The researchers point out that the findings might simply be the result of poor documentation, and that brief advice may have been offered, but not recorded in the patient's notes.

On the other hand, the findings "might also indicate a lack of patient access to appropriate body weight management interventions in primary care due to a lack of clinician awareness or confidence in treating obesity," they write.

The reasons for this might include too little time to tackle the issue in consultations, doubts about the success of weight loss attempts, greater use of drugs to treat obesity related risk factors and disease, and possibly 'normalisation' of excessive body weight.

Nevertheless, they conclude: "The results of this study suggest that primary care interventions given to patients with the aim of reducing weight are underutilised, and that follow up to determine their success is poor."

And they emphasise: "The growing burden of obesity on primary healthcare services and lack of long term follow up on the effectiveness of these treatments supports the use of structured recording of interventions for weight management."