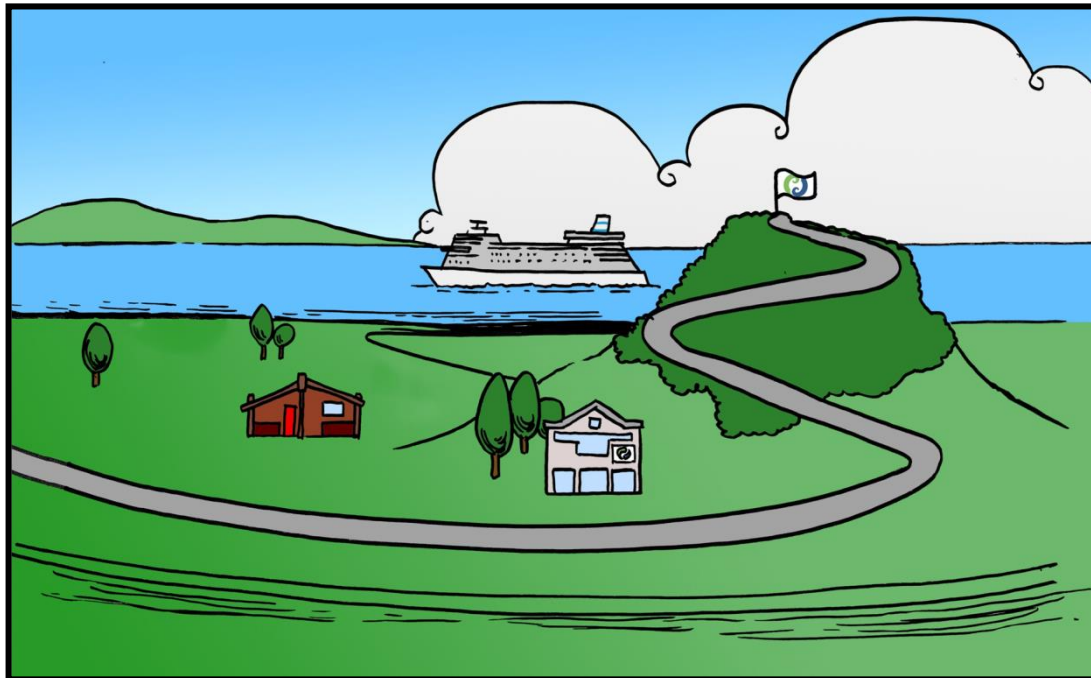


WEIGHT MANAGEMENT IN PRIMARY CARE

Kate Inglis, Project Nurse



The Weight Management Pilot Project

- Aim of the project
 - *Promote general practice to weigh their patients regularly*
 - *Development of tools to support weight management in primary care*
 - *Help health professionals bring up topic of weight management*
 - Similar to smoking cessation ABC approach
 - **A**sk
 - **B**rief Intervention
 - **O**ngoing management
 - 12 GP practices in the Western Bay
 - Project management and support
 - Dr Anne-Thea McGill, GP and academic
 - Dr Anna Rolleston, Exercise physiologist, The Cardiac Clinic
 - Philippa Jones Services Leader, WBOP PHO
 - Pauline McQuoid, Clinical Pharmacist, Medwise
 - Kate Inglis, Practice Nurse and Project Nurse
 - Megan Grant, MoH
 - Auckland University Expert Advisors
 - Cultural Advisory Group
- *Gate Pa Medical*
 - *Fifth Avenue Family Practice*
 - *Hairini Medical Centre*
 - *Nga Kakano*
 - *Katikati Medical*
 - *Ngati Kahu*
 - *CentralMed*
 - *Papamoa Pines*
 - *Farm St Medical*
 - *Chadwick Healthcare*
 - *Girven Rd Medical*
 - *Otumoetai Doctors*

Theoretical background

- Humans are unique: relatively large, high energy-consuming brain
- Programmed to seek and find energy dense food
- In the past, micronutrients were supplied by an omnivorous, nutrient-dense diet. Efficient energy use depends on lots of food micronutrients.
- Cellular protection systems dependant on plant food micronutrients in order to work well and maintain healthy human
- A new form of nutrient imbalance has arisen from the current highly-processed energy-dense diet, which lacks adequate micronutrients
- Lack of micronutrients – metabolic/immune decline
- Processed food has become a staple: **highly refined, starchy, sugary, fatty** and **addictive**
- Foodstuffs become over-palatable, physically easy to eat fast, and hard to regulate energy/volume wise

ASK

‘A’

- Are you concerned about your weight or shape?
- Are you concerned about your eating patterns or control over eating?



BRIEF INTERVENTION

‘B’

- Encourage all patients to eat more vegetables and fruit. No limits, no calorie counting
 - The focus is on promoting foods which have high nutrient value = **fruit and vegetables** (more micronutrients)
 - Fresh, Frozen, Canned, Dried, Stewed, Preserved
 - Aim for at least 5+ (*2 servings fruit, 3 servings vegetables*)
 - Or even better 9+ (*3-4 Fruit and 5-6 vegetable*)
-
- Weight, Height, BP, BMI, Waist, Hip, % fat, Muscle Mass
 - Blood tests. See outbox doc.
 - FBC, ESR, CRP. LFT's, (GGT, AST, ALT, Alk Phos, Bilirubin).
 - Lipids, Iron studies, Ferritin, B12, Folate, TSH. Uric Acid, eGFR, Electrolytes, Albumin/creatinine ratio (Urine).

BRIEF INTERVENTION

- *Positive messages*
- **More colour**
- **More water**
- **Move more**

‘B’

More **WATER** less sweet



MORE **REAL FOOD** LESS LABELS



More **COLOURS** less beige



Exercise Guidelines

Take care
of your body
it's the only
place you
have to live

"START INTO EXERCISE SLOWLY"

Start with an easy 10 minute walk or bike ride every other day. Increase the time by 5 minutes every week until you are exercising for 30-40 minutes.

If you are already doing some exercise add a bit of
"HUFF AND PUFF"
About a quarter of your exercise time should be at a moderate to high intensity.

"PROGRESS OR CHANGE"

your exercise over time. Your body is intelligent, it will learn from and adapt to the exercise that you do. The more you vary your exercise the more health change that occurs.

"RESISTANCE EXERCISE"

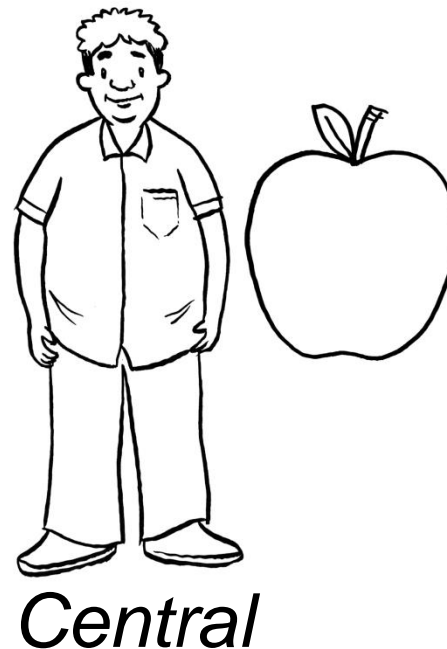
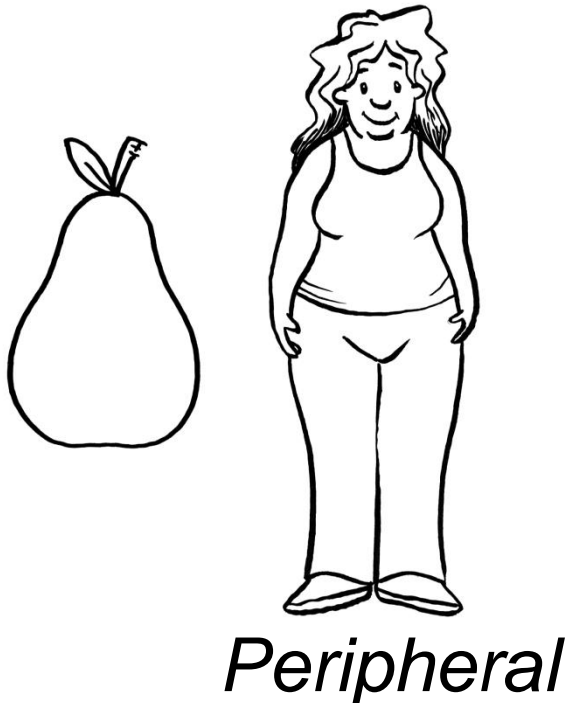
Muscle strength and endurance naturally decline with age. Even a basic weight-based exercise programme can help to maintain strength and endurance.

A simple
"STRETCHING REGIME"
is helpful for mobility of muscles and joints. Stretching can be performed after any exercise or after a short warm-up on non-exercise days.

How often and for how long?
Aim to be active at least
"5 DAYS OF THE WEEK"
Cardio based exercise at least 3 days per week. Resistance exercise at least 2 days per week.

Weight Distribution

- Recognise different weight distributions
- Requires different nutrition and exercise advice
- Peripheral – metabolically safe, harder to lose (VLED)



Readiness to change

- Basic change management questions will help you to recognise which patient should be encouraged to attend ongoing management 'O'
 - 'Compared to previous attempts to change your eating, how motivated are you to improve your eating at this time?'
 - 'Considering all outside factors at this time in your life, (stress at work, family obligations) how confident are you that you will stay committed to an improved eating pattern program?'

Behavioural Change - its not easy!

- “People would sooner die than change...and most do”
Mark Twain
- Good learning to access online
 - Motivational interviewing in brief consultations through BMJ:-
 - <http://learning.bmj.com/learning/module-intro/.html?moduleId=10051582>
- Interactional cartoon – childhood obesity
 - <http://www.kognito.com/changetalk/web/>

Motivational Interviewing

- Utilise the **80/20% rule**
 - Allow the patient time to explore their concerns
 - *Patient should have 80% of the conversation*
- Use communication micro counselling skills
 - Open ended questions
 - Raising ambivalence
 - Roll with resistance
 - Reflective listening
 - Summarising
- Embrace silence

ONGOING MANAGEMENT

‘O’

- Questionnaire to fill out with the patient which will highlight
 - Emotional problems with eating
 - Depression/Anxiety
 - Binge Eating/ Bulimia. Diagnosed via SCOFF Eating disorder questionnaire
 - Nutrient poor diet, eating too much ‘beige food’ ‘processed food’
 - Attitude towards exercise or moving more
 - Problems with sleep
- This will allow you to formulate an individual plan with the patient utilising existing services as well as yourself
 - *Green prescription. Self Management groups. Secondary services. Kaupapa Maori services. Whanau Ora. Community Dietitian. CPO mental health. Community services.*
 - *Manawa Ora Clinic (For patients at high risk of CVD who require ECG, ETT and guidance with exercise), or are ineligible for SMG*
 - *Care Plus funding for those with 2 co-morbidities*
 - *DCIP funding for those with diabetes and a HbA1c over 75mmols/mol*

Important Considerations

- Addiction- Recognise the food environment
- Positive message- Compassion, non-judgemental
- Increase Vegetables and Fruit, high nutrient content
- Recognise differences in weight distribution
 - Peripherally overweight- metabolically Okay. May have problems with joints, fitting in chairs. Difficult to lose. May require VLED diet with help
 - Centrally overweight- Visceral fat, causes metabolic problems. Easier to lose and will help reduce cardiovascular risk

SubSection 3.3: Emotional Eating

Do you eat more when you have feelings such as being frustrated, sad, stressed, angry or lonely? Frequently

When you are happy do you celebrate feeling good by eating too much? Occasionally

When you are having a hard time with others in your life do you eat too much? Frequently

SubSection 3.3 Outcome

Scores of 10 and above identify that emotional ups and downs seem to be a significant influence on your patient's eating.

Consider referral to a counsellor or other individual who can spend time with the patient exploring alternative strategies. The patient will benefit from further assessment using Kessler 10.

SubSection 4: Tinana/Physical

SubSection 4.1: Binge Eating & Purging

Apart from celebrations, how often have you eaten a large amount of food quickly AS WELL AS feeling afterward that this eating incident was too much, out of control AND you feel ashamed, guilty and/or disgusted with yourself? About 1/month

Have you ever purged (used laxatives, diuretics or made yourself throw up) to control your weight? Yes

How often have you engaged in this behaviour in the last year? About 1/month

SubSection 4.1 Outcome

Score 6 and above. The patient shows signs of an eating disorder and should be referred urgently to specialist services.

Completion of a validated binge eating scale or SCOFF questionnaire with bloods for electrolytes and bicarbonate should accompany a referral to specialist services.

SubSection 4.2: Exercise Patterns & Attitudes

How many minutes each week do you exercise? 20 - 59

Do you think you could become more physically active or take more exercise? Unsure

How confident are you that you will be able to become more active or take more exercise? Quite Sure

When you think about physical activity or exercise, do you feel positive? Unsure

SubSection 4.2 Outcome

Scores of 11 and above identify that the patient is taking some exercise and generally has a positive attitude. If current recommendations are not met, encourage the patient to explore ways in which they could include additional exercise and increased huffing and puffing activities within their daily routines.

Ideally one quarter of all exercise should be spent huffing and puffing. Agree and record the patient's plan.

Weight Management Assessment

Which Assessment are you completing

☐ 1st ☒ 2nd ☐ 3rd ☐ 4th

Measurements

Latest BP (past 3 months)

 /

Height (cm)

Weight (kg)

Calculation of BMI

Waist Circumference (cm)

Hip Circumference (cm)

Percentage Fat

Muscle Mass kgs

Labs

FBC

ESR

Alk phos

Bilirubin

AST

GGT

ALT

Cholesterol

HDL

TC:HDL ratio

Triglycerides

LDL

HbA1c

Random Glucose

Morning transferrin

B12

Folate

TSH

Uric Acid

Sodium

Potassium

eGFR

Albumin creatinine ratio

Patient Care Plan

Food diary provided

☐ Yes ☐ No

Exercise diary provided

☐ Yes ☐ NoPatient Care Plan and goal setting
agreed and written☐ Yes ☐ No

Patient Care Plan

Food diary completed

☐ Yes ☐ No

Exercise diary completed

☐ Yes ☐ No

Patient Care Plan completed

☐ Yes ☐ No

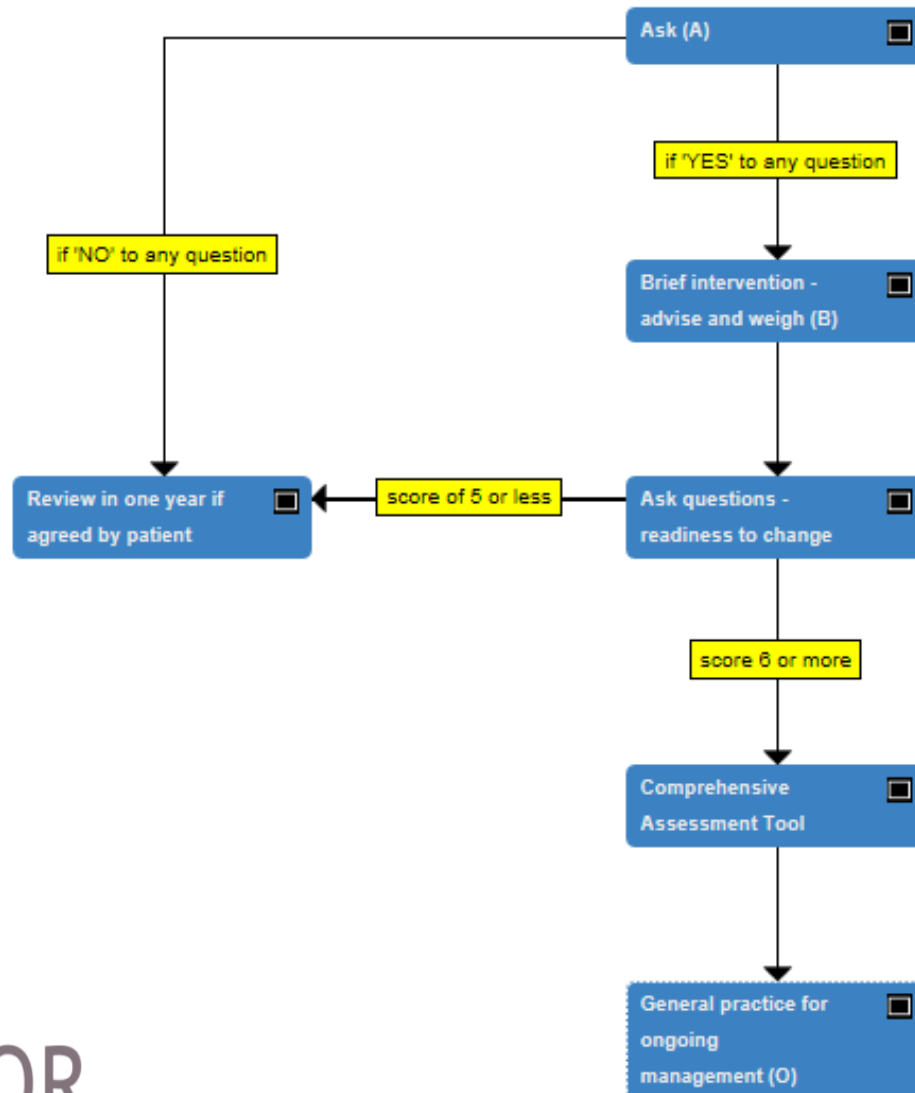
Agreed Goals

Other programs referred to since last assessment

Self-Management groups

☐ CVD☐ Diabetes☐ Impaired Glucose tolerance

- Background Info ☐
- Patient Resources ☐
- Provider Resources ☐
- Referrals ☐



Online Learning Module: *Conversations about Weight Management*

Provider Resources



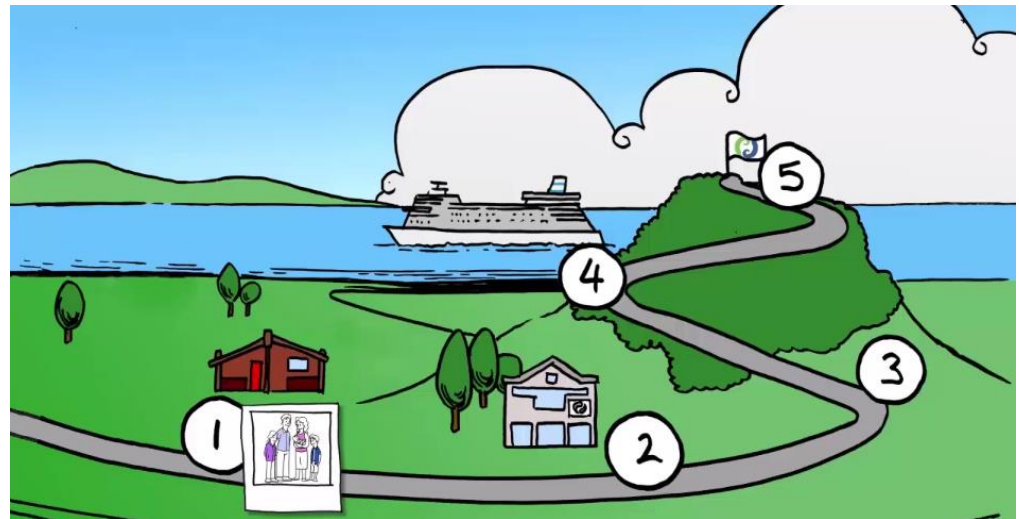
For anyone working in health care

You will be able to:

- Bring up the topic of weight management
- Utilise the ABO tools effectively
- Understand different weight distributions
- Understand the basics of motivational interviewing

Involves: Watching animations, extra reading, quiz and print certificate. Approx. 50 minutes.

CME points available



WBOP PHO



WBOP PHO

Western Bay of Plenty
Primary Health Organisation

Welcome to Conversations about Weight Management



This tool has been created for everyone working in health care, including registered health-care professionals and support workers such as Whānau Ora practitioners and Māori health contract providers to support healthy weight management.

You will watch a segment of the main video then undertake additional reading before returning to the main video. You will be encouraged to complete a comprehensive assessment form as well as taking a short test of knowledge and understanding.

Get started

It will take about 50 minutes.

<http://weightmanagement.wboppo.org.nz/>



WBOP PHO

Feedback from the practices

- 12 practices: HCP who was/is regularly using the tools
- Intent of the survey Monkey was to evaluate
 - Utilisation of the tools
 - Impact of weight management project including confidence in managing weight in primary care
 - Opinion on the usefulness of the resources developed
- 100% response rate
- 10 minutes to complete

Results

- 93% found the “Ask” questions quite/very easy to use
- 86% found the “Brief intervention” questions quite/very easy to use
- 91% found the readiness to change questions quite/very easy to use
- 99% found the comprehensive assessment quite/very easy to use

‘still using the 2 ASK ready to change questions post project’

‘ABO tools are easy to use and essential to establish readiness and underlying issues’.

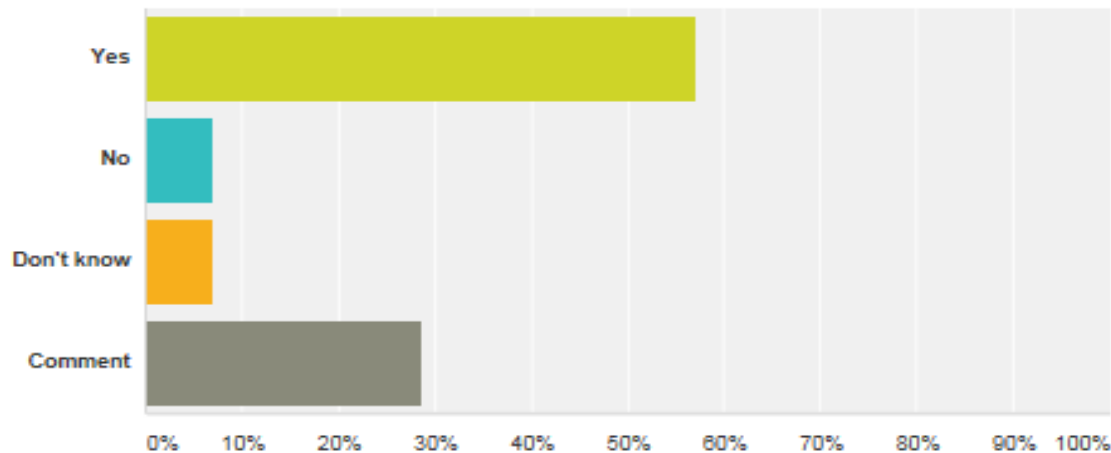
Confidence with the tools

- 92% quite/very confident with using the ‘ask’ questions
- 92% quite/very confident with delivering the brief intervention
- 100% quite/very confident asking the readiness to change questions
- 86% quite/very confident using the comprehensive assessment

“I am much more confident having and using these tools as they are all relevant to everyone regardless of their situation/personal beliefs”

Are you using the tools created by the project and/or specific motivational interviewing techniques gained as part of this project in any other part of your work?

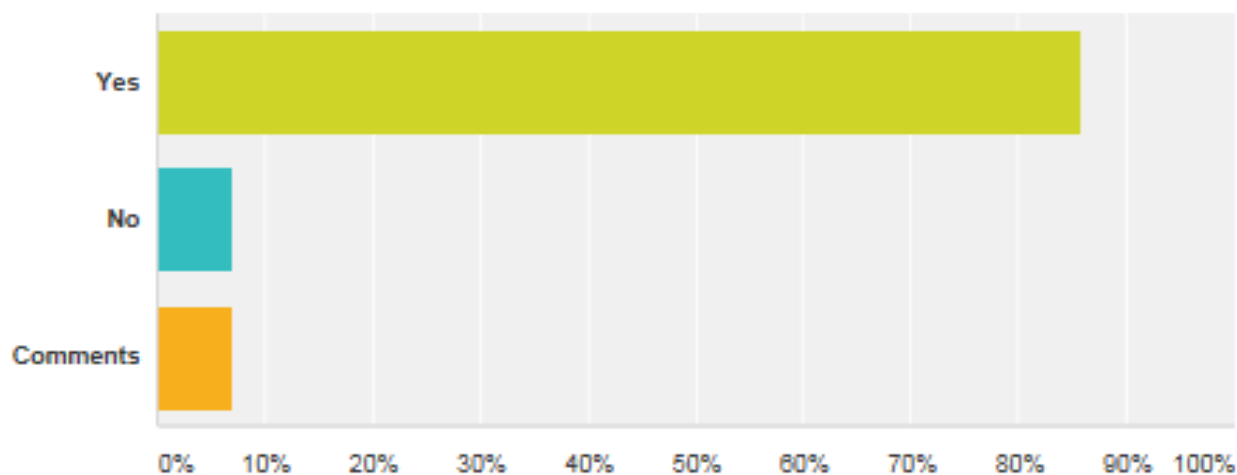
Answered: 14 Skipped: 0



“The CAT has highlighted underlying sometimes long standing issues that can be addressed for sometimes the first time ever. e.g. Abuse as a child/poor relationships”

Has being part of the weight management project encouraged you to weigh more patients?

Answered: 14 Skipped: 0



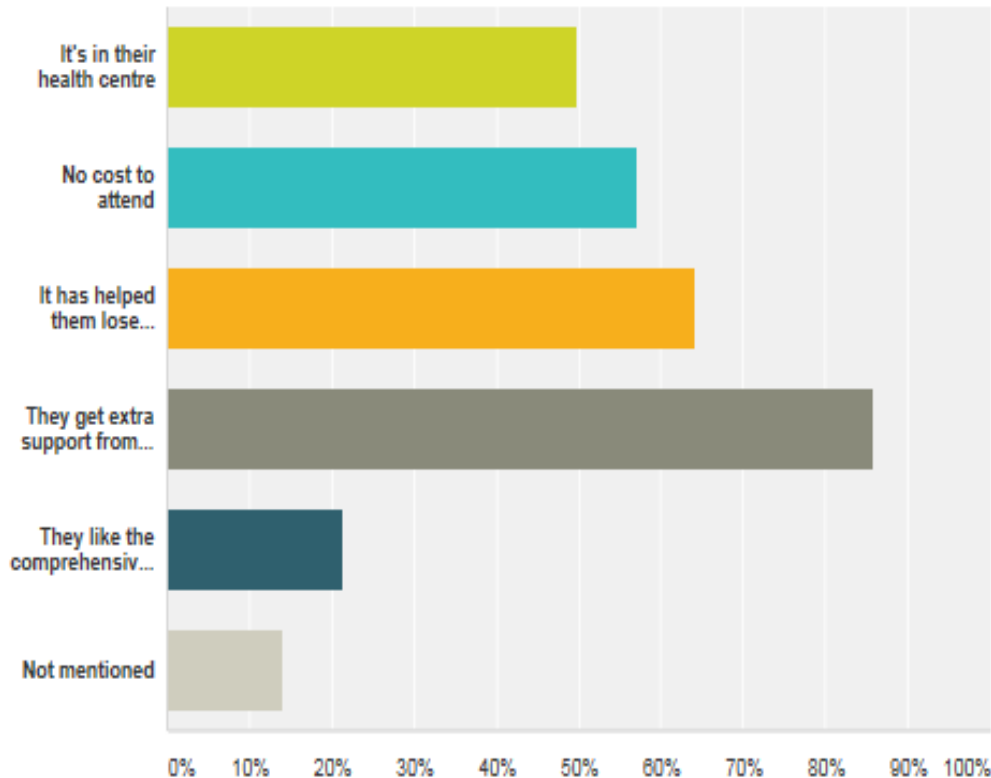
Answer Choices	Responses	
Yes	85.71%	12
No	7.14%	1
Comments	Responses	7.14%
Total		14



WBOP PHO

What have your patients told you they like about the weight management programme? Tick as many as apply.

Answered: 14 Skipped: 0



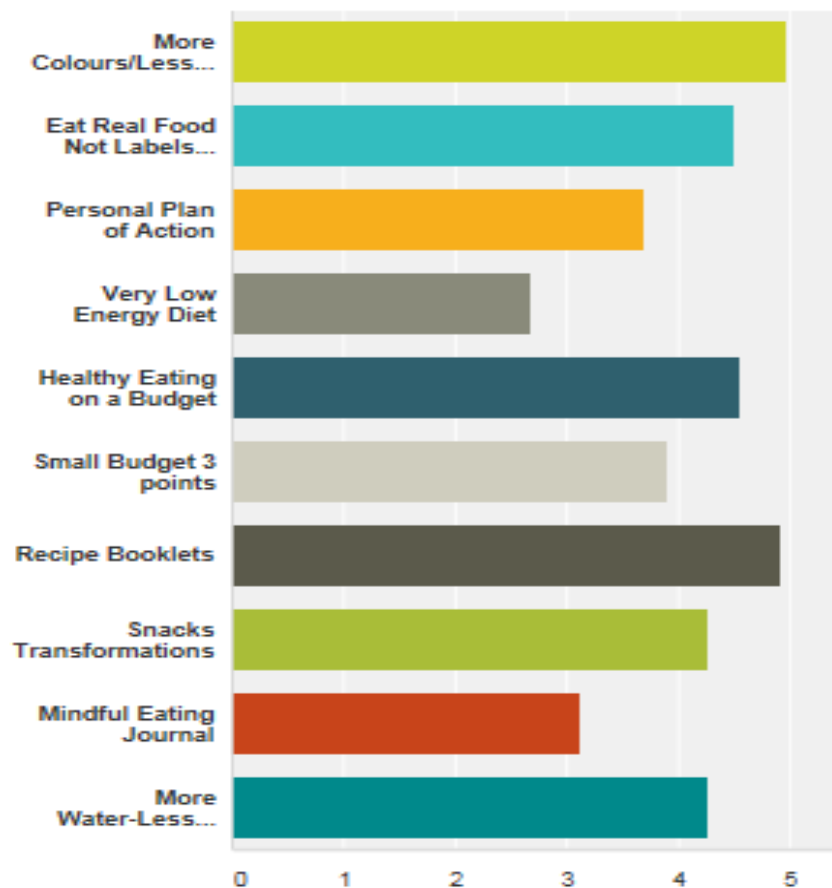
It's not "a diet" but a lifestyle change which is sustainable

Makes them accountable for there actions

Many like being "accountable" to someone

How useful have you found the resources created as part of the project?

Answered: 14 Skipped: 0



WBOP PHO

Early Results from Pilot Practices

- 404 Patients on the Database
- 45 Patients have completed 4 visits.
- 149 Patients are progressing through their visits only requiring 1 or 2 more.
- Evaluation on 227 Patients
- 28.2% of people who have completed assessment 3 so far have lost more than 5% of their body weight (33 people out of 117)

“There is potential for adding a category of ‘Extreme weight loss’— 16 Patients on the programme lost more than 10kgs.” (Novess 2016)

Weight Management Project Early Results

Weight management

- Total Weight lost over 4 appointments:-
 - Moderate to Significant Weight Loss 64.44%
- Total number who gained weight over 4 appointments:-
 - Moderate to significant weight gain 6.66%

Green Prescription

- In comparison to over 2 quarters last year:-
 - Moderate to Significant Weight Loss 62% and 54%
- In comparison to Green Prescription over 2 quarters:-
 - Moderate to significant weight gain 16% and 12%


“This is a local rather than national measure to enable the results to be compared with that of the Green Prescription initiative in the Western BOP. The 2 programmes have significant differences and cannot be compared directly but provide some comparator”. (Novess 2016)

Weight Management on Complete Data


- Significant Loss (loss more than 5.1 kg)
- Moderate Loss (loss more 1.6 -5 kg)
- No significant change (weight change between -1.5kgs and 1.5 kg)
- Moderate Gain (gain 1.6kgs - 5kg)
- Significant Gain (gain more than 5.1 kg)

WEIGHT LOSS / GAIN / NO CHANGE % - COMPLETED 4 ASSESSMENTS BY ETHNICITY

Assess Wgt4

(Multiple Iter )

Count of WEIGHT LOSS / GAIN

Practice 	Significant Loss	Moderate Loss	No significant change	Moderate Gain	Significant Gain
European Oth.	33.33%	50.00%	16.67%	0.00%	0.00%
NZ European	30.30%	33.33%	27.27%	6.06%	3.03%
NZ Maori	40.00%	20.00%	40.00%	0.00%	0.00%
Pacific	0.00%	0.00%	100.00%	0.00%	0.00%
Grand Total	31.11%	33.33%	28.89%	4.44%	2.22%

Summary

- The project key aim has been achieved - development of tools to support weight management in primary care
- Overall the evaluation is favourable and the tools are fit for purpose
- Interested in learning more?
 - Online learning tool available to support usage of the tools
 - Will take about 1 hour, is interactive and informative and includes additional reading
 - Bay Navigator – <http://baynav.bopdhb.govt.nz/pathways/>