Supporting patients living with obesity in general practice

Dr Hilda Mulrooney, RD, PhD

Associate Professor in Nutrition,

Kingston University London

Postal address: MB1007,

School of Life Sciences, Pharmacy & Chemistry,

Faculty of Health, Science, Social Care and Education,

Kingston University,

Penrhyn Road,

Kingston upon Thames,

KT1 2EE

E: hilda.mulrooney@kingston.ac.uk

T: 0208 4177515

Abstract

Primary care is identified within national guidance as fundamental to supporting patients living with overweight and obesity. Despite this, weight is not routinely recorded and many practitioners are ambivalent about their roles. Barriers to addressing excess weight within primary care have been identified by patients and healthcare practitioners. This paper outlines some of the barriers identified by both groups. In addition, approaches and resources which may help healthcare professionals overcome barriers are suggested.

Supporting patients living with obesity in general practice:

For many reasons, general practice is ideally suited to support weight management. It is the first port of call for patients, often the gateway to other services. In England, 26.5 million GP appointments were booked for August 2022, the majority face-to-face (BMA, 2022). Tiered obesity care pathways in the UK rely on the active involvement of community-based healthcare practitioners (Wilding 2018). Tier 1, commissioned by local authorities, has a universal prevention focus promoting healthy eating, physical activity and behaviour change. It is delivered within the primary care setting by GPs, school, practice and community nurses among others (OEN, 2022). Tier 2, also commissioned by local authorities, provides lifestyle weight management services, referred into by primary care staff (OEN, 2022). Increasingly, community care services delivered locally (e.g. by community podiatrists, physiotherapists and speech and language therapists, as well as district and school nurses), help to reduce pressure on secondary care and embed services within the community. An estimated 100 million patient contacts are made by community care services annually, with important benefits for patients including local health promotion and management of long-term conditions (Charles, 2019). General practice can reach people within their local areas, is more likely to see patients regularly, and therefore has the potential to establish relationships which support healthful behaviour change.

What is the need to intervene?

Provision of weight management services is criticised as patchy and inconsistent (Hazlehurst et al, 2020; Royal College of Physicians, 2015), despite well-evidenced need. Excess weight continues to affect a high proportion of the UK population.

Current estimates suggest 25.3% of adults (≥18 years) and 23.5% of children (10-11 years) in England are living with overweight or obesity (NHS Digital, 2022; OHID, 2022), albeit based on limited data due to the Covid-19 pandemic. Lockdowns introduced to reduce spread of the virus had a marked effect on eating and activity behaviours. A review of the impact of the 2020 lockdowns in several countries including the UK highlighted both negative and positive impacts upon weight-related behaviours (Bennett et al, 2021). Negative effects included increased consumption of higher fat, salt and sugar foods and reduced activity levels, while positive changes included increased home cooking, eating fresh products and reduced processed food and alcohol consumption (Bennett et al, 2021). Longitudinal surveys of weight change in UK adults at three time points in the pandemic demonstrated substantial fluctuations in weight, with considerable variation between individuals, suggesting that for some, a lasting impact of the pandemic on weight is possible (Dicken et al, 2021). Others have shown most pronounced negative effects of the Covid-19 pandemic on diet and activity behaviours in those with higher body mass index (BMI) (Robinson et al, 2021).

The extent to which changes in weight and weight-related behaviours due to the pandemic will be maintained is unclear. Although the proportion of children living with overweight and obesity in England increased by 4.5% in both 4-5 and 10-11 year olds in 2020/21 to 14.4% and 25.5% (NHS Digital, 2021), it subsequently fell to 10.4% and 23.5% respectively (NHS Digital, 2022). The most recent Health Survey for England data was pre-pandemic. It found excess weight prevalence in adults of 68.2% in men and 60.4% in women, with obesity prevalence of 27.0% and 29.1% respectively (NHS Digital, 2020). Prevalence was higher in men than women, increased with age (peaking in those aged 65-74 years), and was higher in deprived groups, those with disability, low educational attainment and highest in Black, followed by White ethnic groups (Baker, 2021). The impact of the pandemic on obesity remains unclear (PHE, 2021a).

An already problematic situation

Pandemic-related negative changes to body weight, activity and eating behaviours occurred against an already problematic background. Activity levels in both adults and children prior to the pandemic were lower than recommended, and the

pandemic and lockdowns reduced this further. Between November 2020 and 2021, 61.4% of the adult population reported themselves to be active, achieving 150+ mins of activity/week (Sport England, 2022). This was a fall from pre-pandemic activity levels (63.3% in November 2018/19), and multiple surveys suggest that more than a third of adults do not achieve the recommendations of the Chief Medical Officer for health (Sport England, 2022; DHSC, 2019). Annual dietary intake surveys continue to show suboptimal intakes of fruit, vegetables and fibre, while intakes of free sugar, total fat and saturated fat remain higher than recommended, although free sugar intakes are falling (PHE, 2021b). Poor diets contribute to global ill-health, especially non-communicable diseases, NCDs (GBD 2017 Diet Collaborators, 2019), and excess weight is itself also a risk for NCDs (WHO, 2021). The World Health Organisation identifies diet as one of four modifiable risk factors which drive NCD risk, the others being low activity, excess alcohol and smoking (WHO, 2021). Excess weight as a contributor to risk of cardiovascular disease, type 2 diabetes, some cancers and hypertension is well known (OHID, 2022; Fruh, 2017; Prospective Studies Collaboration, 2009). More recently, Covid-19 has highlighted the impact of excess weight on population health and wellbeing (World Obesity, 2021; Gao et al, 2021; Katz, 2021; Tartof et al, 2020; Williamson et al, 2020; PHE, 2020). Among OECD countries, obesity prevalence in the UK is 10th highest (OECD Health Statistics, 2021). The need for change to address overweight and obesity effectively is clear. What is less clear is how to bring this about and how general practice fits into this.

Barriers to addressing obesity in primary care

Within the UK, clinical guidelines identify primary care as key to identifying and monitoring excess weight, providing weight management support and/or referring to specialist weight management services (NICE, 2014). In addition, general practice is valued as a first point of contact, ensuring continuity of care and support, enabling regular follow-up and management of co-morbidities (NICE, 2014). Despite this, recording patient weight is not routine in UK practice. Evaluation of 5 million electronic patient records showed that only a third of patients had weight recorded each year, with re-weighing on average every 2 years. Weighing was more common in females with raised BMI and those with comorbidities, and incentive payments appeared to increase weight recording (Nicholson et al, 2019). Despite national

guidance, obesity may be viewed as the responsibility of local commissioners rather than medical practitioners (Gunther et al, 2012), particularly if weight is not the presenting concern, making healthcare practitioners reluctant to raise the subject of weight (Glenister et al, 2017; Mazza et al, 2019). Ambivalence in relation to the role of clinicians in weight management has been highlighted (Blackburn et al, 2015), some believing that it is only their responsibility when weight impacts directly on health (McHale et al, 2020).

Surveys of general practice staff and/or patient views in Australia (Mazza et al, 2019; Forgione et al, 2018), New Zealand (Norman et al, 2022), Scotland (McHale et al, 2020) and the UK (Gunther et al, 2012) identified broadly similar issues in relation to weight management within primary care, despite differences in geography and healthcare structure. Patient barriers included weight stigma and previous negative experience, increasing their reluctance to raise the issue of weight with their healthcare practitioner (Gunther et al, 2012). Weight stigma is common within healthcare (Puhl et al, 2021a; Puhl et al, 2021b), with the condition frequently ascribed to greed or laziness (Sikorski et al, 2011). Unsurprisingly, this can result in reluctance to seek medical help (Bidstrup et al, 2022).

Weight-related bias, both explicit and implicit, has been demonstrated in nurses, doctors, dietitians and physiotherapists (Lawrence et al, 2021). Assumptions about eating and activity behaviours may be made, with the topic of weight either avoided or discussed unhelpfully (Alberga et al, 2019). Weight bias increases the risk of disordered eating and further weight gain in those living with overweight or obesity and stigmatising conversations about weight negatively impact on health motivation and compliance (Hayward et al, 2020), which may further reinforce negative views about patient motivation to lose weight (Glenister et al, 2017; McHale et al, 2020). In some cases, patients did not themselves recognise their excess weight as problematic (McHale et al, 2020). Since staff found it easier to raise the issue of weight in a neutral non-discriminatory way by linking it to other patient health issues (Mazza et al, 2019; Norman et al, 2022), this resulted in apprehension about how to bring up the topic without causing offense or distress (McHale et al, 2020). In a UK study, concerns about negative patient reactions to the subject of weight constrained GPs and practice nurses from broaching the subject (Michie, 2007). Trust was identified as key by both patients and healthcare practitioners (Gunther et al, 2012),

and worries about harming relationships with their patients were commonly expressed (Blackburn et al, 2015; Blackburn & Stathi, 2019; Mazza et al, 2019; McHale et al, 2020). While recognising that discussions needed to be careful, healthcare practitioners did not always feel they had the counselling skills required, were not confident that discussing weight with patients would be effective, or that they knew the most appropriate language to use (Glenister et al, 2017). Lack of time to discuss weight was a major staff concern (Gunther et al, 2012; Glenister et al, 2017; Mazza et al, 2019; Norman et al, 2022). Other staff barriers included lack of knowledge of weight management services and inadequate availability of suitable local services to refer into (Gunther et al, 2012; Mazza et al, 2019). Concern about the effectiveness of weight management services was expressed (Mazza et al, 2019). There was a suggestion that services referred into by primary care should update them with outcomes, to build confidence and encourage further referrals (Gunther et al, 2012). In addition, staff failure to recognise obesity as a medical issue made them reluctant to take responsibility for dealing with it (Gunther et al, 2012; Blackburn et al, 2015). The Royal College of Nursing recognises obesity as central to almost every area of nursing practice, suggesting that nurses have a vital role to play in supporting those living with excess weight (RCN, 2022). Some studies suggest that in patients without co-morbidities, obesity may be viewed by healthcare practitioners as non-medical (Glenister et al, 2017), therefore not the responsibility of primary care (Dewhurst et al, 2017). Obesity is classed as a disease in the USA, Canada and Portugal among others, but is not currently classed as such in the UK (LDE, 2017). It is argued that recognition of obesity as a chronic, relapsing, recurrent disease (WOF, 2017), would enable a move from an individual blame perspective to one in which weight management is prioritised, enabling the development of more effective pathways within primary care (Jastreboff et al, 2019). Multiple other barriers have been highlighted, including inflexibility of referral criteria, funding limitations (Parretti & Chowhan, 2020), and lack of knowledge of obesity guidelines (Mazza et al, 2019). Healthcare staff's own weight was also discussed (Blackburn et al, 2015; Mazza et al, 2019). The view that staff themselves living with excess weight would be able to empathise and relate to patients struggling with weight management enabling sensitive conversations was expressed. Conversely, others viewed excess weight of healthcare staff as a potential negative factor, since patients might be less inclined to listen to weight management advice from them.

How can barriers in primary care be overcome?

An algorithm to guide primary care staff has been developed, following a 5A's strategy based on that advocated in Canada (Wharton et al, 2020). The 5A's are Ask (permission to discuss the issue in a respectful non-stigmatising way); Assess (including co-morbidities, causes and barriers to treatment); Advise (treatment options including diet and physical activity, plus medication and possible referral to specialist services); Agree (on the treatment and treatment goals); and Assist (regular follow-ups and encouragement) (Tahrani et al, 2020). Implicit in this is knowledge of what services are available locally. Sensitive language in relation to weight is advocated, both to reduce stigma and to facilitate helpful discussions, and several resources are available to help with this (see Box 1). The use of People First language (i.e. 'people with obesity' rather than 'obese people'), is particularly important to reduce weight-related bias (Palad & Stanford, 2018), while neutral, indirect and open-ended questions help facilitate discussions (Gray et al, 2018; Norman et al, 2022). Guidance on how to address obesity within primary care has been developed, to use alongside the algorithm (Parretti & Chowhan, 2021). The practice environment is important, since that sets the scene in terms of helping patients feel welcomed and accepted. Having equipment (e.g. blood pressure cuffs) in a variety of sizes (NICE, 2014; PHE, 2017), ensuring that any written communications include People First language and using non-stigmatising images of those living with overweight and obesity (see Box 2), are all aspects of the local environment which should be checked.

Primary care staff valued having national guidance embedded into practice procedures (Gunther et al, 2012). Hence, auditing the extent to which this is currently the case locally may be helpful in highlighting actions which should be taken. Ensuring that staff are appropriately trained has also been emphasised (Segal et al, 2008), and this should be included in any audit of whether and how general practice is implementing national weight management guidance. Given that the consistency of weight management services is mixed (RCP, 2015; Jackson Leach et al, 2020), advocacy for better local service provision should be considered.

Conclusion

General practice plays an essential role in weight management, irrespective of whether weight is the presenting concern or not. Engaging respectfully with patients by using neutral language within a supportive environment is key. Practitioners own weight may be a positive or negative factor, but trust between patients and practitioners is considered vital by both. Despite ambivalence of general practitioners in relation to the role of primary care in weight management, national guidance identifies it as fundamental to the identification, management and ongoing support of those trying to manage their weight.

References

Alberga AS, Edache IY, Forhan M, Russell-Mayhew S (2019) Weight bias and health care utilization: a scoping review. *Prim Health Care Res Dev* 20: e116, 1-14 doi: 10.1017/S1463423619000227

Baker C (2021) Obesity statistics https://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf (accessed 06/10/22)

Bennett G, Young E, Butler I, Coe S (2021) The Impact of Lockdown During the COVID-19 Outbreak on Dietary Habits in Various Population Groups: A Scoping Review. *Front Nutr* 8:626432 doi: 10.3389/fnut.2021.626432

Bidstrup H, Brennan L, Kaufman L, de la Piedad Garcia X (2022) Internalised weight stigma as a mediator of the relationship between experienced/perceived weight stigma and biopsychosocial outcomes: a systematic review. *Int J Obes* 46: 1-9 doi: 10.1038/s41366-021-00982-4

Blackburn M, Stathi A (2019) Moral discourse in general practitioners' accounts of obesity communication. *Soc Sci Med* 230: 166-173 doi: 10.1016/j.socscimed.2019.03.032

Blackburn M, Stathi A, Keogh A, Eccleston C (2015) Raising the topic of weight in general practice: perspectives of GPs and primary care nurses. *BMJ Open* 5: e008546 doi: 10.1136/bmjopen-2015-008546

BMA (2022) Pressures in general practice data analysis https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis (accessed 06/10/22)

Charles A (2019) Community health services explained https://www.kingsfund.org.uk/publications/community-health-services-explained (accessed 06/10/22)

Dewhurst A, Peters S, Devereaux-Fitzgerald A, Hart J (2017) Physicians' views and experiences of discussing weight management within routine clinical consultations: a

thematic synthesis. *Patient Educ Couns* 100(5): 897-908 doi: 10.1016/j.pec.2016.12.017

DHSC (2019) Physical activity guidelines: UK Chief Medical Officers' report https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf (accessed 05/10/22)

Dicken SJ, Mitchell JJ, Newberry Le Vay J et al (2021) Impact of COVID-19 Pandemic on Weight and BMI among UK Adults: A Longitudinal Analysis of Data from the HEBECO Study. *Nutrients* 13(9): 2911 doi.org/10.3390/nu13092911

Forgione N, Deed G, Kilov G, Rigas G (2018) Managing obesity in primary care: breaking down the barriers. *Adv Ther* 35: 191-198 doi: 10.1007/s12325-017-0656-y

Fruh SM (2017) Obesity: Risk factors, complications, and strategies for sustainable long-term weight management. *J Am Assoc Nurse Pract* 29(Suppl 1): S3–S14 doi: 10.1002/2327-6924.12510

Gao M, Piernas C, Astbury NM et al (2021) Associations between body-mass index and COVID-19 severity in 6·9 million people in England: a prospective, community-based, cohort study. *Lancet Diabetes Endocrinol* 9(6): 350-359 doi: 10.1016/S2213-8587(21)00089-9

GBD 2017 Diet Collaborators (2019) Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 393(10184): 1958–72 doi: 10.1016/S0140-6736(19)30041-8

Glenister KM, Malatzky CA, Wright J (2017) Barriers to effective conversations regarding overweight and obesity in regional Victoria. *Aust Fam Physician* 46(10): 769-773.

Gray L, Stubbe M, Macdonald L, Tester R, Hilder J, Dowell AC (2018) A taboo topic? How general practitioners talk about overweight and obesity in New Zealand. *J Prim Health Care* 10(2): 150-158. Doi: 10.1071/HC17075

Gunther S, Guo F, Sinfield P, Rogers S, Baker R (2012) Barriers and enablers to managing obesity in general practice: a practical approach for use in implementation activities. *Qual Prim Care* 20(2): 93-103.

Hayward LE, Neang S, Ma S, Vartanian LR (2020) Discussing weight with patients with overweight: supportive (not stigmatizing) conversations increase compliance intentions and health motivation. *Stigma Health* 5(1): 53–68 doi: 10.1037/sah0000173

Hazlehurst JM, Logue J, Parretti HM et al (2020) Developing Integrated Clinical Pathways for the Management of Clinically Severe Adult Obesity: a Critique of NHS England Policy. *Curr Obes Rep* 9(4): 530–543 doi: 10.1007/s13679-020-00416-8

Jackson Leach R, Powis J, Baur LA (2020) Clinical care for obesity: a preliminary survey of sixty-eight countries. *Clin Obes* 10: e12357 doi: 10.1111/cob.12357

Jastreboff AM, Cotz CM, Kahan S, Kelly AS, Heymsfield SB (2019) Obesity as a disease: the Obesity Society 2018 position statement. *Obes* 27(1): 7-9 doi: 10.1002/oby.22378.

Kass L, Desai T, Sullivan K, Muniz D, Wells A (2021) Changes to Physical Activity, Sitting Time, Eating Behaviours and Barriers to Exercise during the First COVID-19 'Lockdown' in an English Cohort. *Int J Environ Res Public Health* 18(19): 10025 doi: 10.3390/ijerph181910025

Katz M (2021) Regardless of Age, Obesity and Hypertension Increase Risks with COVID-19. *JAMA Internal Med* 181(3):381 doi: 10.1001/jamainternmed.2020.5415

LDE (2017) Should we officially recognise obesity as a disease? (Editorial). Lancet Diabetes Endocrinol 5(7): 483 doi: 10.1016/S2213-8587(17)30191-2

Lawrence BL, Kerr D, Pollard CM et al (2021) Weight bias among health care professionals: A systematic review and meta-analysis. *Obesity (Silver Spring)* 29(11): 1802-1812 doi: 10.1002/oby.23266

Mazza D, McCarthy E, Carey M, Turner L, Harris M (2019) '90% of the time, it's not just weight': General practitioner and practice staff perspectives regarding the barriers and enablers to obesity guideline implementation. *Obes Res Clin Pract* 13(4): 398-403 doi: 10.1016/j.orcp.2019.04.001

McHale CT, Laidlaw AH, Cecil JE (2020) Primary care patient and practitioner views of weight and weight-related discussion: a mixed methods study. *BMJ Open* 10(3): e034023 doi: 10.1136/bmjopen-2019-034023

Michie S (2007) Talking to primary care patients about weight: a study of GPs and practice nurses in the UK. *Psychol Health Med* 12(5): 521-5 doi: 10.1080/13548500701203441

NHS Digital (2020) Health Survey for England 2019 https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019 (accessed 04/10/22)

NHS Digital (2021) National Child Measurement Programme, England 2020/21 School Year https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year (accessed 04/10/22)

NHS Digital (2022) National Child Measurement Programme, England, Provisional 2021/22 School Year Outputs https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/england-provisional-2021-22-school-year-outputs (accessed 03/10/22)

NICE (2014) Obesity: identification, assessment and management [CG189] https://www.nice.org.uk/guidance/cg189/chapter/Recommendations (accessed 12/10/22)

Nicholson BD, Aveyard P, Bankhead CR et al (2019) Determinants and extent of weight recording in UK primary care: an analysis of 5 million adults' electronic health records from 2000 to 2017. *BMC Med* 17: 222 doi: 10.1186/s12916-019-1446-y

Norman K, Chepulis L, Burrows L, Lawrenson R (2022) Barriers to obesity health care from GP and client perspectives in New Zealand general practice: A meta-ethnography review. *Obes Rev* 23(10): e13495 doi: 10.1111/obr.13495

OECD Health Statistics (2021) Measured overweight (including obesity) rates among adults, by sex, 2019 (or nearest year). Health at a Glance 2021 OECD Indicators. OECD Publishing: Paris. https://doi.org/10.1787/5ef25151-en (accessed 05/10/22)

OEN (2022) NHS Tiered Care Weight Management Pathway. https://oen.org.uk/managing-obesity/nhs-tiered-care-weight-management-pathway/ (accessed 06/10/22)

OHID (2022) Obesity Profile: short statistical commentary July 2022. https://www.gov.uk/government/statistics/obesity-profile-update-july-2022/obesity-profile-short-statistical-commentary-july-2022 (accessed 03/10/22)

Palad CJ, Stanford FC (2018) Use of people-first language with regard to obesity. *Am J Clin Nutr* 108(1): 201–203 doi: 10.1093/ajcn/nqy076

Parretti H, Chowhan H (2021) Guidance update. Overcoming challenges in managing obesity in primary care. Guidelines in Practice https://www.guidelinesinpractice.co.uk/supplements/overcoming-challenges-in-managing-obesity-in-primary-care/456646.article (accessed 07/10/22)

PHE (2021a) Health Profile for England, 2021 https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#summary-14---trends-in-risk-factors (accessed 12/10/22)

PHE (2021b) National Diet and Nutrition Survey: Diet, nutrition and physical activity in 2020. A follow up study during COVID-19 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019663/Follow_up_stud_2020_main_report.pdf (accessed 05/10/22)

PHE (2020) Excess weight and Covid19: insights from new evidence https://www.gov.uk/government/publications/excess-weight-and-covid-19-insights-from-new-evidence (accessed 03/10/22)

Prospective Studies Collaboration (2009) Body-mass index and cause-specific mortality in 900,000 adults: collaborative analyses of 57 prospective studies. *Lancet* 373(9669): 1083–96 doi:10.1016/S0140-6736(09)60318-4

Puhl RM, Lessard LM, Himmelstein MS, Foster GD (2021a) The roles of experienced and internalized weight stigma in healthcare experiences: Perspectives of adults engaged in weight management across six countries. *PLoS ONE* 16(6): e0251566 doi: 10.1371/journal.pone.0251566.

Puhl PM, Lessard LM, Pearl RM, Himmelstein MS, Foster GD (2021b) International comparisons of weight stigma: addressing a void in the field. *Int J Obesity* 45(9):1976–1985 doi: 10.1038/s41366-021-00860-z

Robinson E, Boyland E, Chisholm A et al (2021) Obesity, eating behavior and physical activity during COVID-19 lockdown: A study of UK adults. *Appetite* 156:104853 doi: 10.1016/j.appet.2020.104853.

Royal College of Nursing (2022) Obesity. https://www.rcn.org.uk/clinical-topics/Public-health/Obesity (accessed 12/10/22)

Royal College of Physicians (2015) Action on obesity: Comprehensive care for all. https://www.rcplondon.ac.uk/projects/outputs/action-obesity-comprehensive-care-all (accessed 07/10/22)

Segal L, Dalziel K, Bolton T (2008) A work force model to support the adoption of best practice care in chronic diseases - a missing piece in clinical guideline implementation. *Implement Sci* 3: 35 doi: 10.1186/1748-5908-3-35

Sikorski C, Luppa M, Kaiser M et al (2011) The stigma of obesity in the general public and its implications for public health - a systematic review. *Public Health* 11: 661 doi: 10.1186/1471-2458-11-661

Sport England (2022) Active Lives Adult Survey November 2020-21 Report. https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-04/Active%20Lives%20Adult%20Survey%20November%2020-21%20Report.pdf?VersionId=nPU_v3jFjwG8o_xnv62FcKOdEiVmRWCb (accessed 05/10/22)

Tahrani A, Paretti H, O'Kane M, Chowhan H, Ratcliffe D & Le Brocq S (2020) Managing obesity in primary care. *Guidelines in Practice* https://www.guidelines.co.uk/algorithms/managing-obesity-in-primary-care/455702.article

Tartof SY, Qian L, Hong V et al (2020) Obesity and Mortality Among Patients Diagnosed With COVID-19: Results From an Integrated Health Care Organization. *Ann Int Med* 173: 773-781, doi:10.7326/M20-3742

Wharton S, Lau DCW, Vallis M et al (2020) Obesity in adults: a clinical practice guideline. *Can Med Assoc J* 192(31): E875–E891 doi: 10.1503/cmaj.191707.

WHO (2021) Non-communicable diseases key facts. World Health Organisation: Geneva. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases (accessed 05/10/22)

Wilding JPH (2018) Beyond lifestyle interventions: exploring the potential of anti-obesity medications in the UK. *Clin Obes* 8(3): 211–25 doi: 10.1111/cob.12248

Williamson EJ, Walker AJ, Bhashkaran K et al (2020) Factors associated with COVID-19-related death using OpenSAFELY. *Nature* 584: 430-436 doi: 10.1038/s41586-020-2521-4

World Obesity (2021) COVID-19 and Obesity: The 2021 Atlas. The cost of not addressing the global obesity crisis. https://www.worldobesityday.org/assets/downloads/COVID-19-and-Obesity-The-2021-Atlas.pdf (accessed 05/10/22)

World Obesity Federation (2017) Obesity: a chronic relapsing progressive disease process. A position statement of the World Obesity Federation. *Obes Rev* 18: 715-723 doi: 10.1111/obr.12551

Box 1: Resources to support sensitive conversations about weight

National Obesity Forum. *Raising the issue*. Available from: http://www.nationalobesityforum.org.uk/images/stories/PDF_training_resource/in-depth-raising-the-issue.pdf (accessed 12/10/22)

Public Health England (2017) *Let's Talk About Weight: A step-by-step guide to brief interventions with adults for health and care professionals*. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737903/weight_management_toolkit_Let_s_talk_about_weight.pdf (accessed 12/10/22)

Royal College of Physicians. *Ten Top Tips. Raising the topic of overweight*. Available from: file:///C:/Users/hilda/Downloads/RCP%20Ten%20Top%20Tips%20for%20Talking%20About%20Overweight.pdf (accessed 12/10/22)

Keywords: general practice, obesity, bias, communication

Key points:

- Primary care including general practice has an essential role in weight management.
- There are significant barriers to supporting patients with weight management in primary care & general practice identified by both patients and healthcare staff
- Knowledge of local care pathways & services by healthcare practitioners is important

Box 2: Resources for non-discriminatory images of people living with overweight and obesity

World Obesity Image Bank. https://www.worldobesity.org/resources/image-bank