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## **How do I talk sensitively to patients who are living with obesity about weight and health?**

Excess weight increases risk of many conditions likely to impact on need for emergency care, including cardiovascular disease, type 2 diabetes mellitus and stroke (OHID, 2022; Fruh, 2017; Prospective Studies Collaboration, 2009). It also complicates responses to some medications (including anaesthetics). Alterations to cardiopulmonary physiology and drug metabolism associated with obesity can potentially complicate treatment (Cheymol, 2000; Csige et al, 2018). So, weight is relevant to and can impact upon emergency treatment. Nurses and their colleagues in emergency care have a short but important opportunity to make a lasting impression.

## **Why does careful communication about weight matter?**

Talking sensitively about body weight is now well recognised as important. Even in a short period of time with a patient, communication matters (PHE, 2017). The quality and frequency of communications have been highlighted by emergency service users, impacting how they perceive their quality of care (Healthwatch, 2020). Weight is an intensely sensitive issue, and those living with excess weight are frequently subject to stigmatisation and bias, even by healthcare professionals (Lawrence et al, 2021; Puhl et al, 2021a; Puhl et al, 2021b). Rather than being recognised as a chronic relapsing disease, obesity may be perceived as a personal choice or a failure of character or self-discipline (Sikorski et al, 2011). Within any healthcare setting, this can damage the helping relationship, adversely affect patient willingness to follow advice and increase reluctance to seek medical help (Bidstrup et al, 2022). So how, in the busy environment of emergency care, should obesity be discussed with patients?

Exploring personal bias in relation to weight can be useful (Daundasekara et al, 2019). Online tools are available to explore this (Box 1). Becoming aware of conscious and unconscious assumptions held about what causes or maintains obesity means that healthcare professionals can work to remove barriers to effective communications with affected patients.

Even very short, carefully planned conversations about weight can make a difference. Brief interventions, using the ASK, ADVISE, ASSIST model, are advocated (PHE, 2017).

**ASK:** in any healthcare setting, asking permission of the patient to talk about weight (and to weigh them) is a good first step ('Could I weigh you today?'; 'Could we talk about your weight in relation to [health problem]?'). Both the language used and non-verbal communications - such as body language - convey powerful messages. Being neutral, respectful and using "People First" language will avoid inadvertently suggesting blame (i.e. 'a patient living with obesity', rather than 'an obese patient'). This is similar to the approach advocated for those with diabetes (NHS England, 2018), and is supported by patient groups (<https://oen.org.uk/2021/12/18/framing-obesity-ending-stigma-the-change-we-need-to-see-in-the-media/>). Mirroring the words patients themselves use in relation to their weight demonstrates willingness to actively listen, while using open questions allows patients to express their lived experience and feelings about their weight without assumption or judgement ('I wonder what your thoughts are about your weight?'). Weights and BMI status should be routinely recorded.

**ADVISE:** Knowing what options are available locally and their referral criteria enables sharing of factual information about appropriate weight management services. Examples include online resources and lifestyle weight management services including commercial options if local services are not available. Signpost patients to self-referral options and information sources. If referral is needed, offer to do this ('Having support really helps with weight management. I can refer you to X free service now if you would like me to?').

**ASSIST:** Making the referral into appropriate services increases the likelihood of engagement with weight management services. This should be recorded into the medical notes for follow up by other healthcare professionals.

### **A whole team approach**

A whole team approach to respectful communications, use of brief interventions and signposting and/or referral to weight management services will ensure a consistent experience for patients. Regular training, particularly if staff turnover is high, is advocated. Look at the environment, including weight-related written information,

images and equipment. What messages may they unintentionally send to patients about weight-related assumptions? (see Box 1 for useful non-stigmatising images and language resources). Ensure weighing scales are easily accessible, regularly calibrated and suitable for those with severe obesity (PHE, 2017).

### Box 1: Useful Resources

Obesity Action Coalition (2021) People-First language for obesity.  
[https://www.obesityaction.org/wp-content/uploads/1033162\\_FirstPersonOne-Pager01\\_041921.pdf](https://www.obesityaction.org/wp-content/uploads/1033162_FirstPersonOne-Pager01_041921.pdf)

NHS England (2018) Language Matters Language and Diabetes.  
<https://www.england.nhs.uk/wp-content/uploads/2018/06/language-matters.pdf>

Public Health England (2017) Let's Talk About Weight: A step-by-step guide to brief interventions with adults for health and care professionals.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/737903/weight\\_management\\_toolkit\\_Let\\_s\\_talk\\_about\\_weight.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737903/weight_management_toolkit_Let_s_talk_about_weight.pdf)

World Obesity Federation Image bank: non-stigmatising images of those living with overweight or obesity <https://www.worldobesity.org/resources/image-bank>

Implicit Association Tests, including for weight  
<https://implicit.harvard.edu/implicit/takeatest.html>

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<https://www.gov.uk/government/statistics/obesity-profile-update-july-2022/obesity-profile-short-statistical-commentary-july-2022>

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

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Sikorski C, Luppá 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