




Overweight and obesity

Overweight and obesity is a major public health issue and a leading risk factor for ill-health. Australia has one of the highest rates of overweight and obesity in the world, with two thirds of the population overall and 25% children and adolescents overweight or obese. Excess weight is a major risk factor for CV disease, diabetes, hypertension, sleep apnoea, musculoskeletal conditions, depression and some cancers. It is essential that GP registrars can effectively assess and manage patients who are overweight and obese.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Appropriate nomenclature and effective communication strategies • BMI and waist circumference categories • Risk factors for overweight and obesity, including medications • Appropriate investigations, including baseline pathology and ECG • Lifestyle approaches to management • Pharmacotherapy – indications, side-effects, risks, CI • Screening for complications of obesity • Pharmacotherapy and bariatric surgery • Motivational interviewing and the 5A's approach to assessment • Local referral pathways and community resources • Online programs and self-management options available to patients • Overweight and obesity in children and pregnant women 				
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • 2019 AIHW Overweight and obesity: an interactive insight 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • There is a strong heritability related to regulation of body composition and energy • Avoid use of potentially stigmatising language like 'obesity' – instead use more neutral language like 'well above a healthy weight' • Avoid victim blaming and treat as a chronic disease with plan for long term management • Early onset of hyperphagia and obesity in children should lead to consideration of a genetic cause • Endocrine causes e.g. PCOS, thyroid disorders, are uncommon causes of obesity • Waist circumference can be a useful motivator for patients, especially if their weight does not change much • Management should be tailored to the patient's knowledge and motivation via a combination of specific dietary measures +/- medications • Patients should not increase physical activity by more than 10% per week in order to avoid injury • The best physical activity is what the patient enjoys, and the best diet is the one the patient can stick to • Portion size is critical to discuss in management • Consider the mental health impacts of obesity and overweight and early referral for psychology review 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="277 1809 384 2011">Read</td><td data-bbox="384 1809 1527 2011"> <ul style="list-style-type: none"> • 2014 MJA editorial Weight loss options in general practice • HANDI Ten top tips for weight control • The Australian Dietary Guidelines • 2022 Lancet. Pharmacotherapy for adults with overweight and obesity: a systematic review and network meta-analysis of randomised controlled trials </td></tr> <tr> <td data-bbox="277 2011 384 2078">Listen</td><td data-bbox="384 2011 1527 2078"> <ul style="list-style-type: none"> • 2018 MJA podcast Childhood obesity </td></tr> </table>	Read	<ul style="list-style-type: none"> • 2014 MJA editorial Weight loss options in general practice • HANDI Ten top tips for weight control • The Australian Dietary Guidelines • 2022 Lancet. Pharmacotherapy for adults with overweight and obesity: a systematic review and network meta-analysis of randomised controlled trials 	Listen	<ul style="list-style-type: none"> • 2018 MJA podcast Childhood obesity
Read	<ul style="list-style-type: none"> • 2014 MJA editorial Weight loss options in general practice • HANDI Ten top tips for weight control • The Australian Dietary Guidelines • 2022 Lancet. Pharmacotherapy for adults with overweight and obesity: a systematic review and network meta-analysis of randomised controlled trials 				
Listen	<ul style="list-style-type: none"> • 2018 MJA podcast Childhood obesity 				
FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Registrar to undertake clinical reasoning challenge and discuss with supervisor • Review the 2019 National Obesity Summit presentations 				

Overweight and obesity

Clinical Reasoning Challenge

Michael Colina is a 35-year-old long term patient of your practice. He presents to you after his father suffered a heart attack aged 58, and he is worried his excess weight and unhealthy lifestyle may mean this will happen to him when he is older.

He has no past medical history and is not on any medications but has a strong family history of type 2 diabetes.

He has trialled various diets and supplements in the past to lose weight but states has always regained the weight once he stopped the regimes. He is interested in trialling a weight loss medication this time because he has heard they can be more successful.

QUESTION 1. What further history is important to consider in your assessment of this patient when considering starting a weight loss medication? List up to FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 2. What important components of examination would you complete for this patient? List FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 3. Would you consider any further investigations for this patient? If so, list as many as appropriate.

- 1 _____
- 2 _____

QUESTION 4. What self-management tools would you suggest for this patient? List FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Overweight and obesity

ANSWERS

QUESTION 1

What further history is important to consider in your assessment of this patient when considering starting a weight loss medication?

- History of substance abuse, including ETOH use
- History of seizures
- Psychiatric history – particularly history of bipolar disorder, severe anxiety, suicidality, or paranoia
- Degree of motivation for lifestyle changes
- Ability to afford cost of medication

QUESTION 2

What important components of examination would you complete for this patient?

- HR
- Blood pressure
- Waist circumference
- Height
- Weight
- BMI
- Cardiovascular examination

QUESTION 3

Would you consider any further investigations for this patient?

- HbA1c
- Fasting BGL
- Fasting lipids
- LFT (possible fatty liver)
- TSH (possible hypothyroidism)
- Sleep study (possible sleep apnoea)

QUESTION 4

What self-management tools would you suggest for this patient?

- Exercise tracker e.g. Fitbit or equivalent
- Food diary app
- Scales
- Motivational support – Get Healthy service, online program
- Gym membership or online/ app based exercise program
- Local walking or exercise group