

Support for GPs critical to manage and prevent obesity

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New research suggests GPs need more support to help them meet national guidelines to tackle obesity.

Research by Monash University, published in the *Medical Journal of Australia*, has shown that GPs are not routinely recording measures of obesity, as recommended by the National Health and Medical Research Council (NHMRC).

Data from the Melbourne East Monash General Practice Database

(MAGNET), a collaboration between Monash University and Inner East Melbourne Medicare Local, on over 270,000 adult patients seen at clinics in inner east Melbourne between July 2011 and December 2012 was assessed to see whether GPs' practice was consistent with the recommendations, which provides [clinical practice guidelines](#) for managing [overweight and obesity](#) in adults, adolescents and children in Australia.

The guidelines suggest that routinely documenting obesity indicators such as Body Mass Index (BMI) and [waist circumference](#), are some of the quantitative measures that support a systematic approach to preventing and managing obesity.

Researchers discovered that only 22 per cent (59,987) of patients had their BMI recorded, and just 4 per cent (11,684) of patients had their waist circumference recorded.

Dr Lyle Turner, from the Department of General Practice, who led the study, said it shows more needs to be done to support GPs to help them tackle obesity.

"The NHMRC guidelines emphasise the importance of patient engagement when it comes to managing and preventing obesity. Yet the low rates of documentation of obesity measures imply a continued need for programs of support to increase obesity screening and documentation of related clinical information," he said.

"Primary health care is generally the first point of contact for people seeking health services. So we know it has the potential to play a crucial role in helping identify and manage patients with obesity. Yet our data shows this isn't happening as much as it could be." Dr Turner said.

Patients aged over 75 years were more likely to have a BMI recorded,

but women overall were less likely to have measures of obesity documented. Patients with diabetes, hypertension or hyperlipidaemia and those who were prescribed diabetes-related medications were more likely to have a documented BMI.

Dr Turner said the study identified potential hurdles GPs faced in increasing screening for obesity in general practice.

"Problems in identifying obesity in the patient, difficulty discussing [obesity](#), a perceived lack of appropriate training and clinical software restrictions, were common factors," he said.

"Primary care organisations assigning practice liaison officers to generate regular feedback on data quality and population-level health indicators, could be one way in which to tackle this, but more research is needed," he said.

The next step for this research will now be to talk with GPs directly, in order to identify the current barriers to recording of BMI and waist circumference. This will then inform strategies designed to increase the recording of these important measurements.

More information: "Obesity management in general practice: does current practice match guideline recommendations?" *Med J Aust*, 202(7), 370–372. DOI: [10.5694/mja14.00998](https://doi.org/10.5694/mja14.00998)

Provided by Monash University

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