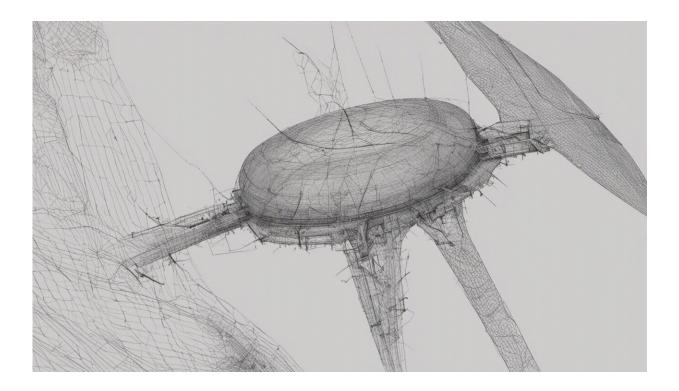


## GPs don't give useful weight-loss advice—new study

December 19 2022, by Colin Michie



Credit: AI-generated image (disclaimer)

The advice general practitioners give to patients with obesity in the UK was found to be "highly varied, superficial and often lacked an apparent evidence base," according to a <u>new study</u> from the University of Oxford.

GPs in the UK are in a trusted position as guides and managers of health



in their communities. Expectations of them are often high: they are the personal advisers, taking stock of their patients' physical and <u>mental</u> <u>health</u>, and delivering tailored advice and treatments.

A formidable test of general practice in the last 50 years has been the rise in obesity. Not an illness in itself and not a new phenomenon, but a significant potential threat to health.

It is widely known that corpulence does not yield easily to diet or exercise. In 1865, William Banting, an English undertaker and coffin maker, <u>published a combination of these two strategies</u> to help reduce the stoutness of English Victorians. William Osler, a professor of medicine at Oxford University, in 1892 elaborated further on ideal foods and <u>physical activity</u> in <u>The Principles and Practice of Medicine</u>. Both pointed out that these approaches worked slowly, requiring considerable motivation to be effective.

Globally, the number of obese children and adults <u>remains very high</u>, and progress in prevention and treatment has been slow. Many separate approaches are needed to optimise our diets, our food supplies and ourselves.

Current guidelines in the UK encourage GPs to talk to obese patients about their weight and discuss ways to lose weight. <u>Evidence shows</u> that even brief conversations can lead to weight loss.

In this latest study, published in the journal *Family Practice*, the researchers analysed 159 audio recordings of consultations between GPs and <u>obese patients</u> in which doctors gave brief (up to 30 seconds) weight-loss advice. The recordings were made between 2013 and 2014 across 137 GP surgeries.

Word analysis of these conversations provided surprising results. If the



patients had followed the advice given in most of the consultations, they would not have lost weight.

The most frequent advice was essentially "eat less and do more." Only 30 patients were given personalised advice, that is, where GPs "took into account patients' capacity to follow the advice, such as a patient's limited physical mobility and the implications on this for exercise."

In half the interviews (78 instances), GPs also advise patients to access further support, such as a follow-up appointment or referral to a gym.

The advice provided by GPs in the recordings was not always accurate. Many elements of advice included, for instance, the idea that small behavioural changes could result in a large loss of weight. Banting showed this to be a myth back in the early 19th century.

## Things have improved since 2014

In 2014, few GPs were well-trained in this area of counselling. The more specialised areas of motivational counselling and setting realistic weightloss goals for patients were also difficult. So although patients would prefer to speak to a GP about their weight, those GPs felt underqualified to do so.

Developing and improving advice given to <u>patients</u> since 2014 has featured increasingly in primary care education and guidelines from the UK's National Institute for Health and Care Excellence.

New systems are being deployed, such as the use of social prescribing that permit a GP to recommend various "community referrals" such as prescribing a gym membership. This shared responsibility between those with greater expertise is powerful, reduces stigma and encourages independence in those who are overweight or obese.



These approaches have been reinforced by Public Health England's campaign to help people make healthier choices—this includes the free <u>NHS Weight Loss Plan</u> app.

Advice concerning health and <u>weight</u> is particularly valuable—and <u>it</u> <u>works</u>. Improving it can only support the very difficult job of tackling obesity. This long, slow journey requires all of us to be participants.

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