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Who discusses reaching a healthy weight with a general practitioner? Findings from the 2014–15 Australian National Health Survey

Michelle Kilpatrick, Mark Nelson, Andrew Palmer, Kim Jose, Alison Venn*

Menzies Institute for Medical Research, University of Tasmania, Medical Science 1 Building, Private Bag 23, Hobart, Tas. 7000, Australia

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ABSTRACT

Objective: General practitioners (GPs) can positively impact upon patient intentions to lose weight and weight management, and are important in the referral pathway to specialist weight-loss programs and surgical interventions. The aim of this study was to investigate the characteristics and proportions of Australians who report talking to a GP about weight management.

Methods: Cross-sectional data from 15,329 participants aged 15 years and over in the 2014–15 Australian National Health Survey were used. Proportions (with 95% confidence intervals (95%CI)) of respondents who reported discussing reaching a healthy weight with a GP in the previous 12 months were estimated, categorised by demographic, social and health characteristics.

Results: We found that 10.8% (95%CI:9.8–11.8) of overweight participants, 24.4% (95%CI:22.7–26.4) with Class 1 obesity ($30 \leq$ BMI $< 35\,kg/m^2$) and 41.8% (95%CI:38.3–45.3) with Classes II/III obesity (BMI $\geq 35\,kg/m^2$) reported discussing weight with a GP. Higher proportions of respondents with Class II/Class III obesity and poor/fair self-reported health (50.2%, 95%CI:43.3–57.0), or high/very high levels of psychological distress (53.3%, 95%CI:43.7–61.4), or diabetes (64.8%, 95%CI:51.9–77.3) reported discussing weight. As age, number of GP visits, or comorbid conditions increased, the proportions of people who discussed their weight with a GP also increased, across all weight classes.

Conclusions: While discussions are more likely with increasing BMI and comorbidities, most Australians with overweight and obesity appear to be missing opportunities to discuss reaching a healthy weight with their GP. Policies, training and education programs to encourage this dialogue could lead to earlier and more beneficial weight-related interventions.

Introduction

Obesity is a global health problem associated with increased risk of morbidity and mortality. It is a contributing factor for numerous chronic diseases [1] and the global prevalence of overweight and obesity continues to grow [2]. In 2014–15, 63% of Australian adults were estimated to be overweight or obese (BMI $\geq 25\,kg/m^2$) [3], with 28% estimated to be obese. Seven percent of the total burden of disease has been attributed to overweight and obesity in Australia, and even a small reduction in population-level body mass is estimated to reduce this burden by approximately 14% [4].

General practitioners (GPs) are well placed as primary health care providers to help address obesity, and are an important initial point of contact in the referral pathway to specialist supports, such as weight-loss programs, or surgical interventions. Australian clinical practice guidelines recommend that GPs monitor patient weight during routine consultations and deliver weight-related advice and assistance to patients identified as being overweight or obese [5]. Further, many patients feel that GPs have an important role to play in weight management [6]. This represents an opportunity to address obesity in patients, as well as intervene for those patients who are overweight and gaining weight, before obesity has contributed to ill health.

Promising evidence from observational and trial research has shown that brief, opportunistic GP interventions and advice can be acceptable to patients, and result in increased intentions to lose weight, behaviour change, and weight loss, particulary when GPs are able to refer patients to external weight loss services or supports [7,8] and even for patients who were not actively seeking assistance with their weight [9]. Yet despite the population reach of primary health care, and the promise shown for brief GP weight-related advice and interventions, current evidence suggests

* Corresponding author.
E-mail address: Alison.Venn@utas.edu.au (A. Venn).

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Table 1
Proportions of respondents who reported discussing reaching a healthy weight with a GP in the previous 12 months.

	Underweight/normal		Overweight		Class 1 Obesity		Class II/Class III Obesity	
	Weight	(95% CI)	Weight	(95% CI)	Weight	(95% CI)	Weight	(95% CI)
Discussed weight with GP								
Yes	2.6	(2.2, 3.0)	10.8	(9.8, 11.8)	24.4	(22.5, 26.4)	41.8	(38.3, 45.3)
No	97.4	(97.0, 97.8)	89.2	(88.2, 90.2)	75.6	(73.6, 77.5)	58.2	(54.7, 61.7)

that GP discussions with patients regarding weight management or weight-related lifestyle behaviours are relatively uncommon [10,11]. Barriers identified by GPs to raising the topic of weight with patients include limited consultation time, concerns about damaging patient relationships, lack of training to address obesity in this setting and low confidence and self-efficacy in the likelihood of achieving positive patient outcomes with current management options [12]. Training to build the self-efficacy and confidence of GPs to address weight management in their practice has shown promise [9,13]; however, more information is needed about the patients who are and who are not discussing weight management with GPs. A better understanding of patient characteristics would help to identify gaps or opportunities to support GPs to initiate weight discussions with individuals at risk of obesity-related health problems. The aim of this study, therefore, is to investigate the characteristics and proportions of Australians who report discussing reaching a healthy weight with a GP.

Materials and methods

We conducted cross-sectional analyses of data from the 2014–2015 Australian National Health Survey. The survey was the most recent in a series conducted by the Australian Bureau of Statistics using trained interviewers to collect participant data from a stratified multistage area sample of private dwellings [14]. The response proportion was 82.0% (comprising 14,723/17,958 of the sampled households that fully or adequately responded). The total sample for the survey was 19,259 children and adults, and the data are weighted by the Australian Bureau of Statistics to be representative of the Australian population. The primary outcome was whether or not the participant had discussed reaching a healthy weight with a GP in the previous 12 months. This question was asked of participants aged 15 years and over who had consulted a GP in the last 12 months. Therefore, the sample for our study consisted of the 15,329 participants aged 15 years and over.

Measures

Data collected included sociodemographic characteristics (e.g. age, sex, education, health insurance status), physical and health characteristics (e.g. measured height and weight, self-perceived body mass (participants were asked "Do you consider yourself to be an acceptable weight, underweight or overweight?"), self-assessed health, psychological distress, self-reported comorbidities and health-related behaviours), and health service usage and health-related actions (e.g. health professional consultations, discussions with GP about lifestyle issues).

Participants were asked when they last saw a GP for their own health. If participants had consulted a GP in the previous 12 months, they were shown a list of lifestyle issues, including reaching a healthy weight, reducing or quitting smoking, increasing physical activity, and eating healthy food or improving diet, and asked if they had discussed any of these issues with a GP in the last 12 months. If yes, they were asked "Which ones did [you] discuss with [your] GP." Participants could select multiple answers.

BMI was calculated using objectively measured weight and height (kg/m^2). Weight status was categorised as underweight/normal ($BMI < 25\ kg/m^2$), overweight ($25 \leq BMI < 30\ kg/m^2$), Class I obesity ($35 > BMI \geq 30\ kg/m^2$), Class II or III obesity ($BMI \geq 35\ kg/m^2$).

Data analysis

Participant characteristics are presented as proportions with 95% confidence intervals (95%CI). Estimates were weighted using STATA v14 with survey weights provided by the ABS (which use the Jackknife delete-1 weighting method to account for the stratified multistage design of the survey, oversampling, and non-response). The survey weight STATA package, svr, recommended by the ABS (N.Winter, Boston College Department of Economics, Chestnut Hill, MA, USA) was used for the analysis. When interpreting the results, differences in proportions were considered to be marked when the proportions in the levels of each category differed and the confidence intervals did not overlap.

Results

From a total of 15,329 respondents aged 15 years and over who had consulted a GP in the last 12 months, the proportions (with 95% confidence intervals (95%CI)) who reported discussing reaching a healthy weight with a GP in the previous 12 months were estimated, categorised by demographic, social and health characteristics. More of those categorised with Classes II/III obesity (41.8%; 95%CI 38.3, 45.3) (Table 1) reported discussing reaching a healthy weight with a GP, compared with a quarter of participants categorised with Class I obesity (24.4%; 95%CI 22.5, 26.4), and one in 10 participants categorised as overweight (10.8%; 95%CI 9.8, 11.8).

The proportions of participants who discussed reaching a healthy weight with a GP in the previous 12 months are reported in Table 2, classified according to their weight status and categorised by sociodemographic and health-related characteristics.

No marked differences were observed across the different levels of sex, living status, labour force status, main source of income, relative socioeconomic disadvantage, private health insurance status or health-related behaviours. Higher percentages of older participants reported discussing weight, compared to younger participants. Further investigations (data not shown) found there was little difference across age groups and the number of GP visits, except for participants aged 65 years or over, who reported visiting the GP more times in the previous 12 months than younger participants.

Lower proportions of overweight and obese participants who perceived their body mass to be acceptable discussed weight with a GP, compared to those who perceived themselves to be overweight. More participants with Class II/Class III obesity and fair/poor self-assessed health discussed weight (50.2%; 95%CI 43.4, 57.0), than those who assessed their health as excellent, very good or good (38.8%; 95%CI 34.7, 42.9). Similarly, more overweight and obese participants with high/very high psychological distress discussed weight, relative to those with low/moderate levels of distress. Comparable results were seen for those reporting experiencing any bodily pain in the previous four weeks.

Across all BMI classes, participants were more likely to have discussed weight if they had visited the GP more than once in the

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