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Medically managing obesity: Offering hope or a disincentive to change?

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ABSTRACT

Objective: As weight loss in primary care remains minimal, Health Professionals are advised to medically manage obesity-related risk factors including blood pressure and cholesterol. This experimental study evaluated the impact of medically managing risk factors on obese patients' motivation to change their behaviour.

Methods: A vignette study with two arms: successful medical management (ie risk factors have improved) vs failed medical management (ie no change) set in three General Practices in the South of England. Overweight and obese patients (n = 170) rated their behavioural intentions and beliefs after reading a vignette describing an overweight patient who had received either successful or failed medical management of their risk factors (blood pressure and cholesterol).

Results: Following successful medical management overweight and obese patients reported increased intentions to lose weight and a greater understanding of their condition.

Conclusion: Medical management may change patient's understanding of their weight problem and motivate them to lose weight.

Practice implications: Successful management relating to improvements in blood pressure and cholesterol may offer renewed hope and motivate obese patients to change their behaviour. This could be used as a teachable moment to encourage patients to see that obesity need not be an inevitable part of their lives.

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1. Introduction

Overweight and obese individuals are often managed in primary care as this can be their first port of call for symptom presentation or the location for opportunist management following a routine health check [1–3]. Research shows, however, that although some interventions in primary care can produce weight loss [4] many patients do not follow the advice they are given and weight loss remains minimal [5]. As a result of the failure to promote weight loss

the primary care management of overweight and obesity has recently shifted from the recommendation of behaviour change alone towards a management of weight-related risk factors in response to two new forms of evidence [1,2]. Primarily, research has consistently shown that behaviour change interventions may only produce small and unsustainable changes in behaviour and subsequent weight [4,5]. Second, large scale epidemiological data illustrate that the impact of obesity on coronary heart disease and stroke may be due more to metabolic risk factors rather than weight per se [6]. In line with this, GPs are now being encouraged to address a patient's blood pressure and cholesterol levels through medication as a means to manage their risk factors for disease as well as their body weight per se [1,2]. This finds reflection in the move towards the medical management of smoking cessation through nicotine replacement therapy, the use of drugs such as Orlistat for weight loss and pharmacological approaches to the treatment of alcohol addiction [7–10]. This shift in management approach has implications for patient outcomes. For example, by focusing on risk factors the patient may feel that their obesity is being 'cured' or at least 'managed' and therefore requires no further input from themselves. Accordingly, being told that their risk factors have improved may paradoxically encourage a patient to make less effort to change their behaviour and lose weight. Such a response would be in line with research exploring the importance of an internal locus of control for behaviour change [11], the role of self efficacy and perceived behavioural control which are central to most models of behaviour [12] and evidence that a medical model of obesity is linked to poor weight loss and

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weight loss maintenance [13–15]. In contrast, however, it is possible that the successful medical management of risk factors may offer an incentive to the patient thereby increasing their motivation for the future. This reflects the notion of a teachable moment and the ways in which reinforcement and encouragement at specific times in a patients' life can engender hope and subsequent change [13,16]. To date, however, although doctors continue to medically manage risk factors there remains no evidence as to whether this process is either harmful or of benefit to the patient's motivation to self manage their weight problems in the future.

The present study therefore explored the impact of successful versus failed medical management of obesity risk factors (blood pressure and cholesterol) on patients' intentions to lose weight and change their diet and activity levels. In addition, the study also explored any associated changes in the patients' beliefs about obesity in terms of their understanding of the condition, its consequences and whether it can be controlled by treatment or the patient themselves drawing upon Leventhal's Self-Regulatory Model emphasizing components of illness representations [17].

2. Methods

2.1. Design

The study used a vignette based questionnaire describing an overweight patient receiving medical management of their obesity-related risk factors (blood pressure and cholesterol) which was either successful (an improvement in risk factors) or failed (no change in risk factors). Dependent variables were behavioural intentions (to change their diet; be more active; lose weight) and beliefs about obesity (treatment control; consequences; personal control; understanding; emotional response).

2.2. Participants

Questionnaires (n = 340) were distributed to patients from three General Practices in the South of England. Questionnaires were received from n = 317 participants (93.2%). Those without height and weight data to compute BMI were removed from the analysis (n = 53). The remaining (n = 264) were complete and of these, those who were deemed either overweight or obese (n = 170; BMI > 24.9) were used in the final analysis (successful medical management n = 88; failed medical management n = 82). The inclusion criteria were that participants consented, were between 18 and 85 years of age and understood English sufficiently to complete the questionnaire. The study was given favourable approval by the NHS and University Ethics Committees.

2.3. Procedure

A research base was set up in the waiting room of three General Practices in order to gain maximum exposure. All patients visiting the practices were encouraged to approach the research base by the receptionists and then given a brief overview of the study, the information sheet and questionnaire. Patients either completed the questionnaire immediately or returned it by post. Participants were randomly assigned to receive one of the two vignettes.

2.4. The intervention

Participants were asked to rate their behavioural intentions and beliefs about obesity after reading one of two vignettes which varied only in terms of the success or failure of the medical management of obesity

2.4.1. Successful medical management

The successful medical management vignette read as follows: *'Imagine that you are a patient who is currently overweight. Your doctor has taken some blood samples and asked you to take some medication for your blood pressure and cholesterol levels. You return to the doctor a month later and he tells you "Your blood pressure AND cholesterol levels are both down and much improved. Well done!"*.

2.4.2. Failed medical management

The failed medical management vignette stated: *Imagine that you are a patient who is currently overweight. Your doctor has taken some blood samples and asked you to take some medication for your blood pressure and cholesterol levels. You return to the doctor a month later and he tells you 'Your blood pressure AND cholesterol levels are still the same'.*

All participants were then asked: *If you were this patient to what extent do you think that you would intend to do the following.* This vignette-based questionnaire has been used for a range of conditions to assess the impact of different forms of communication on patients' beliefs and behaviours [18–21]. As a methodology, it enables patients' beliefs and behaviours to be assessed in the context of their own demographics (eg. Body weight), without generating the level of stigma or blame that can be associated with more direct methods. Further, it is much less costly than a randomised control trial across practices which would need to account for clustering effects and could do harm.

2.5. Measures

All participants completed the following measures after the vignette. Reliability was assessed where appropriate using Cronbach's alpha.

2.5.1. Demographics

Participants were asked to describe their age, sex, height and weight (to compute BMI), ethnicity (White, Black African, Black Caribbean, Asian or other), level of education (less than secondary school, secondary school, some college, undergraduate degree, or post-graduate/professional degree) and how many times they had visited the doctor in the past year (0–3, 4–7, 8–10 or more than 10).

2.5.2. Behavioural intentions

Participants rated their behavioural intentions using 5 point Likert scales ranging from 'strongly disagree' (1) to 'strongly agree' (5) in terms of: Intentions to change their diet (3 items: 'intend to eat more healthily'; 'intend to eat less'; 'intend to change your diet'; alpha = 0.8); intentions to be more active (3 items: 'intend to be more active'; 'intend to do more exercise'; 'intend to be less sedentary'; alpha = 0.4). Due to the low alpha the sedentary item was removed and a scale was computed of two items (r = 0.8); intentions to lose weight (3 items: 'intend to lose weight'; 'intend to become a healthy weight' and 'intend to manage your weight'; alpha = 0.6). These scales have been used effectively in previous research exploring the behavioural intentions of obese patients and are derived from research drawing upon social cognition theory [eg. 12,16].

2.5.3. Beliefs about obesity

Participants completed the Illness Perception Questionnaire (IPQ-R) adapted for key constructs relevant for obesity rated from 'strongly disagree' (1) to 'strongly agree' (5); [15,22]. This assesses: treatment control (4 items: 'now you know that the doctor will know how to treat you'; 'your treatment can control your weight problem'; 'the negative effects of your weight problem can be avoided by your treatment'; 'your treatment will be effective at curing your weight problem'; alpha = 0.8); consequences (3 items;

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