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Original article

A pilot study of primary care physicians' attitude to weight loss surgery in England: are the young more prejudiced?

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Abstract

Background: Primary care practitioners (PCP) are the “gate-keepers” for publicly funded weight loss surgery (WLS) in the United Kingdom, but their attitude toward WLS has not been studied to date.

Objective: This pilot study aimed to investigate opinions and experience of PCPs regarding WLS in the United Kingdom.

Setting: PCPs from 3 publicly funded primary care consortiums from distinct geographic areas within the United Kingdom were surveyed.

Methods: A cross-sectional survey approach was used to assess PCP attitude to WLS surgery. A questionnaire was sent electronically to PCPs, designed to assess PCP demographic, experience, knowledge, and attitude regarding obesity and WLS. For the purposes of analysis, PCPs were divided into junior and senior based on duration of practice.

Results: Of PCPs, 35 completed and returned the questionnaire. Although PCPs stated that approximately 30% of their patients were obese, 17 (49%) had made not a single referral for WLS in the previous 12 months. PCPs overestimated early WLS mortality rate more than 10-fold and 23 (66%) did not feel confident providing care to patients post-WLS. Junior PCPs were significantly more likely to feel that WLS should not be publicly funded ($P = .01$).

Conclusions: These findings suggest a prejudice against WLS amongst PCPs in England, particularly among junior doctors. (Surg Obes Relat Dis 2017;■:00–00.) © 2017 American Society for Metabolic and Bariatric Surgery. All rights reserved.

Keywords:

Primary healthcare; Bariatric surgery; Funding

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Obesity rates have nearly doubled over the 20 years, with 26% of adults in the United Kingdom now obese [1]. Bariatric or weight loss surgery (WLS) is the most effective

modality for people with severe obesity leading to remission or improvement of co-morbidities and reduced mortality [2]. However, despite clear national guidelines regarding which people with severe obesity should be referred for assessment for WLS, in the United Kingdom <1% of eligible people undergo surgery [3].

Evidence suggests that many primary care physicians (PCPs) have pessimistic attitudes toward treating obesity [4]. This may be related to poor understanding of WLS surgery [5] and a lack of confidence in providing post-operative management [6]. There is however limited data on this subject, and most studies examining the attitudes of PCPs have taken place in the United States, with none to date from the United Kingdom.

In recent years, obesity and WLS have been better represented in undergraduate and postgraduate medical curricula in the United Kingdom. In 2007, the educational system of medical training in the United Kingdom was transformed with Modernizing Medical Careers to a new competency-based system, which formally includes topics relating to management of patients with obesity. Previous studies have shown that greater knowledge about WLS is associated with increased referrals for WLS [4], and that healthcare providers who are younger or with fewer years' experience are more likely to refer for WLS [7,8]. We therefore hypothesized that junior PCPs appointed since the curriculum change would be better informed and have a more positive attitude to WLS compared with more senior PCPs.

This pilot study aimed to specifically investigate the attitude and referral patterns of PCPs in England regarding obesity and WLS and to analyze any differences between junior and more senior PCPs.

Methods

Study population

Three PCP consortiums in different geographic areas of England (northwest London, Norfolk, and southwest Yorkshire) were approached and agreed to participate in this study. The choice of these areas aimed to ensure a diverse and representative sample of PCPs working with different population characteristics and varied local provision of specialist bariatric care. Questionnaires were sent by email to the 382 PCPs registered with these consortiums in 2015.

Included PCP participants had to be currently registered with the General Medical Council, actively involved in clinical care, and practicing in England.

Survey design

A preliminary questionnaire was designed by the study authors, based on similar questionnaires in the literature [7,9] but modified to ensure suitability for PCPs practicing in the United Kingdom. It was trialed and revised according

to feedback from 2 local PCPs. The questionnaire sought information regarding PCP demographic, experience of patients with obesity and patients undergoing WLS, knowledge regarding, and attitude toward WLS. The final questionnaire comprised of 36 questions, some with categorical field answers including a 5-point Likert scale, some requiring an estimate of number, and finally an opportunity for free text. No identifiable data was collected from participants and all data were fully anonymized using electronic means at the point of submission. No financial or other material incentive was offered to PCPs to complete the survey, and PCPs were contacted by email on one occasion only. Their response was considered to imply consent. Ethics is not required for this type of study by the Health Research Authority United Kingdom or by our local Research and Development office.

Analysis

Respondents were categorized as junior if they had ≤ 8 years' practice as a PCP (appointed since Modernizing Medical Careers). Data was dichotomized for Likert scale responses (strongly agree/agree = agree; strongly disagree/disagree = disagree). Data was checked for normal distribution. Where data were normally distributed, means are given with standard deviation; medians are given with interquartile range for nonnormally distributed continuous data. Variables were compared between junior and senior PCPs using *t* tests or Mann-Whitney *U* test for continuous variables and χ^2 or Fishers exact for categorical with $P < .05$ considered statistically significant.

Results

Demographic characteristics

Responses were provided by 35 PCPs (9.2%). Of PCPs, 18 (51%) were male and 17(49%) were female. There were 10 (29%) classified as junior as per the study criteria and 25 (71%) as senior. Of junior PCPs, 7 were <36-years old (70%), whereas the senior PCPs were >36-years old. Sex distribution was comparable between the 2 groups.

PCP experience

Although the PCPs stated that approximately 30% of their patients were obese (Table 1), 17 (49%) had not made a single referral for WLS in the previous 12 months. Junior PCPs estimated that a lower proportion of their patients were obese compared with senior PCPs. Although on average PCPs estimated that 2 patients in the previous 12 months had come to them requesting information about bariatric surgery, they had referred on average only 1 (50%) for assessment of WLS. There was no difference in rates of referral for assessment for WLS between junior and senior PCPs.

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