

Barns Medical Practice Service Specification for Weight Management



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Introduction

Obesity in Scotland has reached epidemic proportions and its prevalence is increasing especially among the most deprived areas in Scotland . The impact on physical and mental health is well recognised. Healthy BMI (body mass index) is regarded as between 18.5 and 24.9 and those who have a BMI over 25 are classified as overweight. The prevalence of obesity has more than doubled in the past 25 years in the UK and by 2050 60 % of men and 50% of women are predicted as being obese. In Scotland the problem is worse and it is predicted that 40% of the adult population will be obese by 2030 . As obesity levels rise in Scotland the number of risks and costs impacts on the development on local strategies interventions and services. In Ayrshire 70% of adults are overweight and 34% obese with the national average 65% and 29% respectively. The economic cost of obesity related diseases are estimated by 2050 at £50 billion per year without action.

Diagnosis

Obesity is classified as having a BMI >30 (Obesity)

Management

Health care professionals should discuss the willingness to address weight issues and then target weight loss strategies including dietary changes and increased activity. Weight loss history, including previous weight loss attempts should be part of the assessment. Health professional should also consider binge eating disorders in addressing weight management.

As well as addressing our patients weight problems the practice supports the healthy working lives strategy (NHS Scotland 2012). Practice staff are made aware of the benefits of a healthy lifestyle and make attempts to promote this.

A range of weight loss options should be discussed with the patient and supported by Patient information leaflets as in the Patient UK website. Mobile apps and electronic devices may be considered when addressing motivational issues and may be especially appealing with the younger generation .Dietary interventions for weight loss should be calculated to produce a 600kcal/day energy deficit. As well as encouraging activity and dietary changes, behavioural changes are also needed to be addressed. (Sign 2010)

Weight Loss Initiatives

Overweight or obese individuals should be supported to increase physical activity as part of their weight management programme. These individuals should be made aware of the significant health benefits associated with an active lifestyle such as decreased risk of cardiovascular disease, enhanced social opportunities, improved self esteem and confidence. In Ayrshire activity for health and weight to go programmes are coordinated via south Ayrshire council and in partnership with Ayrshire and Arran NHS. This programme is open to all individuals with a BMI > 25 and reported weight loss has been seen between 3-24% . There is a small fee for weight to go programmes at £3.80, however patients should be advised if they apply for an **ACTIVITY FOR LIVING CARD** this can offer them discounts up to 50% depending on social circumstances. These forms can be found at the Citadel reception. There are also lots of free activities, such as walking groups that patients can participate in, and find groups via Paths for all.

Drug intervention such as orlistat could be considered where diet, physical activity and behavioural changes are supported. It is important to recognize that therapy should **only** be continued beyond 12 weeks if at least *5% of their initial body weight is lost* since starting drug treatment. Therapy should be continued as long as clinical benefits are evident and ongoing risks and benefits should be discussed (Sign ,2010)

Bariatric surgery should be included as part of the overall clinical pathway for adult weight management. Referral by the GP for surgery is an option in NHS Ayrshire and Arran if you suffer from diabetes or sleep apnoea. This should be part of a programme of care that is delivered by a multidisciplinary team including , surgeons, dieticians, nurses, psychologists and physicians.

Diet Advice

Lots of new research has been done this year on Ketogenic diets. It was found in patients with T2DM who lost 15% of their body weight through ketogenic diets, that

their Hba1c return to that of being prediabetic. Ketogenic diets consist of a low carbohydrate, high protein balance. The easiest way to do this can be done is to consume 4 low calorie protein shakes as completed in this trial, with gradual introduction of solid food over the course of 12weeks to discourage rapid weight gain. Calorie intake should be 1200calories/day.

Staff involved and training required

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This service specification is relevant to all the Barns Medical practice staff . Training will be discussed as part of the clinician's personal development plan depending on past experience.

Advertising of service to patients via barnsnet

Resources for staff and patients

How to Lose Weight

<http://www.patient.co.uk/health/weight-reduction-how-to-lose-weight>

(online) accessed 11/06/2017

NHS Ayrshire and Arran Healthy weight strategy 2014

<http://www.nhsaaa.net/media/235060/hwstratvol11.pdf> (online) accessed 11/6/2017

NHS Scotland Healthy Working Lives <http://www.healthyworkinglives.com>

(online) accessed 11/06/2017

Sign Guideline Management of obesity <http://www.sign.ac.uk/pdf/qrq115> (online) accessed 11/06/2017

South Ayrshire council Weigh to go and activity for health

<http://www.south-ayrshire.gov.uk/leisure/health-development/weightogo.aspx>

(online) accessed 11/06/2017