Barns Medical Practice Service Specification for Weight Management

Developed January 2021 Review date January 2023

Introduction

Obesity in Scotland has reached epidemic proportions and its prevalence is increasing especially among the most deprived areas in Scotland. 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 increased. In Scotland 2018, 65% of adults were overweight and 28% were obese (Scottish Government, 2020) with a cost of 363-600 million to the health service. Rising obesity levels in Scotland therefore have a financial impact on the development of local strategies interventions and services, with obesity linked to increased mental health problems as well as increased risk of type 2 diabetes, cancer, cerebrovascular disease and musculoskeletal problems.

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 such as the Patient UK website. Mobile apps and electronic devices may be considered when addressing motivational issues and may be especially appealing to the younger generation. Dietary interventions for weight loss should be calculated to produce a 600kcal/day energy deficit (NICE, 2014) and a 5% weight loss has been proven to reduce risk of type 2 diabetes and hypertension. As well as encouraging activity and dietary changes, behavioural changes also need to be addressed. (NICE, 2014)

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 weigh to go programmes are coordinated via the 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 £3.00, 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 BMI is between 28-30 and 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 (NICE, 2014)

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 on weight loss strategies and specific diets. However general advice on weight should include aiming to eat a healthy well balanced diet as below and increasing exercise.

* Avoiding sugary drinks and foods such as chocolate, sweets, biscuits, cakes, etc.
* Eating plenty of fibre in your diet. Foods rich in fibre include wholegrain bread, brown rice and pasta, oats, peas, lentils, grain, beans, fruit, vegetables and seeds.
* Having at least five portions, or ideally 7-9 portions, of a variety of fruit and vegetables per day. These should be in place of foods higher in fat and calories. For example, fresh fruit makes a good, healthy snack if you feel hungry.
* Making up a third of most meals with starch-based foods (such as cereals, bread, potatoes, rice, and pasta) is advised in dietary guidelines worldwide. However, many experts now advise avoiding potatoes and refined starch-based foods for weight loss. Wholegrain starch-based foods should be chosen where possible.
* If you are counting calories, you will need to limit fatty food such as fatty meats, cheeses, full-cream milk, fried foods, butter, etc. This is because fatty foods are very energy dense. Use low-fat options where possible but make sure you don't replace the calories with foods that contain sugar or other refined carbohydrates instead. Examples are:
  + Skimmed or semi-skimmed instead of full-cream milk.
  + If you eat meat, eating lean meat, or poultry such as chicken.
  + Trying to grill, bake or steam rather than fry food. If you do fry food, choose a vegetable oil such as sunflower, rapeseed or olive.
  + Eggs are a healthy option.
* Avoid other foods likely to be high in fat or sugar, such as some take-away or fast foods.
* Eating three meals a day and not skipping meals. Always have breakfast. Eat each meal slowly, while sitting down. Skipping meals will just make you feel more hungry, make you think more about food and make you more likely to overeat in the evening or snack between meals.
* Trying not to add salt to food and avoiding foods that are salty.
* Including 2-3 portions of fish per week. At least two of these should be 'oily' (such as herring, mackerel, sardines, kippers, pilchards, salmon, or fresh tuna).Patient, UK (2017)

Specific diets such as Ketogenic diets (low carbohydrate and high protein balance) should be discussed with the General practitioner as they may not be appropriate for all patients. Masood et al (2020) states that “even though the ketogenic diet is significantly superior in the induction of weight loss in otherwise healthy patients with obesity and the induced weight loss is rapid, intense, and sustained until at least 2 year, the understanding of the clinical impacts, safety, tolerability, efficacy, duration of treatment, and prognosis after discontinuation of the diet is challenging and requires further studies to understand the disease-specific mechanisms”. Low carb diets more recently have been shown to help reduce weight and improve on HbA1c levels in patients with T2DM. In some cases HbA1c has returned to that of being pre diabetic levels with the associated blood pressure reduction and better lipid parameters (winter, 2020).

Staff involved and training required

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 Patient UK 2017(online) Available : <http://www.patient.co.uk/health/weight-reduction-how-to-lose-weight> (accessed 19th January 2021)

Masood ,W ; Annamaraju,P; Uppaluri,KR 2020 Ketogenic Diet (online) Available: https://www.ncbi.nlm.nih.gov/books/NBK499830/

National Institute For Health and Care Excellence 2014 Obesity (online) Available: <https://www.nice.org.uk/guidance/cg189/ifp/chapter/Obesity> (accessed 19th January 2021)

Public Health Scotland Healthy Working Lives 2020 (online) Available: <https://www.healthyworkinglives.scot/award-programme/Pages/award-programme.aspx> (accessed 19th January 2021)

South Ayrshire council Weigh to go and activity for health (online)Available: <https://beta.south-ayrshire.gov.uk/article/24619/Weigh-to-go> ( accessed 19th January 2021)

Scottish Health Survey 2018 Scottish Government 2020 (online) Available: <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/pages/62/#:~:text=Of%20those%20aged%2016-24,those%20aged%2075%20and%20over> (accessed 19 January2021)

Winter, G 2020 A low –carb diet for diabetes: the latest evidence Practice nursing 2020 Vol31,no4

Appendix 1

### barns logo

**USE OF ORLISTAT**

PATIENT NAME....................................................................................................................

Orlistat represents a considerable cost to NHS Ayrshire and Arran and to this practice. It is of limited value in the treatment of obesity, and certainly does not work without adherence to an appropriate diet.

Patient Agreement

* All prescriptions for Orlistat should be issued and monitored according to the guidelines.
* You will be given one month's prescription of Orlistat and asked to attend to weigh in at our scales for monthly monitoring of your weight and blood pressure.
* No further prescriptions will be issued without confirmation that you have lost weight over the previous month.
* Orlistat prescription will be discontinued after three months, unless 5% of your initial body weight has been lost. Exception may be made for this if your initial body weight was very large. However, continued weight loss month on month will need to be demonstrated in order to allow continuation of Orlistat prescription.

|  |  |
| --- | --- |
| Date |  |
| Starting Weight |  |
| 5% of Initial Body Weight |  |
| Target Weight |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | DATE | WEIGHT | WEIGHT LOSS |
| Month 1 |  |  |  |
| Month 2 |  |  |  |
| Month 3 |  |  |  |

Appendix 2

USE OF SAXENDA

PATIENT NAME....................................................................................................................

Saxenda represents a considerable cost to NHS Ayrshire and Arran and to this practice. It is of limited value in the treatment of obesity, and certainly does not work without adherence to an appropriate diet.

Patient Agreement

• All prescriptions for Saxenda should be issued and monitored according to the guidelines. A baseline blood test of kidney function and weight must be recorded.

• You will be given one month's prescription of Saxenda and asked to attend to weigh then after 1 month, 3 months and 12 months

• Saxenda prescription will be discontinued after three months, unless 5% of your initial body weight has been lost.

Date:

Starting Weight :

5% of Initial Body Weight:

Target Weight: