



Roundtable report

# ADDRESSING OBESITY: HAVING SUCCESSFUL CONVERSATIONS ABOUT WEIGHT

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## Roundtable Report

Addressing obesity: Having successful conversations about weight

Cancer Research UK brought together General Practitioners (GPs) and General Practice Nurses (GPNs) to explore their roles when talking to their patients about weight.

Key topics discussed included perceptions on whose responsibility it is to tackle the UK's high obesity rates, their attitudes towards obesity, how to talk to patients about weight and overcoming barriers to having effective patient conversations.

This report explores the key themes discussed in the roundtable and shares recommendations on support GPs and GPNs can offer to their patients about weight management.



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## The panel...



**Joyce Asante**  
General Practice Nurse,  
Plumstead, London



**Elsa Charles**  
GP, Luton



**Pawan Randev**  
GP, Amersham



**Najam Roy**  
GP, City and Hackney, London



**Vinolia Nyaho**  
Nurse Specialist, Earlsfield,  
London

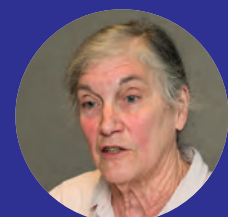


**Moi Chin Soong**  
General Practice Nurse,  
Edgware, Middlesex

## The chair...



**Rebecca Wright**  
GP, Tower Hamlets, London



**Theresa Sakiatvala**  
Chair, Content Director,  
Cogora



# Addressing obesity: Having successful conversations about weight



From left to right: Joyce Asante, Dr Najam Roy, Moi Chin Soong, Dr Pawan Randev

**B**eing overweight or obese is the second biggest preventable cause of cancer in the UK – exceeded only by smoking. If current trends continue, being overweight or obese could overtake smoking as the number one preventable cause of cancer in women by 2043.<sup>1</sup>

No single action alone will reduce obesity rates, but primary healthcare professionals are in a unique position to be able to have conversations with patients about weight.

Emerging evidence has shown that losing weight can help lower cancer risk,<sup>2,3</sup> and health professionals play an important role in motivating patients and supporting them to lose weight effectively.<sup>4</sup> The vast majority (>80%) of healthcare professionals consider weight management to be part of their role, but evidence suggests a fifth of GPNs and nearly half of GPs do not frequently initiate conversations about weight.<sup>5</sup>

Barriers exist to having these conversations, with some healthcare professionals fearful of upsetting the patient and damaging their relationship, especially if they do not know the patient.

## Key themes from the discussion

### A system-wide approach is needed to tackle obesity

The group unanimously agreed that, although nurses naturally have more opportunities to initiate discussions about weight because they regularly weigh patients, all health professionals have a duty to help reduce obesity rates.

**“Even if the patient comes for a pill check you weigh them. So, it gives us that opportunity to educate them about their weight and anything else that may arise during that consultation.**

*Vinolia Nyaho, Nurse Specialist*

Several of the attendees expressed a view that tackling obesity during consultations is currently reactive and that more work needs to be done by healthcare professionals and the government to prevent people becoming overweight in the first place. An obesogenic society, in particular the extensive advertising campaigns for unhealthy foods, plays a

major role in encouraging unhealthy eating practices that can lead to obesity. Furthermore, work commitments can make it hard to find the time to exercise, while the UK culture of social eating and drinking can make it more challenging for people to successfully lose weight. Some attendees also thought that obesity cases could be prevented by giving parents better nutritional education to provide their children with a healthier diet from an early age.

**“So, you can’t say that it’s just their (the patient’s) responsibility or that because of their own self-infliction they didn’t lose weight, or they gained weight. You have to look at the whole picture.**

*Elsa Charles, GP*

However, one attendee argued that some of the responsibility in tackling obesity must rest on the individual’s shoulders. Without the patient’s determination to avoid putting on weight or to try and lose weight, the efforts of healthcare professionals will not be as effective as they could be.

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Moi Chin Soong (left) and Dr Pawan Randev (right)

**“The individual has to accept a certain degree of responsibility as well. If they’re not on board, no matter how much you can offer advice, they’re not going to take it.**

**Najam Roy, GP**

There was discussion that different parts of the care network should be drawn upon to provide patients with as much ongoing support as possible while they strive to lose weight. One attendee outlined the key role that mental health services can fulfil in providing additional support, for instance in helping the patient maintain a motivated mindset.

**“CBT (Cognitive Behavioural Therapy) has been offered for people trying to or who need to lose weight. Especially if they have slightly more complex psychological issues going on, CBT can actually get to the bottom of why they’re overeating.**

**Najam Roy, GP**

At the same time, others pointed out that non-NHS services, such as patient groups, can also play a central role in helping patients through their weight loss.

One attendee felt that the new Primary Care Networks (PCNs) might provide a springboard for change, by offering an opportunity for health professionals from different parts of the system to work together. PCNs could facilitate patients receiving more consistent messaging and could help promote the utilisation of Social Prescribing Link Workers, who can introduce individuals wanting to lose weight to local patient groups.

**Shifts in social awareness are making it easier to talk about weight**

Some attendees felt that changes in the social environment have made it easier to talk about weight. The general public are increasingly aware that being overweight or obese is a serious health risk, due to advertising campaigns, such as the Cancer Research UK obesity awareness campaign, TV shows and media coverage.

**“If you look at the TV programmes we have now, like ‘My 600lb Life’, ‘The Biggest Loser’ and all the rest, they tend to address the psychological aspects of obesity as well as the other aspects.**

**Elsa Charles, GP**

The group thought that, as a result, people are now starting to see being overweight as a medical condition and are prepared to get professional help. Moreover, increased discussion about weight in the media could help reduce the stigma around weight and facilitate discussions between clinicians and patients.

**Visual cues and open questions are helpful conversation starters**

Most of the group felt confident discussing the issue of weight with their patients, especially in the context of the patient’s comorbidities or if the patient raised the topic of diet or physical activity themselves. Contrastingly, some attendees said they were less confident discussing weight with patients they did not know or if they were unsure how the patient might react.

One attendee felt that some healthcare professionals may find it difficult to talk to

patients about their weight because they struggle to empathise with them. This may be because they have never been overweight themselves, or because of differences in lifestyles, which present a barrier to discussing weight and can lead to the healthcare professional unwittingly stigmatising obesity.

**“On the whole doctors are middle class and well off and much less likely to be overweight. Depending on where you work, you are talking to a population who are very different.**

**Rebecca Wright, GP**

The group agreed that, while healthcare professionals may sometimes inadvertently stigmatise weight, they should do their best not to, for instance by avoiding stigmatising language and making good eye contact. Attendees felt that use of calm, factual but supportive language was very important in preventing the patient from feeling stigmatised and can be useful in getting patients to open up about their weight. For instance, talking about energy levels or the impact of losing weight on comorbidities (e.g. knee pain) may help to engage patients better, while referring to BMI values instead of using terms like ‘morbidly obese’ can be less stigmatising.

**“The kind of question that I try to ask is, ‘What would you like to do that you’re currently not able to do?’ So, if it’s being able to go for a walk with the grandchildren, then what are the barriers? ‘Well, it’s the pain in my knees’. And then you just start to tease out what they want to do.**

**Pawan Randev, GP**

In such situations where they might be less confident talking to patients about their weight, the panel felt that use of visual cues can be helpful. For some, these cues were posters on their surgery wall, while for others it was a chart showing recent changes in the patient’s weight.

**“I use the visual cues, then I will say ‘Do you know how to lose weight?’ and I often find that 60–70% of them will say ‘Actually, no’. And then you start offering them practical solutions from that point.**

**Najam Roy, GP**

**The conversation about weight should take place over a series of appointments**

One of the attendees suggested that having a trusting relationship with the

patient makes it easier to talk to them about their weight. Consequently, it was suggested that spreading the conversation over a series of appointments can help build that trusting relationship.

**“I’ve stopped thinking in terms of single consultations but, when access allows, thinking about things in terms of a series of consultations.**  
*Pawan Randev, GP*

The group agreed this was beneficial and would give clinicians the time to understand the contribution of environmental and psychosocial factors to the patient’s condition.

Some felt constrained by trying to squeeze a quick discussion about weight into every consultation. It can be hard to have in-depth conversations with patients during a single consultation about the health risks associated with being overweight, especially compared to smoking or alcohol. However, the group felt that planning a series of consultations would alleviate this time pressure. As a result, they would also be able to address the wider issues underlying a patient’s weight more effectively.

**“When it comes to discussing weight, ten minutes just isn’t going to cut it.**  
*Elsa Charles, GP*

**Understanding a patient’s mindset is key to having a successful conversation**  
Several attendees felt that a successful

conversation involves acknowledging the barriers to losing weight upfront and establishing the patient’s current mindset and needs.

**“In a way it’s kind of getting them on board, seeing what their motivations are, what they want to get out of it. Then it’s being able to offer a service that you think will be effective in supporting them and arranging a follow-up with them as well, so they feel supported.**  
*Najam Roy, GP*

The group thought it was important to work out whether the patient is ready to make a lifestyle change yet and to discuss any other serious health or personal issues, which may impact their outlook. Additionally, understanding a patient’s individual motivations for wanting to lose weight will be valuable for the process going forwards. Some patients may want to be able to play with their grandchildren, while others may want to lose weight because their partner is worried about their sleep apnoea.

There was general agreement that lots of small steps are required on the path to weight loss, and that a successful conversation would not necessarily end with a patient going away passionately saying that they are going to lose lots of weight immediately.

Instead, they felt that patients saying that they would ‘give their advice a try’ would be a more realistic outcome and a success. Moreover, if they arranged a

follow-up appointment to discuss their weight in greater detail, that would be even better.

**“I think that I would define a successful consultation as people walking away thinking about giving it a try.**  
*Rebecca Wright, GP*

**‘Ask Advise Assist’ is a useful tool for patients ready to talk about their weight**

Many of the attendees were familiar with the ‘Ask Advise Assist’ approach from Public Health England’s ‘Let’s Talk About Weight’ paper – a version of Very Brief Advice (VBA) used to initiate conversations with patients about weight. This point sparked very considerable discussion as to how useful the ‘Ask Advise Assist’ approach is. In general, the panel felt that using this quick approach was useful for patients already concerned about their weight. It may nudge them to book a follow-up appointment, act as a prompt to refer people to specialist services or simply cause patients to think about their weight, making them more likely to engage in future discussions.

**“I think it plants a seed. Even if they’re not willing to think about it then the fact that you’ve mentioned it is positive.**  
*Najam Roy, GP*

Some of the panel felt that VBA is unlikely to help start conversations with patients who are not yet ready to discuss their weight.

**“The majority of the time it doesn’t work, and sometimes it does. I think it’s to do with the patients and where they are up to. And every now and again something falls on receptive ground.**  
*Rebecca Wright, GP*

Some people were concerned that, if VBA conversations are used too often, then they could become background noise, making the patient more likely to ignore them. However, others testified that several patients had come back to see them to address their obesity and cited the VBA discussion as the trigger that motivated them to take action.

Despite their divergent views, the group concluded that the ‘Ask Advise Assist’ approach can engage patients to think about their weight and should be followed up with more in-depth discussions to have maximum impact.



Vinolia Nyaho (left) and Dr Elsa Charles (right)



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Dr Najam Roy

#### **Cancer should not be used as a conversation starter about losing weight**

The panel felt that, despite improved understanding among the general public about the health risks associated with obesity, most people are still unaware of the link between obesity and cancer.

**“I think the majority of patients know about obesity and diabetes, but I am not sure the public is aware of obesity and cancer.**

*Moi Chin Soong, Nurse*

Some of the group felt this meant the link between cancer and obesity presents an opportunity to engage people in discussions about weight in new ways.

**“When we speak about obesity and cancer, it tends to open up their minds as well. And, like you said, it tends to really grab their attention.**

*Elsa Charles, GP*

Building on this, a few attendees voiced their concern that patients are frequently not worried about their weight until it becomes a problem. In the UK, diabetes is seen as a treatable condition. Therefore, the link to obesity is not a strong motivator for patients to lose weight. However, cancer can have a worse prognosis and is seen as a less treatable condition, therefore, for some people, wanting to reduce their risk of cancer could be a strong motivator and will help them engage with weight loss measures.

However, one of the delegates pointed out that, for some patients, linking their weight to cancer might make them feel

helpless and could present a barrier to them engaging in discussions about losing weight. It may also have a detrimental impact on the relationship with the patient.

**“It’s interesting because I think there’s a lot of variation in patients, because I think, for some, fear is motivating and for a lot, fear is incredibly demotivating.**

*Rebecca Wright, GP*

The panel concluded that clinicians should avoid raising the link between obesity and cancer when trying to engage patients in discussions about losing weight.

#### **Clinicians should give patients lifestyle advice on how to lose weight**

Healthcare professionals can give patients hints and tips to break unhealthy habits through small incremental changes. One attendee suggested that it is important to reassure patients that they will not necessarily have to make drastic changes to their diet or lifestyle, but that there are lots more manageable changes that can help.

The group agreed that giving practical advice is essential and offered up their own suggestions. For instance, one attendee mentioned that they ask their patients to keep a food diary, while another said they instruct their patients to focus initially on the diet aspect of losing weight and not to worry about the exercise component. Some of the group said they have found sharing their own personal experience with their patients can be helpful as it makes the conversation more relatable.



Joyce Asante



Dr Rebecca Wright

**“Because I’ve experienced it for myself, it was much easier for me to be able to share it with my patients. So, when they tell me, ‘Oh, I can’t do that, it’s going to be difficult’, I then tell them what I have been through and how I’ve experienced it, and then tell them to give it a try.**

*Elsa Charles, GP*

Attendees felt that, not only does this provide patients with trustworthy advice from someone who has been through the same thing, but it also contributes to strengthening the trust between the healthcare professional and the patient, which is so crucial to having effective conversations about weight.

After discussing the various lifestyle advice that clinicians can give patients, the group concluded that it is of paramount importance the support does not just stop at the end of the consultation. They agreed patients must be provided with materials to read at their own leisure which could open the door to future conversations. Once again, attendees had different methods that they preferred. One said that, in their surgery, they send patients a follow-up text, while others said they typically provide patients with information leaflets. All the group said they may also put patients in contact with other services that can provide them with further support, such as cooking classes, walking groups, parkrun groups or other healthcare services.

#### **Better access to weight loss services and standardised guidance about eating healthily would be welcomed**

Some of the group voiced their concern that the ‘Ask Advise Assist’ approach and other weight discussions are only valuable

## KEY REFLECTIONS

- Obesity is a society-wide issue, but healthcare professionals can make an important contribution to tackling rates of obesity.
- Increased media attention and social awareness about weight as a health issue is improving patient understanding of the health risks associated with being overweight, which is making it easier to discuss weight openly with some patients.
- Visual cues such as posters can be useful aids for clinicians in having conversations with patients about their weight and open, factual and supportive questions are a good way to start the conversation.
- Time pressure and unfamiliarity with the patient are significant barriers to having effective conversations about weight, but structuring discussions over a series of consultations can help address these issues.
- During discussions about weight, healthcare professionals should avoid stigmatising language and strive to establish the patient's motivations for losing weight.
- Very Brief Advice is useful as a way of initiating conversations about weight, especially with patients who are ready to lose weight, but for maximum impact, these short conversations should be followed up with more in-depth discussion where possible.
- Raising awareness of the link between obesity and cancer should be avoided when discussing weight loss.
- Healthcare professionals can provide patients with practical advice on how to lose weight, which can be reinforced with hard-copy and digital resources. Some patients may also benefit from being put in touch with local groups and services which can provide additional support.
- Better access to weight loss services and standardised guidelines would be welcomed by clinicians to help provide sustained support for patients.

and have impact if there are additional services (such as weight management and psychological support services) where they can refer patients to for further support.

**“In Bexleyheath we used to have weight management available for everybody with a BMI creeping up to 30, but now you have to have a condition attached to the BMI.**

*Joyce Asante, Nurse*

Currently the services available are inconsistent and insufficient. The group emphasised that, if they are to provide benefit to patients, such services need to be better resourced. For instance, only a minority of the group had access to a Social Prescribing Link Worker in their surgeries, but the rest of the group would welcome such a figure in their practice.

Furthermore, the situation is compounded by healthcare professionals not always being aware of what services are locally available, which means that patients do not always get access to services even if they are available.

It was also felt that healthcare professionals are giving patients inconsistent advice about nutrition, for

instance surrounding low fat diets. There was much discussion surrounding the reasons for this with some attendees suggesting that it could be traced to a lack of information during their training and inconsistent messages on nutrition from professional bodies.

**“Ideas about the low-fat diet absolutely were disseminated widely among medical professionals, and we were all pushing it. And then, a few years later, it turned out that perhaps they weren't actually true. It seems to be very much an evolving evidence base.**

*Rebecca Wright, GP*

This was met with agreement around the table, as attendees find it difficult to know which advice to give patients. The group unanimously agreed that standardised guidance on nutrition would be welcomed and would significantly help healthcare professionals in conversations about losing weight.

*The roundtable 'Having conversations about weight' convened in London on 5 July 2019 and was attended by GPs and GPNs from London and the South of England.*

## USEFUL ONLINE RESOURCES

### Healthcare Professionals

- [cancerresearchuk.org/weightandcancer](http://cancerresearchuk.org/weightandcancer) – Behaviour change and cancer prevention e-learning
- [worldobesity.org](http://worldobesity.org) – Weight stigma principles
- [obesityhealthalliance.org.uk](http://obesityhealthalliance.org.uk) – Weight stigma position statement
- [psnc.org.uk](http://psnc.org.uk) – Services database
- [gov.uk/government/publications/adult-weight-management-a-guideto-brief-interventions](http://gov.uk/government/publications/adult-weight-management-a-guideto-brief-interventions)
- [gov.uk](http://gov.uk) – Let's Talk About weight
- [gov.uk/government/publications/the-eatwell-guide](http://gov.uk/government/publications/the-eatwell-guide)

### Patients

- [cancerresearchuk.org/obesityandcancer](http://cancerresearchuk.org/obesityandcancer)
- [cancerresearchuk.org/publications](http://cancerresearchuk.org/publications)
- [cancerresearchuk.org/diet](http://cancerresearchuk.org/diet)
- [headspace.com](http://headspace.com)
- [myfitnesspal.com](http://myfitnesspal.com)
- [nhs.uk/change4life](http://nhs.uk/change4life)
- [parkrun.org.uk](http://parkrun.org.uk)
- [slimmingworld.co.uk](http://slimmingworld.co.uk)
- [weightwatchers.com/uk](http://weightwatchers.com/uk)

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