Healthy conversations about weight

Health Care Professional Guidelines

Leeds CITY COUNCIL

The purpose of this guidance is to;

- Aid the daily practice of Health Care Professionals working in Primary Care when supporting patients living with overweight or obesity.
- Raise awareness of and reduce weight related stigma and bias.
- Support and be part of the Leeds Adult Weight Management Care Pathway.

Prepared by Elizabeth Boniface, Leeds City Council Public Health in association with Leeds Obesity Network.

Specific consultation has been undertaken with Leeds based colleagues working in Primary Care, Public Health, Clinical Commissioning, Local Authority, Secondary Care and Adult Weight Management Services.

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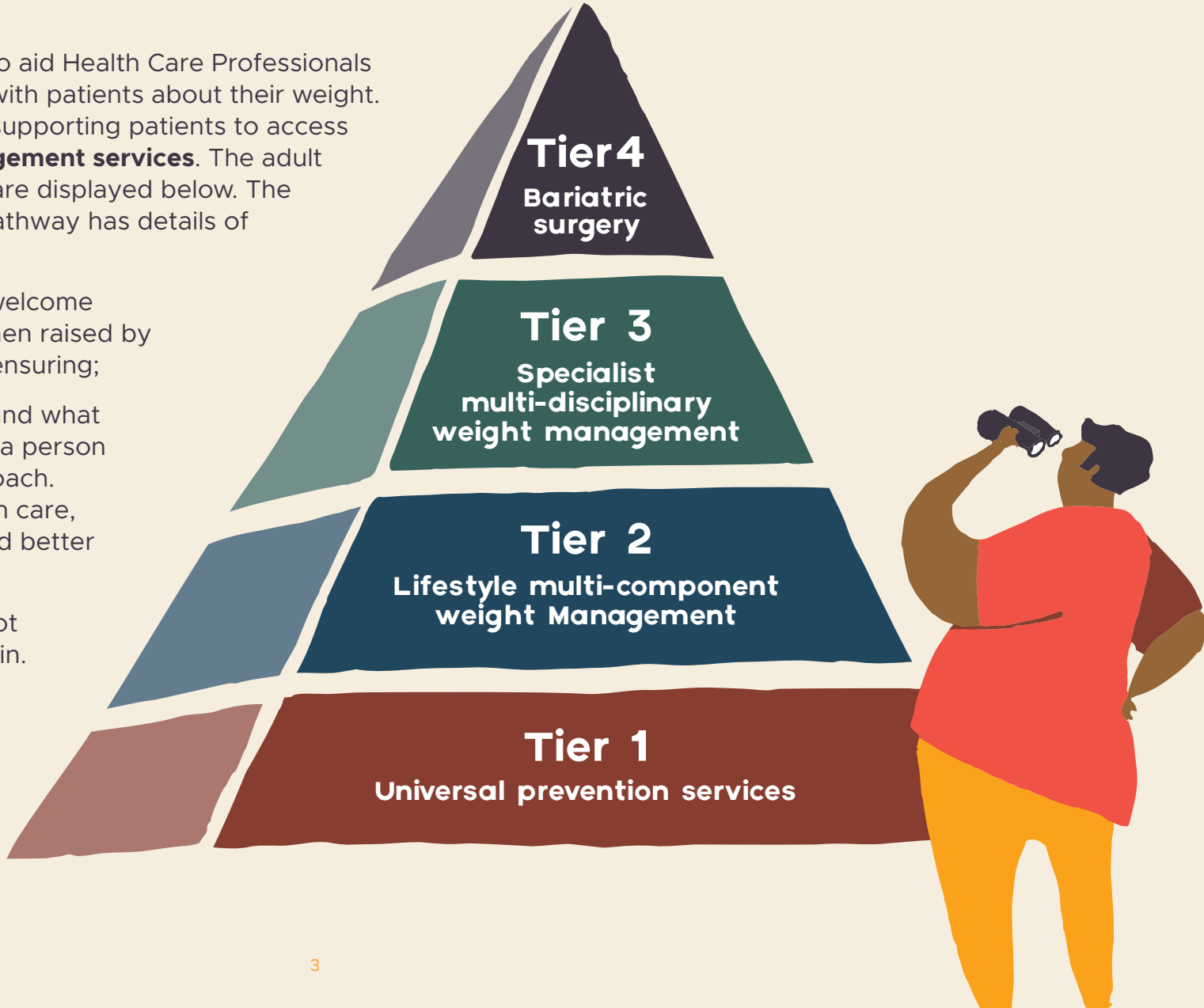
1. Introduction

This resource has been developed to aid Health Care Professionals (HCPs) when having conversations with patients about their weight. HCPs have a key role to play when supporting patients to access **tier 2 and tier 3 adult weight management services**. The adult weight management pathway tiers are displayed below. The Leeds Adult Weight Management Pathway has details of the services for Leeds.

Evidence shows that many people welcome conversations about their weight when raised by HCPs appropriately and sensitively ensuring;

1. Conversations are framed around what matters to the individual using a person centred, weight inclusive approach. This can increase trust in health care, confidence to seek support and better health outcomes.

2. Recognition of the complex root causes of obesity or weight gain. Many people attribute their weight entirely to personal responsibility despite extensive evidence suggesting much more complex factors at play.



As, many people experience weight related stigma throughout their lives, starting in childhood, it is important not to reinforce this bias in health care. Discussions about weight therefore need to be mindful of the complications of weight stigma and bias. The consequences of not doing this on the other hand, can lead to poorer health outcomes such as increased weight bias, reduced confidence in health care and lower wellbeing / quality of life.

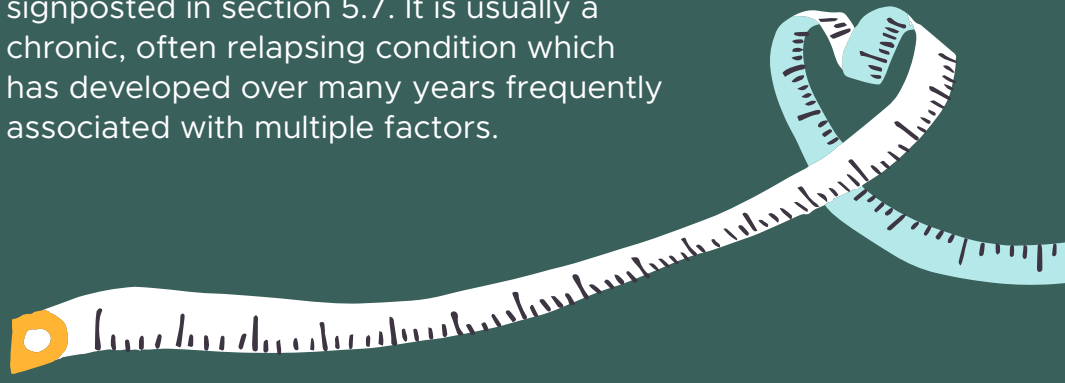
These guidelines will focus on the key principles to be aware of and familiar with when discussing weight with patients in order to reduce weight stigma. This has been developed as a local guide to complement other existing national guidance, training and resources utilising the most up to date evidence available. It will be reviewed periodically to ensure this remains the case. The information shared here is based on what would happen in an ideal hypothetical situation. Clinical judgement will need to be made for specific roles and circumstances (such as length of appointment, reasons for patient contact etc).

2. Context

2.1 The Complexity of Weight & Obesity Management

Weight management is an area of health improvement which can have significant benefits for the health and wellbeing of patients. It spans a wide range of health care focused activity with an important role in both the prevention and treatment / management of a number of conditions such as obesity, type 2 diabetes, hypertension, fatty liver disease, gallstones, some cancers as well as others. It also has some important interactions with a person's mental health and wellbeing.

Under the National Institute for Health and Care Excellence (NICE) guidelines, obesity is classified as a metabolic condition. Key recommendations from NICE guidance relating to the clinical identification, assessment, management of obesity are highlighted and signposted in section 5.7. It is usually a chronic, often relapsing condition which has developed over many years frequently associated with multiple factors.



'The causes of obesity are extremely complex encompassing biology and behaviour, but set within a cultural, environmental and social framework. There is compelling evidence that humans are predisposed to put on weight by their biology.'

Foresight Report, 2007

Many organisations, nationally and worldwide, are now lobbying for obesity to be fully recognised as a disease, both complex and multifactorial in its nature. There needs to be more awareness of the many physiological, psychological, environmental, socio-economic and genetic factors involved in obesity.

Research shows that awareness and knowledge in both the public and health care settings is still not fully recognising the complexity of obesity. Many people are still experiencing weight stigma and are frequently internalising weight bias which in turn has further health consequences. Reducing weight stigma and bias are crucial in improving the health and wellbeing of people living with overweight or obesity.

A report from the 'All Parliamentary Group on Obesity' (APPG) 2018

88%

of people with obesity reported having been stigmatised, criticised or abused as a direct result of their obesity

94%

of respondents believe there is not enough understanding about he cause of obesity amongst the public, politicians and other stakeholders

A joint international consensus statement for ending stigma of obesity was agreed and published in March 2020. The statement provides an overview of the evidence base relating to the complexity of obesity along with the prevalence, causes and effects of weight related stigma. It also provides guidelines for how this can be addressed across key settings with a particular focus on health care.

It states that;

'Individuals affected by overweight and obesity face a pervasive form of social stigma based on the typically unproven assumption that their body weight derives primarily from a lack self-discipline and personal responsibility.'

Consensus Statement

Furthermore, obesity management should not only focus on weight alone, but also equally importantly on improving the quality of life and wellbeing of people living with this condition (EASO, 2014). Any improvements that an individual can make to their daily living to manage their health and wellbeing better are important to reinforce as positive progress. A small reduction in weight and the prevention of further weight gain does have significant health benefits. This is irrespective of whether there has been any weight loss. Incrementally this gradual supportive approach can be helpful in the primary care context of obesity management as is the case with other long term conditions.

2.2 The Impact of Weight Stigma and Bias

As discussed in the previous section, weight stigma is frequently reported by people living with overweight and obesity. As a result many people also internalise this stigma leading to a more personalised form of weight bias. Both of these can have detrimental health consequences.

'Substantial evidence shows that weight-related stigma is very pervasive, causes physical and psychological harm to people who experience it, and leads to discrimination in education, employment, and the health-care setting.'

FIGURE 1. Health consequences resulting from experiences of weight stigma (Puhl et al, 2016)

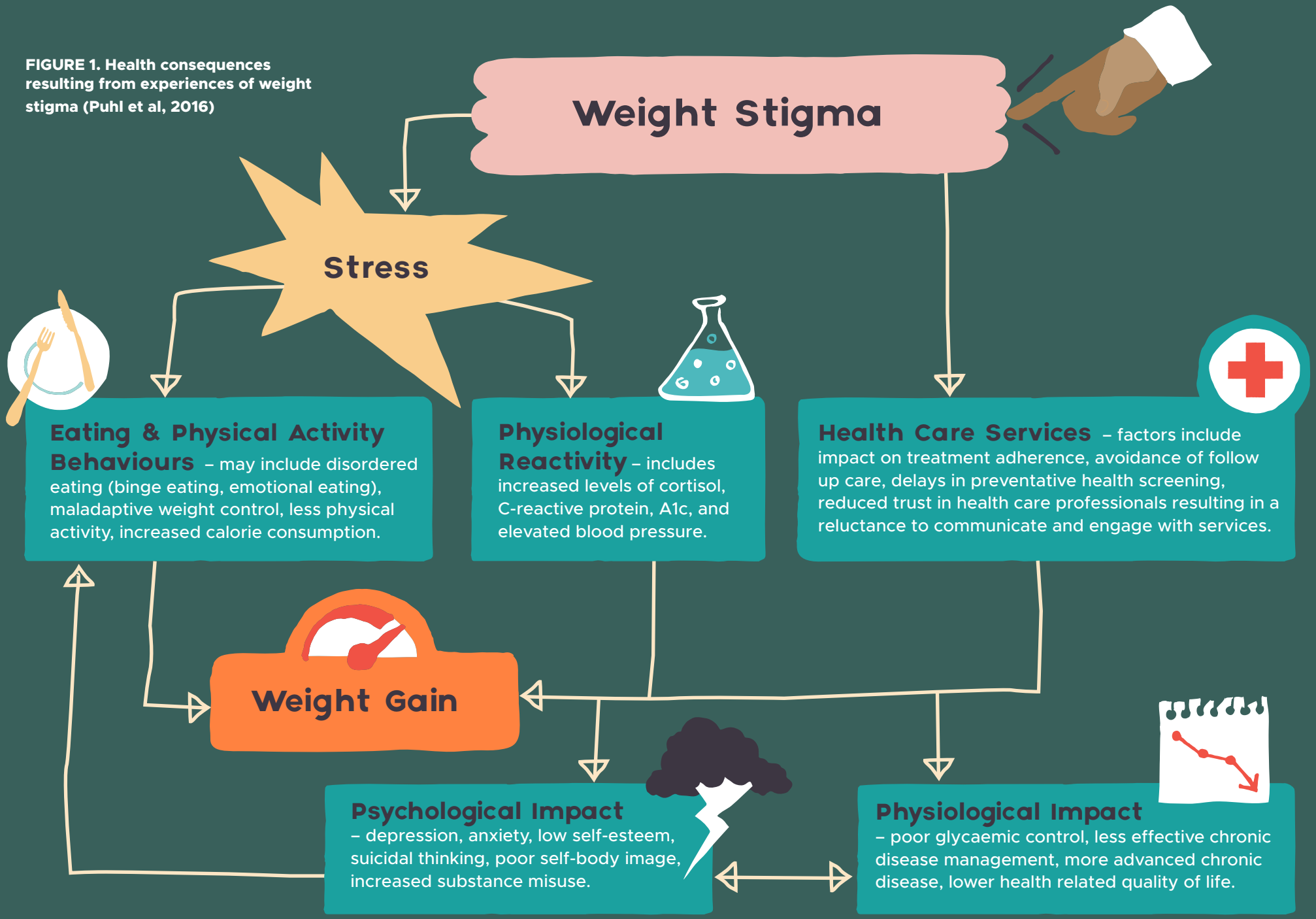


Figure 1 and accompanying text show some of the key consequences on health that may result from weight stigma and bias. Experiencing weight bias in health care may lead patients to:

- **Feel discouraged from making positive lifestyle changes.**
- **Avoid seeking routine or preventive care.**
- **Engage in unhealthy eating and weight control behaviours, and avoid physical activity in response to stigma.**
- **Experience negative psychological consequences.**

There is ***'compelling evidence that weight stigma is harmful to health, over and above objective body mass index. Weight stigma is prospectively related to heightened mortality and other chronic diseases and conditions'*** (Tomiyama,et al, 2018). This has been further supported by the Lancet with their article which calls to address weight stigma (Lancet, 2019).

2.3 Reducing Stigma: A Weight Inclusive approach for all

Adopting a weight inclusive approach and ensuring conversations about weight are both person centred and holistic can go a long way to mitigate against any potential weight stigma and bias. Many people do welcome conversations about their weight when conducted at the right time and appropriately, but may have concerns about directly raising with a HCP themselves (Aveyard, P et al, 2016). The most common reported reason for not seeking support from a HCP has been due to a sense of high personal responsibility for their weight (Kaplan et al, 2017: Awareness, Care and Treatment in Obesity Management – ACTION - study & O'Keefe et al, 2020: Attitudes, Stigma and Knowledge- ASK - study). It is less likely to be due to embarrassment or a lack of motivation that HCPs have reported to perceive.

'The results of the ASK study suggest that the gap between popular beliefs and current scientific knowledge might contribute to the resilience and prevalence of weight stigma in society'

Want to know more?

The Association for Obesity (ASO) have launched a number of webinars on obesity. One of these focused specifically on obesity stigma. The link below is to the full webinar however the 4th presentation is only an approximately 15min video presentation on the '4.Health consequences of weight stigma; implications for obesity prevention and treatment'. The speaker is Dr Rebecca Puhl (Deputy Director of Uconn Rudd Center & Professor).
Obesity Stigma Webinar

Tylka et al, developed a number of principles for adopting a weight inclusive approach to health improvement. These require a whole system approach to implement effectively, however HCPs have an important role in contributing to this ideology.

1 Appreciate that bodies naturally come in a variety of shapes and sizes, and ensure optimal health and well-being is provided to everyone, regardless of their weight.

How is this enabled through routine care? Can it be improved?

2 Given that health is multidimensional, maintain a holistic focus (i.e., examine a number of behavioural and modifiable health indices rather than a predominant focus on weight/weight loss).

This could include any aspect of daily living – what is important to the individual.

3 Encourage a process-focus (rather than end-goals) for day-to-day quality of life. For example, people can notice what makes their bodies rested and energetic today and incorporate that into future behaviour, but also notice if it changes; they realise that well-being is dynamic rather than fixed. They keep adjusting what they know about their changing bodies.

4 Critically evaluate the empirical evidence for weight management treatments and incorporate sustainable, empirically supported practices into prevention and treatment efforts, calling for more research where the evidence is weak or absent.

How is healthier living support embedded in routine practice? How can it be improved?

5 Create healthful, individualised practices and environments that are sustainable (e.g., regular pleasurable exercise, regular intake of foods high in nutrients, adequate sleep and rest, adequate hydration). Where possible, work with families, schools, and communities to provide safe physical activity resources and ways to improve access to nutrient-dense foods.

This could be through working with local communities, developing practice health champions etc. How could the primary care setting support this principle?

6 Where possible, work to increase health access, autonomy, and social justice for all individuals along the entire weight spectrum. Trust that people move toward greater health when given access to stigma-free health care and opportunities (e.g., gyms with equipment for people of all sizes; trainers who focus on increments in strength, flexibility, V02 Max, and pleasure rather than weight and weight loss.

This could involve ensuring appropriate equipment, such as seating, blood pressure cuffs, weighing scales etc are appropriate for all weight's and sizes or specific clinics/ time dedicated to obesity.

3. Principles for Talking about Weight in Health Care

These principles have been adapted and combined using a number of resources from Obesity UK, SCOPE training modules and Food Active guidelines. All are referenced under the additional resource section. The Better Conversations training offered across the health and care workforce in Leeds is also available to support and refresh skill development.

Use language (including tone and non-verbal gestures) that is -

- Free from judgement or negative connotations, particularly try to avoid the threat of long term consequences or scolding ('telling off')
- Person-centred language, (also known as 'person-first') to avoid labelling a person as their condition. An example is talking about 'a person with obesity' rather than an 'obese person'.
- Collaborative and engaging, rather than authoritarian or controlling, recognising that the person is an expert - 'experts by experience'

Ask permission -

- It is important to ask the person's permission to discuss weight if not directly raised by the individual themselves. This is discussed more on avoiding the pitfalls and in the following section on the conversation framework.

Some words are unacceptable -

- Recognise that some words, phrases and descriptions are potentially problematic, whatever the intention of the user

Language has power -

- Be aware that language, both verbal and non-verbal, has enormous power that can have positive or negative effects

Avoid -

- using combative language when referring to people's efforts to reduce overweight or obesity, and never use humour or ridicule
- language which attributes responsibility (or blame) to a person for the development of their obesity or its consequences
- language that infers generalisations, stereotypes or prejudice
- casting judgements or conveying personal opinions especially around appearances.

Stick to the evidence -

- Communicate, accurate, evidence-based information/ data when discussing weight discussing the options & risks.

Demonstrate empathy -

- Use or develop an empathic language style which seeks to ascertain a person's point of view of their condition, rather than making assumptions

Utilise health coaching approaches –

- To support people to gain the knowledge, skills and confidence and become an active participant in their care.
- Work collaboratively with them to set goals co-producing a plan and providing support to achieve those goals.

Listen and explore -

- Listen out for a person's own words or phrases about their weight and body image and explore or acknowledge the meanings behind them (important for identifying internalised stigma/ weight bias in the patient). Be careful not to correct the language used by a patient, instead seek to understand it.

'the words we use may have a power of ownership for us, and might be the first step to overcoming stigma'

Patient Perspective

- Consider how to limit any negative effects from language. Listen out for negative language used by others around you and consider ways to address this

Make positive assumptions –

- ‘What things do you do to keep healthy?’
- ‘How important is being healthy to you?’
- ‘What things do you do to keep well?

Avoiding the pitfalls -

- Establish rapport before touching on sensitive topics. This involves listening to some of their story first.
- What is important to your patient? Tune in to their personal goals rather than imposing your own ideals.
- Consider self-confidence and self-esteem before choosing your pitch. For example, should depression be addressed before discussing weight?
- Is it appropriate to discuss weight at all right now?
    - Find out where the patient is on their weight continuum rather than making assumptions. Are they already engaged, or perhaps in denial?

'I went to the docs and they were all about smashing me about obesity and I had already lost 2 stone! (I then proceeded to put a lot of it back on, probably not as a direct result)'

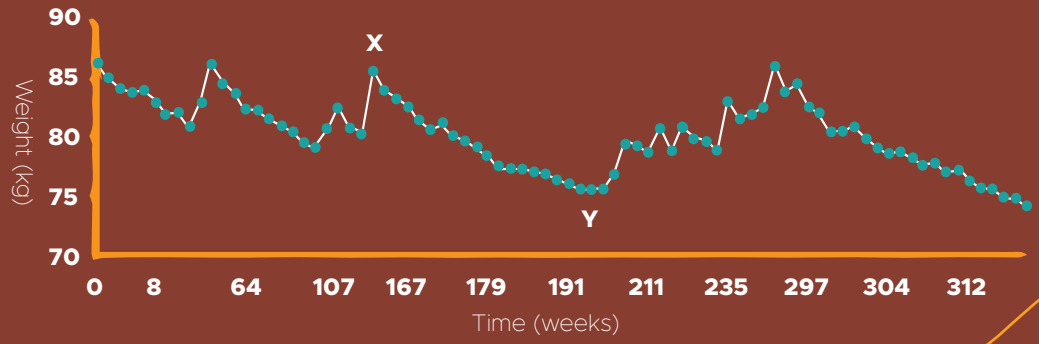
Patient Perspective

The Weight Continuum (SCOPE training module, Primary Care Weight Management; Shaping the Conversation, see 5.1)

The image gives an example of a person’s weight over time. Frequency of measuring correlates more with the phases of weight loss.

Where is your patient on their weight continuum?

The pitch and motivational elements of a conversation would be different for a patient at point x compared to point y…. Additionally, understanding the weight continuum can help to identify any parallels between weight change with other aspects of a person’s life. Attributing these changes in weight to other factors can reduce associated weight bias that a patient might be internalising.



4. A Conversation Framework

Before starting a conversation about weight there are several factors to consider:

- Will the topic be viewed positively or negatively?
- Is it a sensitive topic or perhaps already a success story?
- Is weight being addressed already or is it off the agenda?
- Does the patient want to discuss their weight? Now?
- What type of support might be useful?
- Whether it's appropriate in the current patient circumstances?
- How would a more general conversation around health and wellbeing be viewed?

The following speech bubbles provide a framework for shaping a conversation for discussions relating to both weight managementand obesity.

ASK first

ASK for permission to discuss weight

It's important to seek the person's permission to discuss their weight.

'How do you feel about your weight?'
'Is it OK if I ask you about your weight?'

If unsure on directly raising topic of weight initially, it can help to start on a broader topic of health and wellbeing;

'Do you have any concerns about your health at the moment?' 'How is your overall health and wellbeing at the moment?' 'What matters to you?'

In an ongoing patient relationship, if you might have broached weight before, modify your opener because 'stock phrases' might appear clumsy if used repeatedly, e.g. *'How are things going with your weight?'*

How not to open...

'Your diabetes is due to your obesity'
'You just need to eat a bit less and do more exercise'
'I think you ought to lose some weight'
'You won't be able to have an operation until you lose some weight'

ACKNOWLEDGE, ASSESS & EXPLORE

Acknowledge and Assess obesity related risk and potential 'root causes' of weight gain. Discuss both the benefits and concerns.

'What would the benefits be for you?' 'Does anything concern you?' 'What are your thoughts about what could help you?' 'What are the barriers?' 'Who are the important people in your life?' 'What is important for you in your future?'

Explore any previous attempts – ***'What have you tried in the past?'***

Focus on the symptomatic improvement that might be realistically achieved. Remember a small weight loss of 5% per year is achievable and maintainable.

AVOID *'it will be ok when you lose weight' 'Don't you want to be a normal weight', 'If you don't lose weight you will get diabetes'*

'I need to lose 11 stone to be a healthy weight, it feels insurmountable! If someone had said you will feel 'this' in about 3 stones time it would have given me something to aim for that didn't feel so ridiculous'

Patient Perspective

'We will be inspired by the other great stuff the health professional is talking about, suggesting we will diet effectively and go to the gym 4 times a week, I have done it 100 times, failed at the target I set myself and then eaten to cheer myself up because I feel like a failure or think, what is the point. Ask them to make small changes they can really commit to. Also go through some ideas of how to get back on track if they miss the target one week'

Patient Perspective

AGREE a PLAN

AGREE on realistic expectations and on a SMART plan to achieve behavioural goals

'What would you hope to gain from treatment?' 'What are your targets, over what timeframe?' 'How can we achieve these together?'

It's important to ensure that the achievable aspect of the SMART plan is considered carefully.

ASSIST into Action

ASSIST in addressing drivers/barriers, offer education, support and resources, and arrange follow-up

The Leeds Adult Weight Management Pathway includes details of services and sources of support available locally. Let people know that if they try something, and it doesn't work for them, they can come back and you can make a new plan together.

'If you're keen to look into managing your weight, I could recommend a local service. How would you feel about one of those?'

Arrange or invite the patient for a follow up appointment to discuss progress.

'This is a really great idea, maybe 3 months away so there is time to actually do some good work but close enough it gives you focus. I have never been offered this, and it would have been great. Also we are often told that we are wasting the NHS time because we chose to eat too much and then cost tax payers money, this would be a good way to combat that narrative without doing so explicitly. There is often a devaluing as well in people with obesity so again it makes you feel like you are worth something'

Patient Perspective

5. Training & Resources

5.1 Training Opportunities with SCOPE for Obesity Management

There are NHS endorsed training opportunities via Strategic Centre for Obesity Professional Education (SCOPE) e-learning. SCOPE is the only internationally recognised certification in obesity management.

World Obesity says:

'SCOPE equips health professionals with up to date, evidence-based obesity management resources, to better treat their patients with obesity and to excel in their careers.

SCOPE offers numerous free e-learning modules on specific issues around obesity, plus a Core Learning Path containing the essential information on obesity management and a learning path on childhood obesity.

Our e-learning modules provide expert knowledge on obesity and its various comorbidities. The essential information on obesity management is included in our Core Learning Path, while our supplementary modules cover a range of topics including obesity and pregnancy, obstructive sleep apnea, diabetes, physical activity, and the relationship between obesity and ethnicity.

All of our modules are authored by leading obesity experts, and the majority are available for free. To access our courses, simply log in or register.'

For having conversations about weight, the module 'Primary Care Weight Management: Shaping the conversation' is free to access.

5.2 Better Conversations

Better Conversations in Leeds is a culture change program moving the conversation between worker and citizen from a paternalistic dynamic where the worker is viewed as the 'expert' and has a role to 'fix' the citizen towards one of an equal partnership where the worker looks to enable the citizen. This approach acknowledges their strengths and assets and aims to improve quality of living and support independence.

Better conversations offer One Day Skills sessions which are available to all staff working in the health and care system in Leeds, including in the third sector.

Their aims are to:

- work with teams to embed and sustain better conversations across health and social care in Leeds;
- work alongside leaders, champions and teams to support person-centred ways of working

Email: ***betterconversations@nhs.net***

5.3 Obesity UK – Language Matters Guide

Obesity UK were involved in creating a *Language Matters* Obesity Guide with several other experts in the field which has also been published in The Lancet.

The importance of language in engagement between health-care professionals and people living with obesity: a joint consensus statement. Albury C, Strain WD, Brocq SL, Logue J, Lloyd C, Tahrani A; Language Matters working group. Lancet Diabetes Endocrinol. 2020 May;8(5):447-455. doi: 10.1016/S2213-8587(20)30102-9.

Obesity UK are a charity dedicated to supporting people with obesity. They run support groups for people with obesity which can be accessed via the website - *Support Groups*.

5.4 Food Active – Healthy Weight Declaration

Leeds was one of the first areas in the region to adopt the Local Authority Healthy Weight Declaration. This is a council wide commitment to improve the health and wellbeing of the local population and support a healthier weight. This is a population based approach There is no single cause of overweight and obesity, it is down to a multitude of factors, including (but not limited to) access to healthy food; proximity to fast food outlets; advertising and marketing of unhealthy, calorie dense food and drink; and opportunities for physical activity. Leeds City Council are committed to address the multiple factors that affect weight across the system.

'this is so important, one of my key triggers is McDonalds, I would eat it most days at my worst phases of food addiction, I now live 9 doors away from a 6 foot billboard with burgers on every day, had I realised this, I probably would have not bought the house I am in because it is so triggering every time I go out. I feel physical relief the few weeks a year that they advertise their coffees (I don't find them triggering in the same way at all)'

Patient Perspective

Food Active have also developed guidelines relating to stigma and bias, particularly around language which have also been used in the development of this document.

5.5 Association for Study of Obesity (ASO)

The Association for Study of Obesity (***ASO***) have a mission to develop an understanding of obesity through the pursuit of excellence in research and education, the facilitation of contact between individuals and organisations, and the promotion of action to prevent and treat obesity.

Their objectives are to;

- Promote professional awareness of obesity and its impact on health
- Educate and disseminate recent research on the causes, consequences, treatment, and prevention of obesity
- Prioritise obesity and provide opinion leadership in the UK
- Enhance understanding of the prevention and treatment of obesity throughout the UK
- Improve the quality of obesity education throughout the UK
- Forge links between individuals and organisations concerned with the study of obesity throughout the UK
- Support the role of patient and public involvement in obesity research
- Connect active researchers and practitioners from diverse disciplines who contribute to the development of a UK perspective on obesity.
- Provide appropriate input on the UK perspective at a European and international level through EASO and the World Obesity Federation.

Resources are available through ASO. It is useful for anyone working in the field of Obesity including HCPs to keep up to date with research and practice relating to Obesity prevention and treatment. In 2020, this has included a number of recorded webinars discussing a range of significant obesity related topics including stigma, mental health and COVID 19 risk associations.

5.6 Leeds Public Health Resource Centre

A range of information, resources and training opportunities specific to Leeds can be found through the ***Public Health Resource Centre***.

The Public Health Resource Centre (PHRC) offers support to anyone with a responsibility for or professional interest in public health or promoting health and wellbeing in Leeds, including students and volunteers.

5.7 NICE Clinical Guidelines: Clinical identification, assessment, and management of Obesity

NICE reinforce the importance of patient centred care, having appropriate equipment for people with obesity, the use of clinical judgement and using BMI measures with caution. A direct link to the information and some of the text is included over.

Recommendations from NICE guidelines

- Equip specialist settings for treating people with a BMI more than 35 kg/m^2 for example, special seating and adequate weighing and monitoring equipment. Ensure hospitals have access to specialist equipment – such as larger scanners and beds.
- Discuss the choice of interventions for weight management with the person. The choice of intervention should be agreed with the person.
- Tailor the components of the planned weight management programme to the person's preferences, initial fitness, health status and lifestyle.
- Use clinical judgement to decide when to measure a person's height and weight. Opportunities include registration with a general practice, consultation for related conditions (such as type 2 diabetes and cardiovascular disease) and other routine health checks.
- Use BMI as a practical **estimate** of adiposity in adults. Interpret BMI with caution because it is **not a direct** measure of adiposity.
- Think about using waist circumference, in addition to BMI, in people with a BMI less than 35 kg/m^2.

5.8 Uconn Rudd Centre for Policy on Food and Obesity

The Rudd Center aims to address weight bias and discrimination through research, education, and advocacy. Included are informational resources that provide education about weight and strategies to address this problem.

Uconn Rudd Center Weight Bias Resources

Educational YouTube Video on Weight Bias for HCPs

Further in depth reading;

Weight bias in clinical care: improving health care for patients with overweight and obesity is a training resource developed by the Uconn Rudd Center for clinicians when discussing weight with patients. Course content includes;

Part 1. Weight Bias in Health Care

Part 2. Consequences of Weight Bias for Patients

Part 3. Increasing Self Awareness of Weight Bias

Part 4. Improving Provider-Patient Interactions and Weight Management Counselling

Part 5. Office Environment Strategies to Reduce Weight Bias

5.9 Image Banks for using in leaflets/ information handouts

World Obesity Image bank
https://www.worldobesity.org/resources/image-bank

Rudd Center Image bank
http://www.uconnruddcenter.org/image-library

OAC image bank ***https://www.obesityaction.org/get-educated/public-resources/oac-image-gallery/***

Obesity Canada
https://obesitycanada.ca/resources/image-bank/

6. A Doctors Perspective: World Obesity Blog

BLOG

Obesity as a disease breaking good news

'As a Family Doctor, I have had many difficult conversations with my patients. I have witnessed the devastating impact a single word can have. Words such as disease or cancer can forever alter a person's view of life and the future.

Discussing “Bad News” is a complex task that many healthcare practitioners navigate with skill and sensitivity every day. Our experience enables us to convey information with compassion in a manner that is understandable to patients. The clinical view may be worlds away from what it means to an individual, for whom it is unique in the context of their life.

“Bad News” is a relative term. A diagnosis that may be life-changing for one person may be inconsequential for another. When it comes to my experience in managing obesity, I have come to learn that “Bad News” can sometimes be “Good News”. When we diagnose asthma or diabetes, we do not consider it “Good News” but equally we do not blame, and define patients with these medical conditions. People living with obesity are treated differently. They are stigmatized by the myopic and oversimplified view that obesity is a lifestyle issue, a personal choice, or even a moral failure. As a society, we blame and shame people because of their weight. When I talk to my patients about the root causes of obesity - the impact of genetics, the brain, hormones, and our environment - their eyes widen. When I tell them that it’s not their fault - their face brightens.

When I tell them that this is a real and treatable disease, it as though a weight is lifted from their shoulders. Their entire life they have been told they lack willpower and just need to “eat less and move more”. So, although it might seem strange, telling someone they have the disease of obesity is often received as “Good News”.

Identifying obesity as a disease counterbalances the negative attitudes and stereotypes that people living with excess weight endure, from themselves and others. It does not remove the personal responsibility to address this chronic disease and seek safe effective treatments, as we would with other non-communicable diseases. By diagnosing the disease of obesity, healthcare professionals acknowledge the root causes and take the first step to ensure that it is not ignored on an individual and institutional level.

We have a duty of care that, to date, perhaps we have not been willing to address. We must empower people with knowledge and embolden them to advocate for the provision of evidence-based services and investment in chronic disease management for obesity. No longer should weight be discussed as a door-handle issue. Nor should it be dismissed with merely an instruction to lose weight with no useful treatments offered. Like other diseases, obesity has a major impact on the health and quality of lives of those affected, it deserves treatment. A diagnosis of obesity can be a positive event, a positive consultation, a positive conversation. It can be life-changing.’

Written by
Dr Michael Crotty
(@DrMCrotty)

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