



People caring for people



St George Private Hospital

Talking To Patients About Weight



With Upper GI & Bariatric Surgeon
Dr Michael Talbot

By 2025, more than 80 per cent of Australians will be overweight or obese.*

Weight is not an easy subject for doctors to broach with patients, especially within the time constraints of a busy GP surgery, or because some GPs simply do not feel confident in discussing the issue.

However with obesity outstripping smoking as our most common risk factor for disease it's critical to have conversations with patients about their weight.

When To Have The Weight Discussion

- When there is a BMI of 30 or more
- When a patient has a BMI between 25 and 30 plus health problems linked to weight.
- When BMI or waist circumference is increasing between visits
- A waist size of 80 cm or more for women and 94 cm or more for men.
- Speak to your patients about bariatric surgery once BMI is over 40. Bariatric surgery can resolve weight related diabetes in about 80 per cent of cases.

Useful Tips

- Make measuring BMI or waist circumference a routine for every patient, every visit.
- Address the patient's chief medical concern before talking about weight. Patients don't want to blame ALL their health issues on their weight.
- Focus on health goals (healthy eating and exercise) rather than weight.
- When you do bring weight up, speak about health and feelings, don't frame the conversation about being overweight, obesity or eating too much food.

Useful conversations starters might include:

"Jill, I'm worried about your high blood pressure. Your BMI is above the healthy weight range – do you mind if we talk about this?"

"What are your goals regarding your weight?"

"What kind of changes would you be willing to start with?"

"How much time do you spend sitting down each day – would you be open to exploring more ways to be active every day?"

"What kind of help would you like from me about your weight?" (offer dietitian resources, a diet plan (ie DASH) or ask your local gym if they will give you free vouchers to offer patients – where their first workout is free).

***MODI – Monash Obesity and Diabetes Institute.**

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continued

What Not to Say

Avoid shame statements/questions like:

"Your ankle's probably swollen because you're carrying extra weight."

"How much do you weigh or what size are your clothes now?"

"You really need to think seriously about your obesity."

Shame rarely effects meaningful weight loss change.

Did you know?

A 2015 report in The Medical Journal of Australia reveals that GPs frequently do not talk to their patients about their weight.

And fewer than one in 20 Australian GP patients had their waist circumferences measured, despite national guidelines recommending doctors take body mass and waist circumference measurements.

Encouraging Exercise

- Provide an exercise "prescription" or action plan. Encourage patients to start by walking just two to five minutes per day, then add an extra two minutes every third day. Your initial goal is to walk 30 minutes per day, but you can break up that amount into a number of five-or 10-minute walks.
- For some patients, visualizing activities helps. Just walking from one telegraph pole to the next is a start. The next week they can walk one pole, run one pole, and then build up to 10 or 20 telegraph poles.
- Swimming is ideal because water reduces the gravitational load on the body by as much as 90 percent, aiding joints and bones.
- Encourage regular meals and avoidance of snacking.

- Follow up the patient on next visit and encourage behavioral change and praise even small weight loss.



Do Encourage Patients To Eat

Less of these: Breads, pasta, large coffees, sugary drinks, juices, cakes, biscuits



More of these: Beans, low fat cheese and milk, fruits and vegetables, lean meats and seafood, nuts, oatmeal, brown rice.



St George Private Hospital

1 South Street, Kogarah NSW 2217

ph: 02 9598 5555 – fax: 02 9598 5000

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