

KEY MESSAGES

Improving implementation of the 5As of obesity management in general practice

20 July 2016

Gray J, Karnon J, Spooner C, Harris MF

Policy context

In Australia, 62% of the adult population is now overweight or obese. This raises concerns about the future health of the population and the burden on the health care system. Australian general practices are well placed to intervene and assist individuals to prevent and manage obesity. The NHMRC have disseminated guidelines for the management of obesity in clinical practice. However, there is evidence that the guidelines are not being followed. Research undertaken by COMPARE-PHC (Stream 3) aimed to identify strategies to improve the implementation of the NHMRC guidelines within general practice.

Key messages

An economic evaluation alongside a randomised controlled trial found that:

- > A low-cost facilitator-led intervention can increase general practitioners' (GPs) assessment and recording of risk factors without increasing costs to the Medicare Benefits Schedule or Pharmaceutical Benefits Scheme. This intervention could be funded by Primary Health Networks (PHNs).

A study examining factors influencing GPs' decisions to refer obese patients found that:

- > The support required for weight loss is often greater than GPs are able to provide in routine practice, but few patients are referred for more intensive behavioural or surgical interventions.
- > There are doubts about the effectiveness of referral options, and perceived lack of motivation, conflated by low health literacy, and low motivation were seen as barriers to referral.
- > Interventions to improve weight management consultations could be designed to target identified referral barriers to improving weight management in general practice.

Practice nurses (PNs) have a potential role to play in weight management. A feasibility study of a PN-led program developed in the UK (the Counterweight Program) found that:

- > PNs can deliver a structured weight management program and provide a potentially important health service option for obesity management.
- > Adequate and sustainable funding mechanisms are needed to support PNs' involvement in weight management.
- > PHNs are invited to be partners in a pragmatic randomised controlled trial to evaluate the PN-led program in practice to inform uptake and sustainable service delivery.