



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



Halting the rise of Obesity: making every 'Clinical Contact Count'

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Counting the Cost

NHS spending >£2m a day on diabetes medication (2014)

Obesity second only to smoking as a cause of premature death in Europe (2016)

By 2025 One-fifth of adults worldwide will be obese (2016)

One in four nurses in England are obese (2017)

63% NI adult population overweight/obese (2017)





Global Implications

- ❖ 65% all deaths caused by chronic illness
- ❖ > 36 million annual global deaths
- ❖ In the UK 1 in 11 deaths are linked to obesity
- ❖ Occurs across all age groups, all genders, all social classes
- ❖ Compromises individual health & societal welfare programmes

Northern Ireland & Obesity

- ❖ 6 in 10 adults are overweight/obese
- ❖ Economic cost > £370 million to the NI economy
- ❖ The main contributors to health costs are cardiac disease (44%), colorectal cancer (12%) and type 2 diabetes (9%)

E.G.

- 85,000 citizens in NI with diabetes
- 90% are type 2 which is associated with obesity
- Projected ongoing yearly increases > 3,000



Impact of Current Strategies

- ❖ No single nation has turned around the obesity epidemic
- ❖ UK labelled the '***Fat man of Europe***'
- ❖ Clinical practice with established obesity is '***extremely patchy***' (RCP 2013)
- ❖ Current strategies to reduce obesity are '***failing to have a significant impact***' (AMRC 2014)
- ❖ '***Inconsistent understanding***' of the impact of obesity & the need for management (Kaplan et al 2018)
- Ineffective obesity management strategies has lead to a body of research to '***make every contact count***'

Making Every Contact Count- Doctoral Research

Study Aim

- ❖ To establish the attitudes of multidisciplinary clinicians towards individuals with overweight/obesity
- ❖ To identify variables influencing obesity management

Study Outcomes Assessed:

- ❖ Motivation to treat
- ❖ Likelihood of discussing weight management
- ❖ Time spent with the patient as opposed other patients

Study Design

- ❖ Innovative interactive online study.
- ❖ 3 tools:
 - Clinical vignettes
 - Demographic questionnaire
 - Obesity Attitude measures
- ❖ Multidisciplinary sample from BHSCT, WHSCT, UU, QUB
- ❖ Unique study exploring influences on obesity management
- ❖ Very effective methodology



Vignette Example



The patient is a professional with a diagnosis of Ischemic Heart Disease & Type 2 Diabetes & Hypertension and is presenting for a review appointment. Her BMI is currently 43.3 (obese class III) and the movement from last recorded weight is +7 lb. The patient appears concerned about her weight. You have previously met this patient in a clinical environment at intervals of 3 months and she attended few appointments.

How motivated would you be to treat this patient as opposed to other patients?



How likely would you be to address weight management when treating this patient?



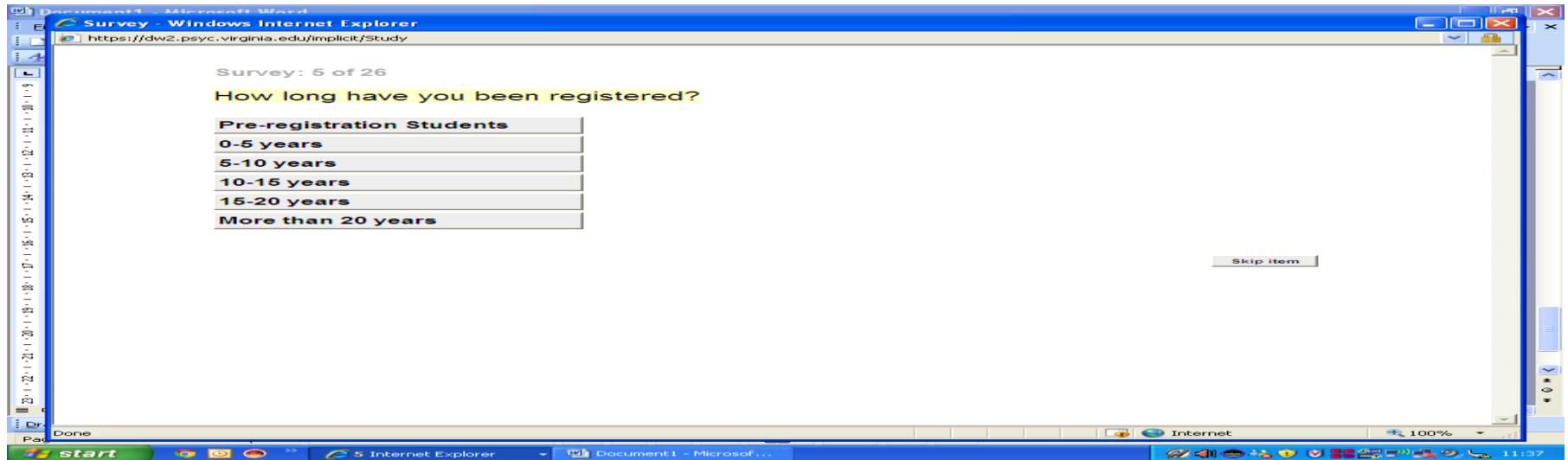
How much time would you spend treating this patient as opposed to other patients?



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Data Collected

- ❖ Gender, Age, Experience, Professional group
- ❖ Weight/Height – own BMI generated
- ❖ Obesity attitudes
 - Feedback given on attitudes and BMI



Sample Demographics

- ❖ n=427 (3,416 vignettes)
- ❖ 79% Female
- ❖ 53% Nursing, 38% Medicine, 9% Dietetics
- ❖ All ages represented from 18-68
- ❖ Extensive experience with 49% having >10yrs
- ❖ 3% underweight, 58% normal weight, 26% pre obese, 13% obese
- ❖ 39% of the sample overweight/obese
- ❖ 21% incorrectly classified own BMI

Clinician Obesity Attitudes

- ❖ 91% had implicit anti-fat bias
- ❖ 54% reported affinity with people with obesity
- ❖ 72% reported a societal preference for thin people
- ❖ Anti-fat bias - not influenced by participant characteristics
- ❖ Higher levels of affinity reported by females, participants with a high BMI and nurses

Clinician Characteristics Influencing Practice

Motivation to treat:

- ❖ 39-58 age group most motivated
- ❖ Dietitians and medical staff more motivated than nurses

Likelihood to discuss weight:

- ❖ Those with 10-15 years' experience most likely to discuss weight

Time spent with the pt:

- ❖ Dietetic staff spent more time with pts. than other groups
- ❖ Those in the first 10 years of practice spent less time



Patient Characteristics Influencing Clinicians

Motivation to treat :

- ❖ Rising pt. BMI - increased motivation
- ❖ Unconcerned pt. poor attenders - decreased motivation

Likelihood to discuss weight:

- ❖ Rising pt. BMI, Large weight loss or gain - increased likelihood
- ❖ Unconcerned pt. small weight change/stability - decreased likelihood

Time spent with the patient:

- ❖ Rising pt. BMI- increased time
- ❖ Unconcerned pt. small weight change/stability – decreased time

Key Findings

- ❖ Clinicians have high levels of anti-fat bias yet still report affinity with pts.
- ❖ Demotivated pts. decreased clinician motivation & time spent with the pt.
- ❖ Pt. engagement with weight management appears central to engaged clinicians
- ❖ Clinicians incorrectly classified their own BMI



Implications For Practice

Our research shows making every '***clinical contact count***' with obesity management needs:

❖ Activated Patients

❖ Engaged Clinicians



Making Every Contact Count – Post Doctoral Research

‘Activating Patients’

- ❖ 2016 – ESRC & HSC R&D funding to increase public engagement with the topic. Theatre piece MAC Belfast –”***Debating the F word***”
- ❖ 2017 – HSC R&D funding to improve engaged communication. Focus groups with pts. to identify how they would like discussions framed
- ❖ 2018 - Doctoral study commenced exploring how engaged conversations may take place in practice



Post Doctoral Research Continued

‘Engaging Clinicians with obesity management’

- ❖ Large research team with multidisciplinary and PPI members established
- ❖ Multicentre RCT planned to develop/test an intervention to improve clinician engagement with obesity management
- ❖ 2017 - obtained HSC R&D enabling award to collect data from clinicians and pts. to inform that intervention
- ❖ 2018 - National Institute Health Research (NIHR) funding application to be submitted







Northern Ireland
Assembly



The Open
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