



# Assessing health care providers' approach to discussing weight management options in multidisciplinary primary care clinics in Ontario

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## Introduction

- In adults, overweight and obesity are defined as a Body Mass Index (BMI) of  $\geq 25.0$  kg/m<sup>2</sup> - 29.9 kg/m<sup>2</sup> and  $\geq 30.0$  kg/m<sup>2</sup>, respectively. Obesity is affecting 1 in 4 Canadian adults (1) and there are signs that this trend is worsening (2).
- The Canadian Medical Association recently classified obesity as a chronic disease emphasizing the importance of prevention and treatment (3).
- Primary care is seen as an ideal place to discuss weight management with patients (4). Health care providers (HCPs) working in these settings play a pivotal role in influencing their patient's weight management (5).
- There is, however, stigma and sensitivity surrounding the topic of weight and insufficient training in weight management techniques. These remain common barriers encountered by HCPs, impairing their ability to provide the patient with optimal weight management options (6).

## Objective

- Provide an in-depth understanding of how various Health Care Providers (HCPs) working in multidisciplinary primary care clinics in Ontario approach the discussion of weight management options with patients with obesity.



## Methodology

- This study used a qualitative research method.
- One-on-one semi-structured interviews were conducted with 20 HCPs (6 family physicians, 11 nurse practitioners and 3 registered dietitians).
- These HCPs worked in various types of multidisciplinary primary care clinics (family health teams, community health centres, and a nurse practitioner-led clinic) in Ontario.
- The interviews were recorded with the participants' consent.
- Interviews were then transcribed and coded using Nvivo software.
- Data analysis was done independently; the research team met collectively to review analyses.

## Results

- Those HCPs used a variety of approaches to discuss the topic of weight management with their patients. These approaches seemed to be influenced by the comfort level of the patient as well as the HCP.
- Most participants (5 out of 20) reported using an indirect approach by discussing changes in lifestyle behaviours to address chronic diseases rather than excess weight.

*"I try to bring up healthy habits altogether and how it may impact their health... I try not to focus directly on the weight itself"*

FHT, NP – Participant 12

*"I sort of introduce it as not that I am blaming their weight for their health problems but rather a way of reducing the pain for arthritis for example. I try to twist it around so it is a positive discussion"*

NPLC, NP – Participant 1

- Some (4 out of 20) felt that they have a more direct approach as they discussed it directly and used anthropometric measures such as body mass index (BMI) for justification.

*"I use BMI like it's concrete; it's there, and they're above the range and at least I can say that this is what it is"* NPLC, NP – Participant 4

- Others (4 out of 20) assessed patients' readiness to talk before engaging in weight management options.

*"If someone is not ready to talk about it then they are not ready. It's just like smoking, they are at different stages of readiness and they might not be ready to tackle it so I think most physicians will back off"*. FHT, MD – Participant 10

- Some (4 out of 20) started by asking for permission to bring up the topic of weight and weight management options.

*"Oftentimes I will just ask them if we can discuss their weight because sometimes they are not in the space to discuss it."* CHC, NP – Participant 16

*"I would initially ask – 'can we have a discussion about your weight?' because people are quite willing to say that they have gained pounds over the years"* NPLC, RD – Participant 8

- Other approaches used include empathizing with the patient due to HCP's personal experiences with weight (2 out of 20) and not approaching the topic at all (1 out of 20).



## Discussion

- Although various approaches are used to discussing weight management options, it seemed that they are influenced by the HCPs comfort level. For instance, one HCP who did not feel comfortable with the topic simply did not bring it up in the fear of offending the patient. This may represent a barrier to exploring effective weight management options.
- There are tools to guide health care providers on addressing weight management, such as the 5A's of obesity management framework (Ask, Assess, Advise, Agree, Assist). This tool suggests that the first step in obesity management is asking for permission to talk about weight and explore patient's readiness (7).
- Less than half of HCPs followed the established 5A's obesity management guidelines (Ask, Assess, Advise, Agree, Assist) by asking for permission to talk about weight with their patients or assessing readiness. It seemed that participating HCPs did one or the other rather than both.

## Conclusion

- There seemed to be many approaches used in discussing the topic of weight management. Only some of the participants seemed to unknowingly follow the 5A's of obesity management tool.
- Looking ahead, we hope that this study will add clarity to understanding various HCPs' approaches and increase the awareness of barriers that need to be alleviated in order to ensure the effective undertaking of weight management approaches in primary care settings.

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