

obesity – a weighty issue

Dietitians are the only nutrition professionals to be statutorily regulated, and have an ethical code that ensures the highest work standards. Dietitians are up-to-date with current research, public health and translate the science behind research and guidance into manageable, practical information to enable people to make appropriate lifestyle and food choices.



Dietitians are best placed to provide high quality advice to patients, workplaces and industry for the prevention and treatment of obesity. An inherent value is placed on practice that is fully evidence-based and this subsequently underpins all advice. Strong networking and communication skills enable the development of specialist weight-management services along with primary, secondary, tertiary care and non-National Health Service (NHS) partners.

Being overweight has become the norm for UK adults ^[1]. The increasing prevalence of obesity amongst adults and children is a major public health challenge locally, nationally and internationally. In Britain today obesity is the second most common preventable cause of death after smoking ^[2].

A number of chronic medical conditions are associated with overweight and obesity, including type 2 diabetes, hypertension, coronary heart disease, stroke, metabolic syndrome, osteoarthritis and various cancers ^[1].

Involving dietitians to tackle obesity – invest to save

The increasing levels of BMI are predicted to add £7.7 billion to annual health costs by 2050; a total yearly cost of £49.9 billion will be attributable to overweight ^[6]. Commissioners should disinvest in high cost / low-benefit interventions. Investing in dietitians is an example of the value of low cost/ high-benefit interventions ^[7].

Utilising dietitians for weight management represents cost savings at practice level. There has been a tenfold increase in obesity admissions in ten years ^[9]. An average dietetic outpatient appointment costs £30 versus approximately £600 per hospital admission ^[10].

Weight loss is strongly linked with improved outcomes for long-term conditions. Dietitian-led weight loss supports achievement of Quality and Outcomes Framework (QOF) indicators such as diabetes (DM 23-25), Coronary Heart Disease (CHD 8 and PP1), stroke (Stroke 6 and 8) and hypertension (BP5) ^[8].

Fact 1
The consequences of obesity are far reaching. Being overweight and obese has adverse social consequences: discrimination, social exclusion, loss of or lower earnings, adverse consequences on the wider economy (working days lost and higher benefit payments) ^[4].

Fact 2
UK obesity rates have more than doubled in the last 25 years; nearly a quarter of men (24%) and women (25%) are obese. 39% of adults had a raised waist circumference in 2008 compared to 23% in 1993. Children are also affected by this obesity epidemic. In 2008, 16.8% of boys aged 2 to 15, and 15.2% of girls were classed as obese; an increase from 11.1% and 12.2% respectively in 1995^[5].

Dietitians

Have key roles in multidisciplinary teams – together with patients, they devise individual, realistic weight-loss targets in complex medical cases involving multiple co-morbidities, based on evidence-based practice.

Are expert in behaviour change – skills such as self monitoring, avoidance techniques and identifying hunger vs. craving are required to bring about the patient-centred lifestyle changes necessary to support long-term weight loss success, rather than a 'quick fix' approach offered by providers.

Are a professional resource – they provide high

quality training for other NHS and community partners in behaviour change and weight-management interventions.

Provide culturally appropriate advice – including understanding of different risk cut offs for BMI and waist circumference.

Research – to ensure they continue to strive for the best treatments for their clients and publish in peer-reviewed journals.

Advise bariatric teams – their expert knowledge ensures the most appropriate clients are well informed and supported pre and post surgery.

Audit and evaluate – to measure a range of outcomes.

Case study

Leicestershire Dietitian-led LEAP groups deliver 12 weeks of intensive weight management support. Clinical and quality of life (including anxiety and depression) measurements are collected. On average patients lose significant amounts of weight and waist circumference; 4.4kg and 4.2cm respectively. Depression and weight related quality of life scores also improved significantly [15].

The next generation

Gestational obesity rates are a cause for concern. Under NICE recommendations dietary advice should be given to mothers to improve their own and their children's long term health [11]. The impact of dietitians here is crucial as life years could be added in addition to breaking the cycle of childhood obesity [12].

References

- [1] Kopelman, P. (2007). Health Risks Associated with Overweight and Obesity. Short Science Review. Foresight Tackling Obesity: Future Choices. Obesity Reviews, 8(s1), 13–17.
- [2] Department of Health. (2007). Cancer Reform Strategy. Accessed: www.dh.gov.uk
- [4] Morgan, E. & Dent, M. (2010). The economic burden of obesity. Oxford: National Obesity Observatory
- [5] The Information Centre. (2010). Statistics on obesity, physical activity and diet. Accessed: www.ic.nhs.uk
- [6] McPherson, K., Marsh, T. & Brown, M. (2007). Tackling Obesity: Future Choices – Modelling future trends in obesity and the impact on health. London: Foresight Programme of the Government Office for Science.
- [7] Fordham, R. and Martin, A. (2010). How to maximise your marginal gains. Health Service Journal, January 12, 2011.
- [8] The NHS Information Centre. (2010). Quality and Outcomes Framework Achievement Data 2009/2010. The NHS Information Centre. Accessed: www.ic.nhs.uk
- [9] The Information Centre. (2010). Hospital Episode Statistics on Obesity. Accessed: www.hesonline.nhs.uk
- [10] Curtis, L. (2009). Unit costs of health and social care 2009. Personal Social Sciences Research Unit. Kent.
- [11] NICE. (2010). Weight management before, during and after pregnancy. NICE, London.
- [12] Whittaker, R.C., Wright, J.A., Pepe, M.S., Seidel, K.D. & Dietz, W.H. (1997). Predicting Obesity in Young Adulthood from Childhood and Parental Obesity. New England Journal of Medicine. 337, 69-873
- [13] Department of Health. (2011). No health without mental health. Department of Health, London.
- The Counterweight Project Team (2008). Influence of body mass index on prescribing costs and potential cost savings of a weight management programme in primary care. Journal of Health Services Research and Policy. 13, 3, 158–166
- [14] The Counterweight Project Team (2005). Obesity impacts on general practice appointments. Obesity Research, 13, 8, 1442-1449.
- [15] Donaldson, E. L. & McKenna, A. (2010). Improved quality of life in group weight management interventions. (Abstract) Journal of Human Nutrition and Dietetics, 23, 5, 445.

Quality of life

Dietitians have a holistic approach to healthcare and measure clinical and quality-of-life outcomes such as anxiety, depression and impact on daily living. The publication 'No Health without Mental Health' acknowledges links between mental health and obesity; the condition disproportionately affects people with mental illness [13].

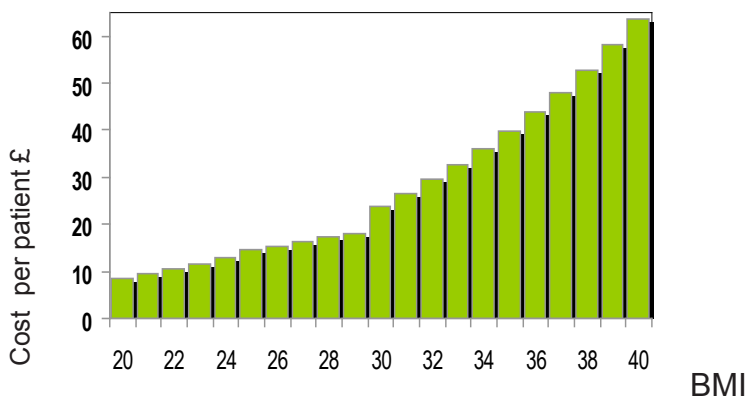


Figure 1. Annual prescription costs rise with increasing BMI [6]

Figure 1 shows the estimated costs of elevated BMI (>25kg/m²) from 2001 to 2050.

The increasing levels of BMI are predicted to add £7.7 billion to annual costs by 2050.

If this continues there will be a total yearly cost of £49.9 billion attributable to obesity by 2050 [6].

Conclusion

When weight gain is avoided so are the associated costs and burdens on general practice such as increased GP appointments [15] and prescribing costs. Preventing an increase of one BMI point in as little as 4% of a consortia's overweight population represents a potential annual cost saving of approximately £60,000 [14].

Dietitians' expertise, holistic understanding, evidence based practice and communication skills are essential in tackling obesity.

Trust a dietitian
to know about nutrition

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