

SAND abstract No. 106 from the BEACH program 2006–07

Subject: Weight loss attempts and methods

Organisation supporting this study: Abbott Australasia.

Issues: BMI of child and adult general practice patients (calculated separately); prevalence of selected, related morbidities: hypertension, other cardiovascular disease, diabetes type 2 and depression; proportion taking selected medication groups: anti-hypertensives, statins/fibrates, anti-depressants, and anti-psychotics; proportion who had tried to lose weight in past 12 months and methods used.

Sample: 2,164 encounters with patients aged 2 years or more from 76 GPs. Data collection period: 24/10/2006 – 27/11/2006.

Method: Detailed in the paper entitled 'SAND Method 2006-07' on this website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm>. An international standard was employed to calculate BMI cut-off levels in children¹. A card listing weight loss methods was provided to patients.

Summary of results

The age and sex distributions were similar to all 2004–05 BEACH encounters with patients aged 2 years and over. Female patients accounted for 62.3% of the sample. Patients were divided into children (2–17years) and adults (18+) because the BMI cut-off levels for children differ from those used for adults. Of 212 child patients, 20.8% were overweight, and 13.2% were obese. Of 1,862 adult patients, 34.4% were overweight and a further 22.5% were obese. Combining adult and child general practice patients, over half (54.6%; 95% CI: 51.4–57.7) were defined as overweight or obese.

Only 6 child patients had any of the listed co-morbidities. Of 1,907 adult patients, 54.8% had at least one of the co-morbidities. At least one of the co-morbidities was indicated for a significantly greater proportion of overweight (58.0%; 95% CI: 53.1–62.9) and obese adult patients (66.2%; 95% CI: 60.8–71.6) than patients of normal weight (45.4%; 95% CI: 40.4–50.3).

Only one child was taking any of the medications. Of 1,893 adult respondents, 48.4% were taking at least one. The proportion of adult patients taking at least one medication rose significantly as weight increased, from 38.0% (95% CI: 33.3–42.8) of normal weight to 50.7% (95% CI: 46.2–55.3) of overweight and 61.5% (95% CI: 56.1–67.0) of obese patients.

Of 223 child respondents, only nine had attempted weight-loss in the previous 12 months. Of 1,927 adult patients, 35.8% had made at least one attempt to lose weight in the previous 12 months. The proportion of adult patients attempting weight loss rose significantly by weight category, with 42.6% (95% CI: 36.6–48.5) of overweight and 67.6% (95% CI: 62.1–73.2) of obese patients attempting weight-loss at least once during the previous 12 months. Female patients were significantly more likely to have attempted weight loss (41.8%; 95% CI: 37.5–46.1) than male patients (25.3%; 95% CI: 21.1–29.4). The majority (66.8%) of 689 adult respondents indicated exercise among weight loss methods tried, 38.6% had used a self-structured reducing diet, 30.8% indicated GP advice, 26.9% had used meal plans and 23.1% had used a weight loss program. OTC medications were indicated by 9.7% of these patients, specialist/dietitian advice by 8.6% and prescribed medications by 6.1% of patients.

¹ Cole TJ, Bellizzi MC et al 2000. Establishing a standard definition for child overweight and obesity worldwide; international survey. *BMJ* 320 (7244): 1240–3.

Correspondence to: Janice Charles, AGPSCC

AIHW Australian GP Statistics and Classification Centre, 2007. SAND abstract No. 106 from the BEACH program: Weight loss attempts and methods. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENT WEIGHT LOSS ATTEMPTS and METHODS.**

You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

These questions are for ALL PATIENTS

Weight loss attempts

How often in the past 12 months has this patient **attempted** to lose weight? This includes commencing new diets, meal replacement programs, exercise programs, joining organisations, or seeking specific advice **with the objective of losing weight.**

Patient height & weight

What is the patient's **height** (without shoes)?
What is their **weight** (unclothed)?

*(You are **NOT REQUIRED** to weigh or measure the patient, but if the patient is unsure, you may either do so or take information from the medical records.)*

Morbidity (tick all that apply)

Please use the tick boxes to advise whether the patient has **ever been diagnosed** with any of the listed **conditions.**

Medications (tick all that apply)

Please use the tick boxes to advise whether the patient is **currently taking** any of the listed **medications.**

Weight loss methods (tick as many as apply)

Please tick the box beside any **weight loss methods** the patient has tried in the past 12 months in an attempt to lose weight.

Tick as many boxes as apply.

- * **Weight loss programs** e.g. Jenny Craig, Weight Watchers, Gutbusters, Gloria Marshall etc.
- * **Meal Plans** e.g. Lite N Easy, Easy Slim, Nu-Shape etc.
- * **Over-the-counter (OTC) Products** available from pharmacies, supermarkets, health food stores etc, e.g. Xenical, Slimfast, Optifast, Cenovis NutriPlan, Fat Blaster, Trim It, Opti Slim, Sure Slim, Exo Fat, Chitosan etc. **(NB. Xenical S3 since 1st May 2004).**
- * **Other reducing diet** e.g. commencing a structured diet plan other than those listed above (self-structured).
- * **Exercise program** e.g. commencing an exercise program not usually undertaken such as walking, joining a gym, jogging, or participating in some other physical activity for the purpose of losing weight.
- * **Specific advice sought from the GP** to help with weight loss or acting on advice offered by the GP.
- * **Prescribed medication** e.g. Reductil, Duromine, Tenuate etc prescribed for weight loss.
- * **Specific advice sought from a Specialist or Dietitian** for the purpose of losing weight.
- * **Any other method** not listed e.g. seeking advice from a pharmacist, herbalist etc, for the purpose of losing weight.

Prescribed medications

Please advise whether the patient has **ever used a prescribed medication** (e.g. Duromine, Reductil, Tenuate) **for weight loss?** **(NB. Prior to 1st May 2004 Xenical (orlistat) was a prescribed medication - classified as S3 since. If this medication was used prior to 1st May 2004 please count it as a prescribed medication).**

If a prescribed medication has **never been required**, please tick the 'No - never required' option and **end the questions here.** For other responses please continue on to the last question.

Prescribed medication

If a **prescribed medication** has **never been tried**, or **use was intermittent or discontinued**, please advise the **three most important reasons.** Write the number **1** beside the most important reason, **2** beside the second reason, and **3** beside the third (i.e. **rank the top 3 reasons**).

<p>Ask the patient their</p> <p>Height:</p> <p>_____ cm</p> <p>Weight:</p> <p>_____ kg</p>	<p>Has the patient ever been diagnosed with?</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Other cardiovascular disease</p> <p><input type="checkbox"/> Diabetes T2</p> <p><input type="checkbox"/> Depression / mood disorder</p> <p><input type="checkbox"/> None of the above</p>	<p>Is the patient currently taking?</p> <p><input type="checkbox"/> Anti-hypertensives</p> <p><input type="checkbox"/> Statins / fibrates</p> <p><input type="checkbox"/> Anti-depressants</p> <p><input type="checkbox"/> Anti-psychotics</p> <p><input type="checkbox"/> None of the above</p>	<p>Ask the patient...</p> <p>In the past 12 months how often have you attempted to lose weight?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> 2-4 times</p> <p><input type="checkbox"/> 5 or more times</p>	<p>In the past 12 months which weight loss methods have you tried?</p> <p><input type="checkbox"/> None</p>	<p><input type="checkbox"/> Weight loss programs</p> <p><input type="checkbox"/> Meal Plans</p> <p><input type="checkbox"/> OTC products (pharmacy/retail)</p> <p><input type="checkbox"/> Other reducing diet</p> <p><input type="checkbox"/> Exercise program</p> <p><input type="checkbox"/> GP advice</p> <p><input type="checkbox"/> Prescribed medication</p> <p><input type="checkbox"/> Specialist/dietitian advice</p> <p><input type="checkbox"/> Other _____</p>	<p>Have you ever used a prescribed medication to lose weight?</p> <p><input type="checkbox"/> Yes - intermittently</p> <p><input type="checkbox"/> Yes - continuously</p> <p><input type="checkbox"/> Yes - but discontinued use</p> <p><input type="checkbox"/> No - never required</p> <p><input type="checkbox"/> No - other reason</p>	<p>Reasons for non / interrupted / discontinued use of a prescribed medication for weight loss are: <small>(please rank the top 3 reasons by numbering 1 to 3)</small></p> <p>_____ cost</p> <p>_____ advice from health professional</p> <p>_____ not suitable or contra-indicated</p> <p>_____ prefer non-drug option</p> <p>_____ unsatisfactory outcome</p> <p>_____ side effects</p> <p>_____ satisfactory weight loss achieved</p>
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