

SAND abstract No. 124 from the BEACH program 2007–08

Subject: Weight loss attempts among general practice patients

Organisation supporting this study: Merck, Sharp & Dohme (Australia) Pty Ltd

Issues: BMI and weight status; patients attempting weight loss in previous 2 years; weight-loss methods used; proportion of patients considering each method the most successful.

Sample: 3,059 patients from 103 GPs; data collection period: 26/02/2008 – 01/04/2008.

Method: Detailed in the paper entitled 'SAND Method 2007–08' available at: www.fmrc.org.au/publications/SAND_abstracts.htm.

Summary of results

In this sample there were fewer patients aged 1–4 years and fewer males (38.7%, 95% CI: 35.6–41.7) than at all 2007–08 BEACH encounters (42.9%, 95% CI: 42.1–43.7).

Of the 2,653 adult (aged 18+) patients for whom height and weight were reported, 38.4% were normal weight, 34.7% were overweight and 24.1% were obese. Male adults were more likely to be overweight or obese (66.7%, 95% CI: 63.0–70.4) than adult females (54.2%, 95% CI: 50.6–57.8). Of 219 surveyed children (aged 2–17 years) 26.5% were overweight or obese.

Among 2,691 adults responding to the question on weight-loss attempts, 917 (34.1%, 95% CI: 30.6–37.6) had attempted weight loss in the previous two years. Women were more likely to have attempted weight loss (39.4%, 95% CI: 35.5–43.2) than men (25.5%, 95% CI: 21.6–29.4) and older adults (75+) were less likely to have attempted weight loss (16.9%) than 18–24 year olds (31.1%), 25–44 year olds (39.5%), 45–64 year olds (42.2%) or 65–74 year olds (33.1%). The likelihood of attempting weight loss increased with increasing weight status; from 1.3% of underweight adults, 15.9% of normal weight adults, 35.1% of overweight adults to 67.7% of obese adults.

Of 917 adults attempting weight loss, methods used were indicated by 913: 24.6% had tried a weight-loss program, 26.2% meal plans, 9.6% OTC products, 50.7% other (self-managed) diet, 67.6% exercise program, 6.4% prescribed medication and 0.4% surgical procedure. All 4 adults who had used a surgical procedure found this method the most successful, followed by 45.5% of those using other (self-managed) diet, and 38.7%, 38.2% and 37.0% of those using exercise program, weight-loss program and prescribed medications respectively.

Among 244 children aged 2–17 years responding to the weight-loss attempts question, 22 (9.0%) had attempted weight loss in the previous 2 years. The small sample size in children means significance of difference was not achieved by sex or age. One in eight (12.4%) female children and 5.7% male children, 16.3% of those aged 9–12 years and 13.6% of those aged 13–17 years had attempted weight loss. The likelihood of attempting weight loss increased with increasing weight status, from 3.8% of underweight/normal children to 19.4% of overweight children and 27.3% of obese children.

The most common methods used among the 22 children who attempted weight loss were exercise program ($n = 15$) and other (self-managed) diet ($n = 11$). Surgical procedures, prescribed medications and weight loss programs had not been used by any of the children.

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AIHW Australian GP Statistics and Classification Centre, 2009. SAND abstract No.124 from the BEACH program: Weight Loss attempts among general practice patients. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

Weight loss methods

Please tick the box beside any **weight loss methods** the patient has tried in the past 2 years 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. Slimfast, Optifast, Cenovis NutriPlan etc.

* **Other reducing diet** e.g. commencing a structured diet plan other than those listed above.

* **Exercise program** i.e. commencing an exercise program not usually undertaken such as walking, jogging, or participating in some other physical activity for the purpose of losing weight.

* **Prescribed medication** e.g. Reductil, Duromine, Tenuate etc, prescribed for weight loss.

* **Surgical procedure** e.g. gastric banding, liposuction, etc.

PLEASE READ CAREFULLY

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

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

INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions in the **order in which the patients are seen**.

Please **DO NOT** select patients to suit the topic being investigated.

Height/weight

Ask the patient:

What is their **height** (without shoes)?

What is their **weight** (unclothed)?

Conversion tables from stone/pounds to kilograms and feet/inches to centimetres are provided.

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.

Cholesterol and glucose

From the **most recent tests**, please **write the levels** for the patient. If any levels are **unknown**, or if the patient has **not undergone** any of these tests, please tick the box labelled '**don't know / never tested**'.

Weight loss methods

Ask the patient which of the listed **weight loss methods** they have tried in the past 2 years. Please refer to the laminated **card** in your research pack for more information.

Please tick as many as apply.

If **none** of the listed methods have been tried, please tick the box labelled '**none of the above**' and continue.

Weight loss medications

Please use the tick boxes to advise whether the patient has taken any of the listed **weight loss medications** in their attempt to lose weight. Tick as many as apply.

For each medication, please **write a number** in the space provided, and **circle an option** (weeks or months) to indicate the approximate **amount of time the medication was taken** by the patient.

If **none** of the medications were tried, please tick the box labelled '**none of the above**'.

Patient morbidity

Please use the tick boxes to advise whether the patient has been diagnosed with **any of the listed conditions**. Tick as many as apply.

If the patient has **none** of the listed conditions please tick the box labelled '**none of the above**' and continue.

Weight loss attempts

Ask the patient if they have made **any attempts to lose weight** in the **past 2 years**.

If '**No**' you should **end the questions here** for this patient.

Successful methods

Please write in the weight loss method nominated by the patient as the one they considered to be the **most successful**.

If they did **not** consider **any** method to be successful, write '**none**'.

<p>Ask the patient their</p> <p>Height: _____ cm</p> <p>Weight: _____ kg</p> <p>BL100B</p>	<p>Does the patient have:</p> <p><input type="checkbox"/> Diabetes Type 2</p> <p><input type="checkbox"/> Metabolic syndrome</p> <p><input type="checkbox"/> Post-acute coronary syndrome</p> <p><input type="checkbox"/> Other significant CVD</p> <p><input type="checkbox"/> A major psychological disorder <i>(tick all that apply)</i></p> <p><input type="checkbox"/> Sleep apnoea</p> <p><input type="checkbox"/> None of the above</p>	<p>Please advise the most recent levels of:</p> <p>HbA1c _____ <input type="checkbox"/> <i>Don't know/never tested</i></p> <p>Total-C _____ <input type="checkbox"/></p> <p>LDL-C _____ <input type="checkbox"/></p> <p>HDL-C _____ <input type="checkbox"/></p> <p>TG _____ <input type="checkbox"/></p>	<p>Ask the patient</p> <p>In the past 2 years have you attempted to lose weight?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → End questions</p>	<p>Which weight loss methods have you tried? <i>(see card)</i></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"/> Prescribed medication</p> <p><input type="checkbox"/> Surgical procedure <i>(tick all that apply)</i></p> <p><input type="checkbox"/> None of the above</p>	<p>Which method did you find the most successful?</p> <p>_____ <i>(please specify)</i></p>	<p>Which of the following medications have you tried for weight loss: <i>(tick all that apply)</i></p> <p><input type="checkbox"/> Xenical (Orlistat) wks/mths</p> <p><input type="checkbox"/> Reductil (Sibutrimine)..... wks/mths</p> <p><input type="checkbox"/> Dopaminergic agonist (eg Duromine)..... wks/mths</p> <p><input type="checkbox"/> Byetta (Exenatide)..... wks/mths</p> <p><input type="checkbox"/> None of the above <i>(please circle)</i></p>
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