

OBESITY – STARTING THE CONVERSATION

Dr Stephanie de Giorgio

DISCLOSURES

- Have received money from Novo Nordisk for teaching

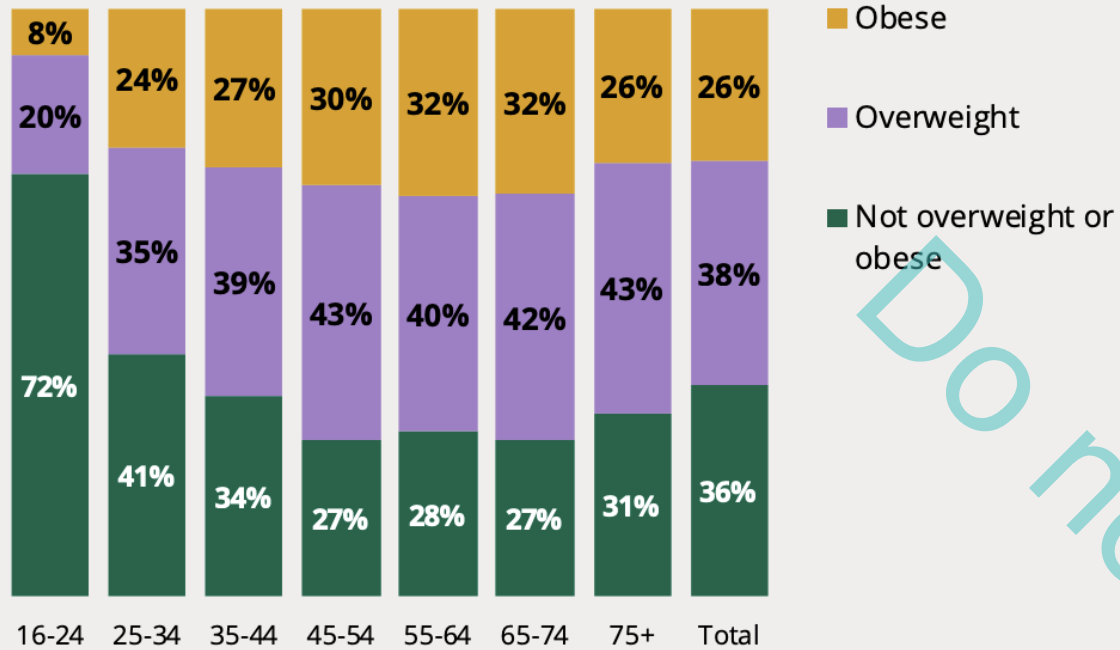
WHAT IS OBESITY?

- Obesity is a complex chronic disease, characterised by dysfunctional or excess body fat (adiposity), that impairs health.
- Due to individual differences in body composition, body fat distribution and function, the threshold at which excess adiposity impairs health is highly variable among individuals.



Obesity levels are over 30% among ages 45-74

Excess weight by age group, England, 2021



Source: NHS Digital, [Health Survey for England 2021](#), Table 1

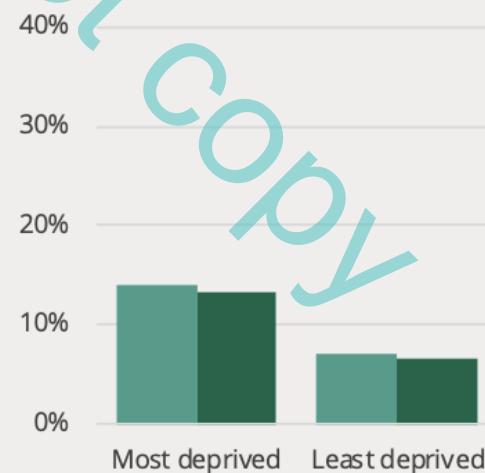
- One in ten people over 40 in the UK are now living with a diagnosis of type 2 diabetes, according to our new analysis released today. The new figures show that there are 3.8 million people living with a diagnosis of diabetes in the UK, and 90% of those with type 2.

Table 1: Cohort - the number of young people with type 2 diabetes in England, by age group, 2019-20

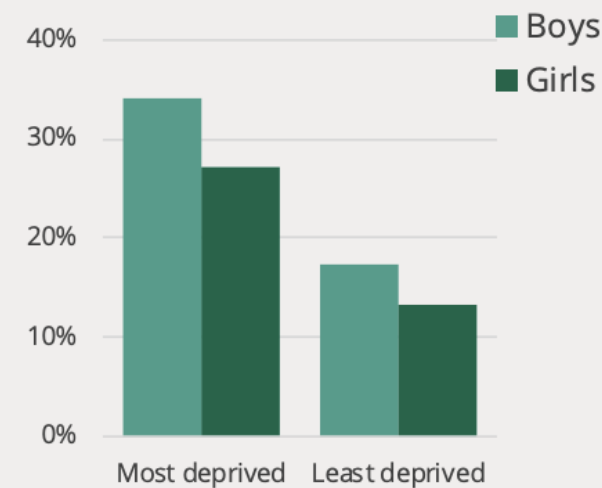
Age group	Number of people
Under 12 years	105
12-15 years	545
16-18 years	910
19-25 years	8,245
26-39 years	112,980
Total	122,780

Children living in deprived areas are more likely to be obese than those in less deprived areas (2021/22)

Reception

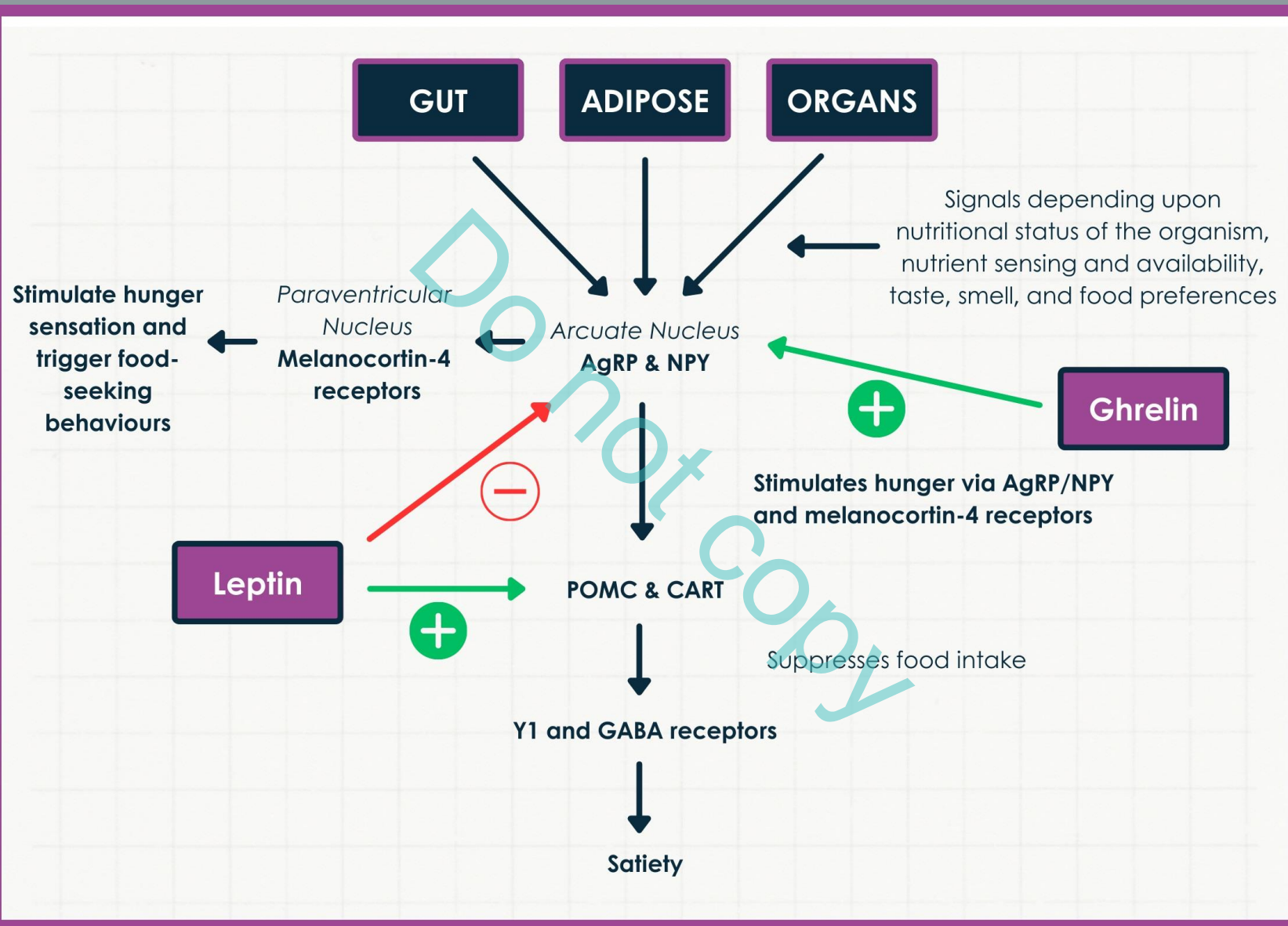


Year 6



Source: NHS Digital, [National Child Measurement Programme 2021/22](#), Tables 6a_R and 6a_6

THE SCIENCE



HORMONE	ACTION	EFFECT OF OBESITY	EFFECT OF WEIGHT LOSS	EFFECT OF BARIATRIC SURGERY SLEEVE/BYPASS
GHRELIN Produced in stomach	Controls hunger and satiety	Blunted response after eating - should be decreased but isn't.	Increases Ghrelin, causing more hunger and decreased satiety	Decreased/variable
LEPTIN Produced in fat cells	Decreases appetite	Leptin resistance (levels similar but less response)	Decreases Leptin, causing increased appetite	Decreased/Decreased
PEPTIDE YY Secreted in lower intestine	Satiety hormone	Lower levels	Further lowers PYY	Increased/Significantly increased
CCK Secreted in small intestine	Satiety and reduces hunger	unknown	Decreases CCK levels causing more hunger and less satiety	Insignificant
GLP1 Secreted from gut	Reduces hunger and slows gastric emptying	Reduced levels post-prandially meaning increased hunger	Decreases levels meaning increased appetite	Increased/Significantly increased

INFLAMMATION AND TYPE 2 DIABETES

- IL-6 - pro-inflammatory, lipid and glucose metabolism, reg of body weight
- TNF alpha - insulin receptor signalling
- Adiponectin - protective role in pathogenesis of Type 2 diabetes and CVD
- FFA - involved in the development of insulin resistance
- Angiotensinogen - blood pressure regulation
- VEGF - angiogenesis
- IGF-1 - proliferation of cells
- Resistin - insulin resistance
- Leptin - appetite regulation
- PAI-I - inhibits fibrinolysis

Adiponectin is protective and increases insulin sensitivity in cells. Those who have decreased levels of adiponectin will have an increase in their risk of developing type 2 diabetes. Women with PCOS have decreased levels of adiponectin.

BARRIERS TO TREATMENT

WEIGHT STIGMA

Individuals with obesity are often perceived as lazy, gluttonous, lacking willpower and self-discipline, and are vulnerable to stigma and discrimination in the workplace, education, healthcare settings, and society in general.

“For many, the stigma surrounding obesity is so deep we do not recognise it in ourselves, or at least we often don’t examine our own views”

“Everybody knows they should eat healthily, don’t smoke, and exercise. The issue is that we all make excuses because something comes up ... It’s about being disciplined.”

—
General practitioner, UK

“Give them the facts to make informed decisions, by all means, ‘nudge’ all you like, but in the end – leave couch potatoes alone. They’re weak, not ill.”

—
Michael Buerk, Broadcaster

“Society perceives ‘bigger’ as unhealthy and worthless ... Everyone feels they can give you an opinion.”

“This chap stopped me in the aisle and said have you had your first jab yet? I said yeah. He said that’s ridiculous! I said what’s ridiculous? He said you know they put everyone into groups and you’re getting your jab before people in a certain age group just because you’re fat!”

“I’m a massive strain on the NHS. I get that all the time, not just from medical professionals but also people with an opinion.”

OBESITY: AN EMPATHY BLIND SPOT
IPSOS

AND IN HEALTHCARE?

There is evidence that when it comes to looking after those with obesity, HCPs :

- Are less patient-centred

- Consider that patients will be less adherent to any treatments, for any condition

- Show less respect

- Give less time in appointments

- Overattribute symptoms to obesity

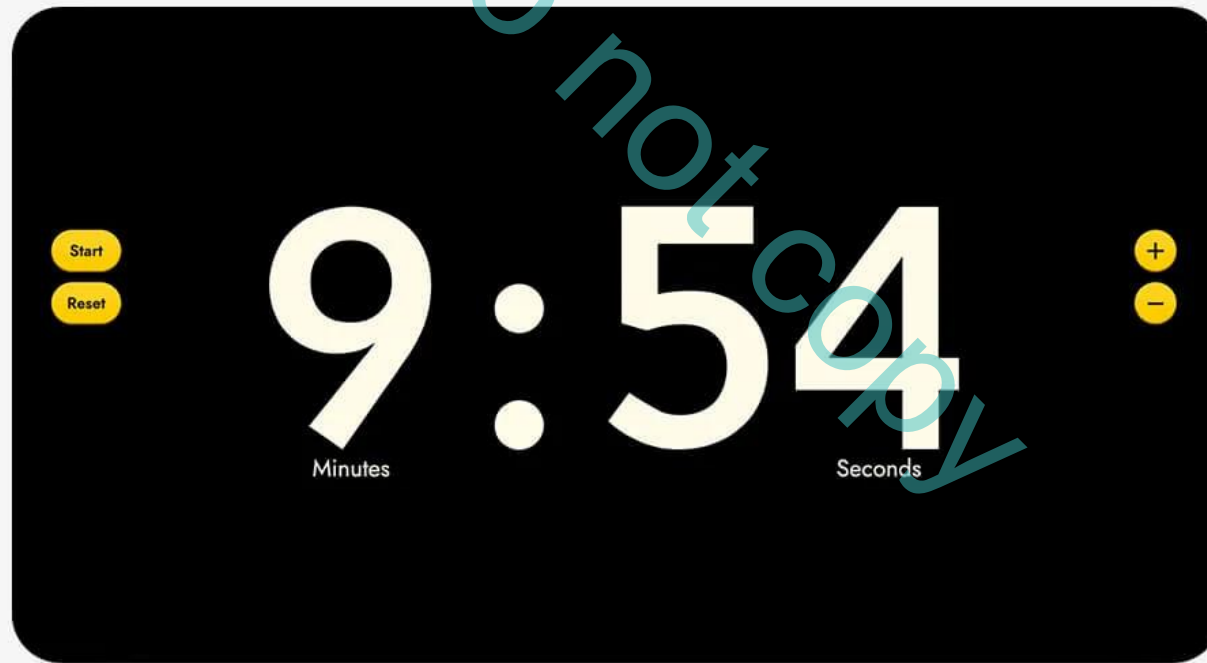


By Prabhu B - <https://www.flickr.com/photos/kshathriya/851429608/sizes/l/>, CC BY 2.0,
<https://commons.wikimedia.org/w/index.php?curid=5779465>

GET YOUR ENVIRONMENT RIGHT



QUICK DISCUSSION?



WORDS?

"I always worry that if I bring up a patient's weight, they will get offended"

"How can I start the conversation about weight? When I have done it before, the person wrote a complaint"

"Telling them that their weight is the cause of their illness is vital, and they need to be shocked into doing something"

"If I don't discuss their obesity, then I am not doing my job"

THE 5 A'S

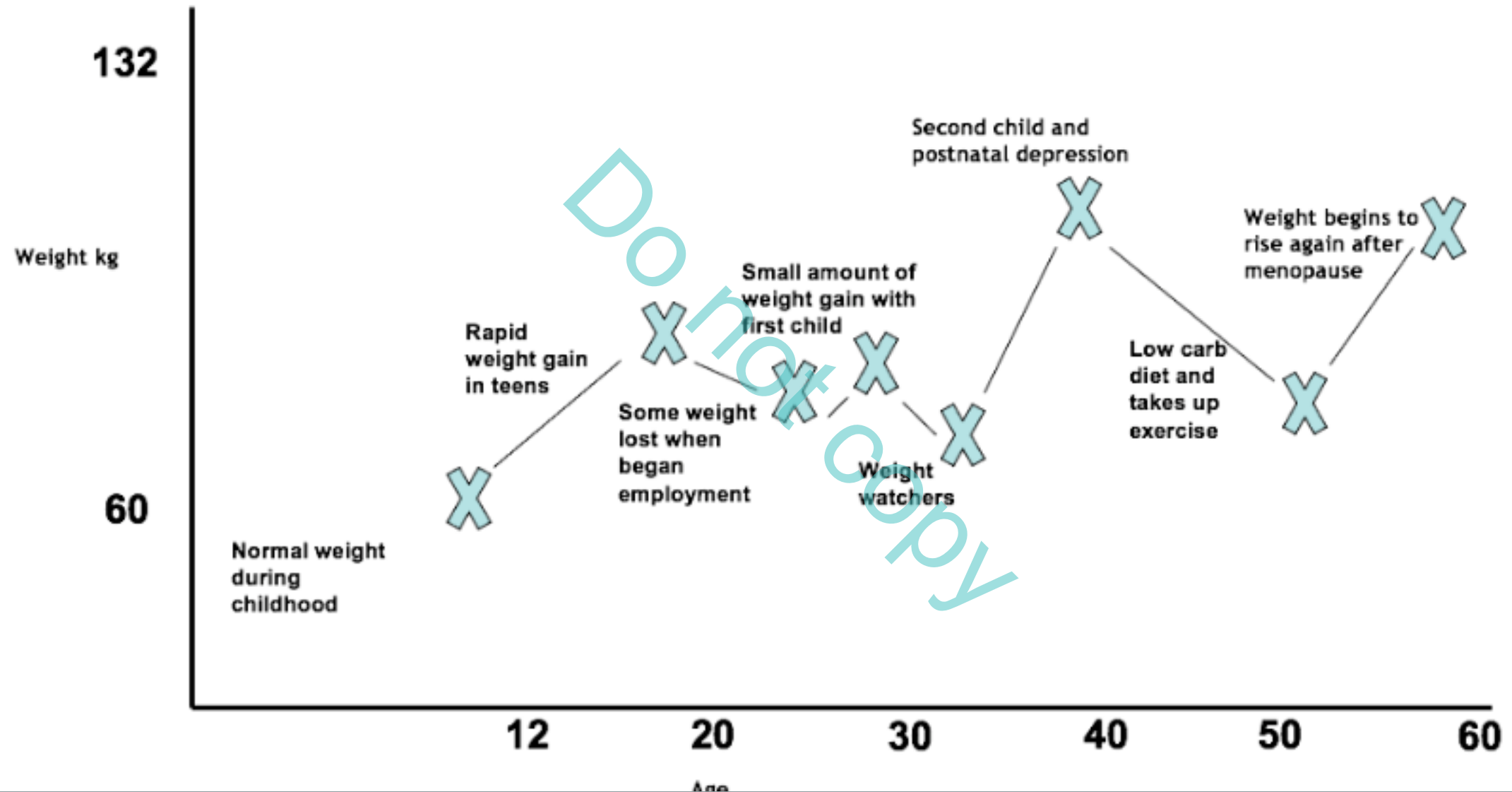
1. **ASKING** for permission to discuss weight and explore readiness
2. **ASSESSING** obesity-related risks and root causes of obesity
3. **ADVISING** on health risks and treatment options
4. **AGREEING** on health outcomes and behavioural goals
5. **ASSISTING** in accessing appropriate resources and providers

"I know sometimes conversations about weight with HCPs can be difficult, but I would like to assure you that the discussion we might have today will feel comfortable and safe"

"Have you thought about whether your weight might be making your diabetes worse? If you think that it would be helpful to discuss this, I am very happy to chat further about it"

"I am thinking that your body weight may be contributing to your diabetes. Would we be able to talk about that today?"

Living with extra weight can be really difficult and I know sometimes HCPs don't address it in a very helpful way. Would we be able to discuss your weight, as I think it might be important to help you with your diabetes"



THE 4 M'S

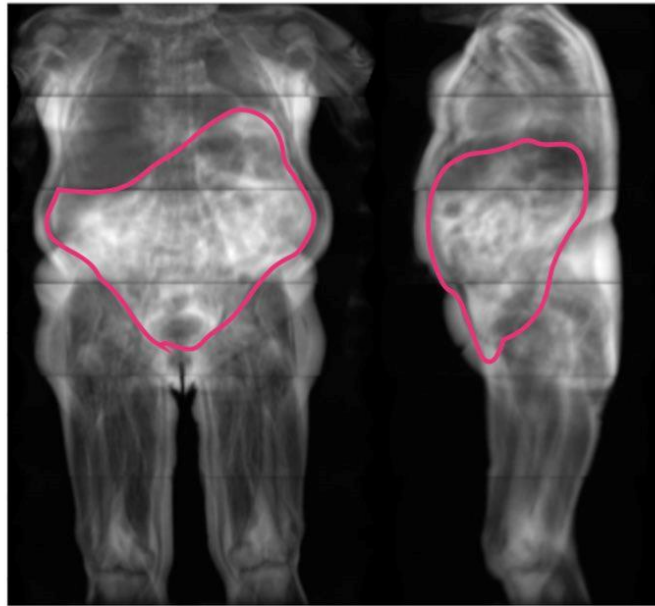
Mental Health

Mechanical

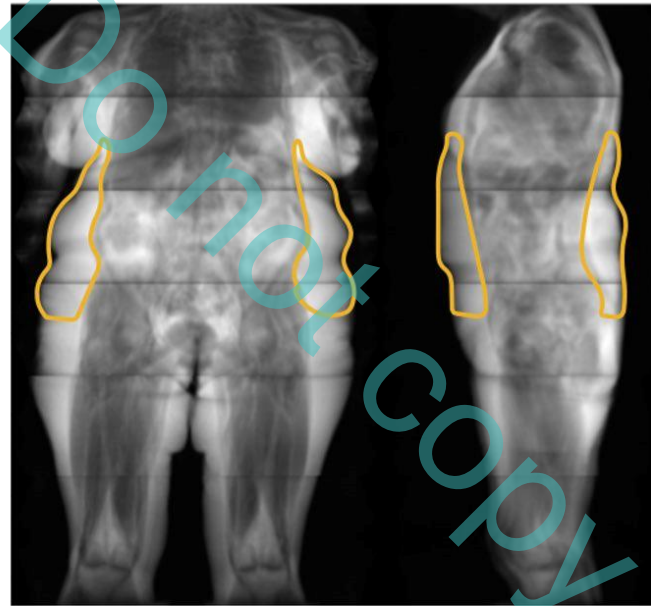
Metabolic

Monetary Health/Milieu

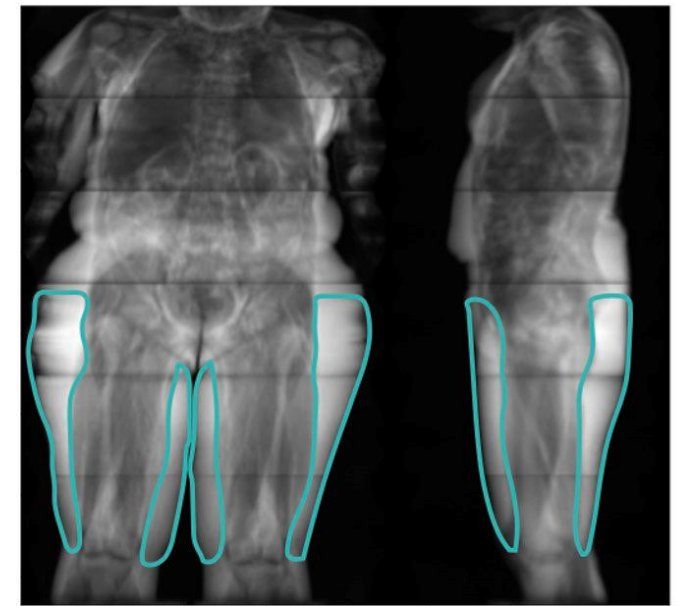
Three female participants of the UK Biobank all have BMI 29 kg/m² but fat distribution varies considerably



VAT: 8.1 L (99th percentile)
ASAT: 8.3 L (41st percentile)
GFAT: 10.6 L (27th percentile)

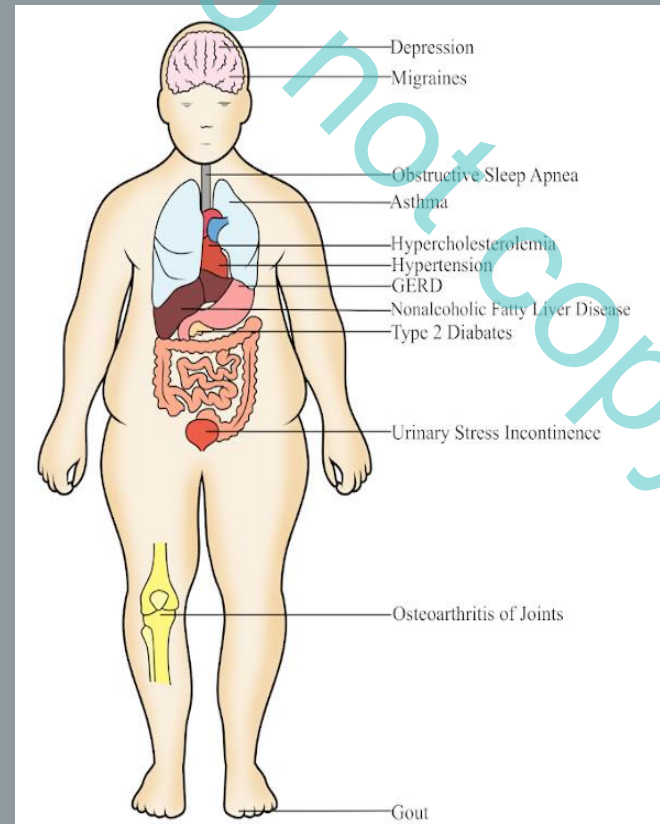


VAT: 4.3 L (88th percentile)
ASAT: 16.1 L (99th percentile)
GFAT: 14.8 L (91st percentile)



VAT: 2.2 L (25th percentile)
ASAT: 9.2 L (64th percentile)
GFAT: 19.7 L (99th percentile)

ADVISING



ADVISING

Be realistic, the annual probability of attaining normal weight through diet and exercise is:

Class 1 obesity - 1 in 210 for men and 1 in 124 for women

Class 3 obesity - 1 in 1290 for men and 1 in 677 for women

The annual chance of achieving a 5% weight reduction was 1 in 8 for men and 1 in 7 for women with Class 3 obesity.

DON'T SET YOUR PATIENTS UP TO FAIL

An agreement to come back and discuss their weight further

Weight stabilisation rather than weight loss

A 5% - 10% weight loss and then stabilisation

Modification of a few factors that may be contributing to weight gain - increased activity, cut down alcohol, less processed food, manage stress.

Always be mindful of the socioeconomic circumstances of the patient

ASSISTING



THANK YOU

