

Management of people living with overweight and obesity

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Overview

- All Wales weight management pathway(AWWMP)/Cardiff and Vale weight management pathway.
- What we know – Foresight systems map
- What we have learnt as a specialist service
- Principles of Care/having respectful conversations
- Case study – Overall management approach
- Time for questions/comments





All Wales Weight Management Pathway 2021

(Adults): Core Components



All Wales Weight Management Pathway 2021

(Children, Young People and Families): Core Components



PUBLICATION, DOCUMENT

Private obesity surgery and the Welsh NHS (WHC/2024/ 005)

A description of the roles of NHS providers in Wales for patients who have had obesity surgery in the private sector in the UK or abroad.

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Weight Management Medication Pathway:

Addendum for the All Wales Weight Management Pathway



CARDIFF AND VALE UHB Weight Management Services Pathway

Single Point of Access through Dietetic services



Nutrition Skills for Life programme supports across the pathway

LEVEL 1	Flying start and Families First programmes supporting families, staff and a settings approach, with good nutrition.	Community signposting. Families First Settings approach including Food and Fun schools programmes; youth services/ settings.	Foodwise in Pregnancy, including app based support.	Self management support via Home - Keeping Me Well Living Well including Foodwise for Life Cluster level diabetes prevention through brief intervention PHW digital offer.	Renal- Balance group education 1:1 dietetic and MDT support Bariatric surgery via WIMOS, Swansea
LEVEL 2	NYLO early years health weight programme, group education & 1:1 interventions www.nylo.co.uk Children and families programme, PIPYN, for minority ethnic communities.	AFAL group education programmes. Dietetic only 1:1 support.	Foodwise in pregnancy including app support Midwife led healthy pregnancy clinic.	Dietetic led 1:1 support Eating for life weight management programme. Sign posting to on-line support videos and resources 'Sticking together with change' group and Foodwise groups. Leisure centre voucher scheme.	
LEVEL 3	AFAL MDT 1:1 interventions including medical; nursing; dietetic; psychology; OT; physiotherapy, support workers.	AFAL - Active Families Active Lives MDT 1:1 support. Access to Level 2 group education. Consultant, Dietetics, Physiotherapy, OT, Psychology, School Nursing, Support Staff.	Consultant led antenatal care (BMI > 40) 1:1 dietetic support.	SWMS MDT 1:1 interventions including medical; nursing; dietetic; psychology; OT; physiotherapy VLCD intervention (counterweight) Emotion regulation groups led by psychology.	



For more information please scan the QR code

Working in partnership with Leisure Services and Sport Cardiff



Map 5

Full Generic Map
Thematic Clusters (filled)

Social Psychology

Individual Psychology

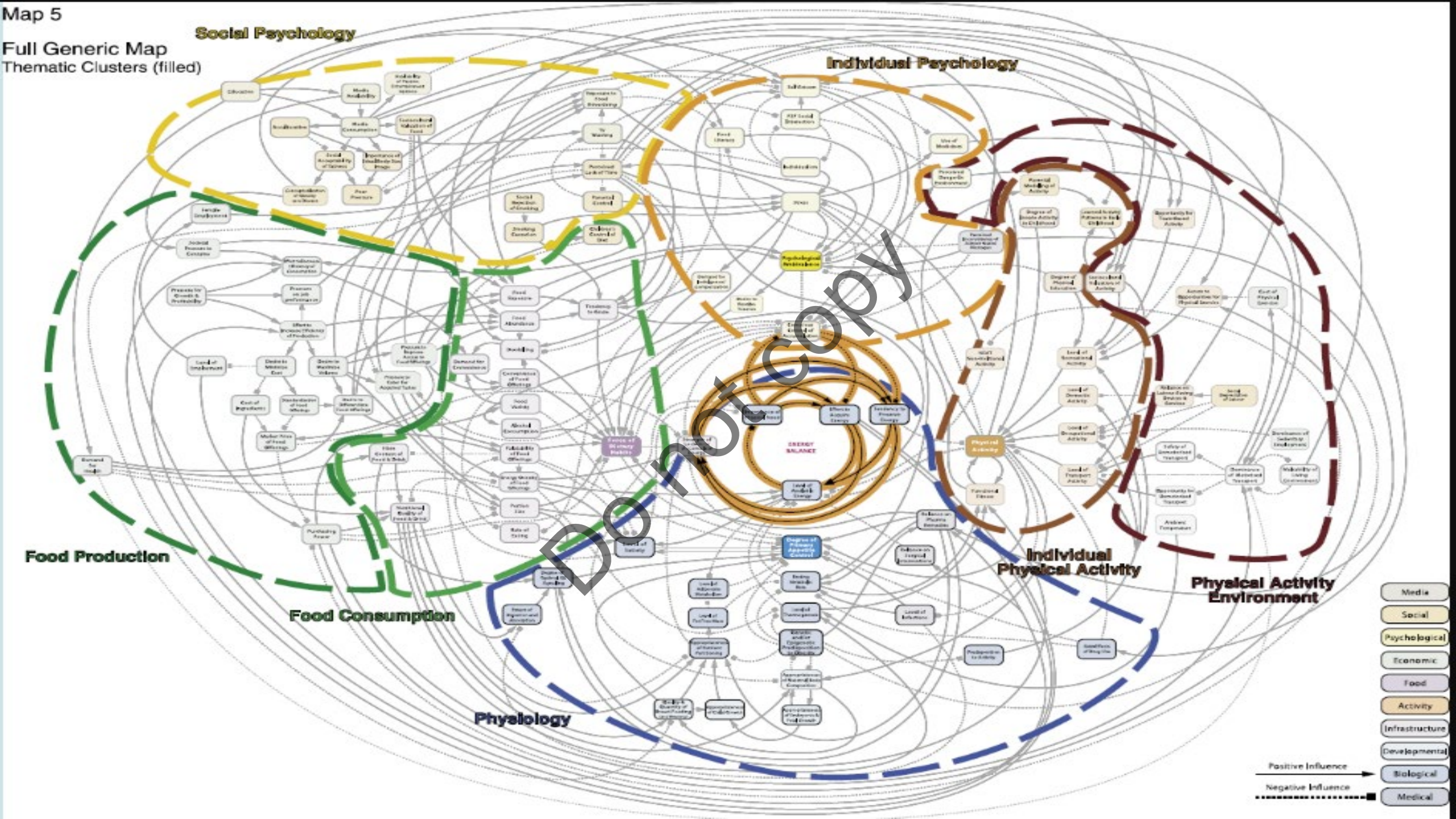
Food Production

Food Consumption

Physiology

Individual Physical Activity

Physical Activity Environment



Adverse childhood experiences/events (ACE)

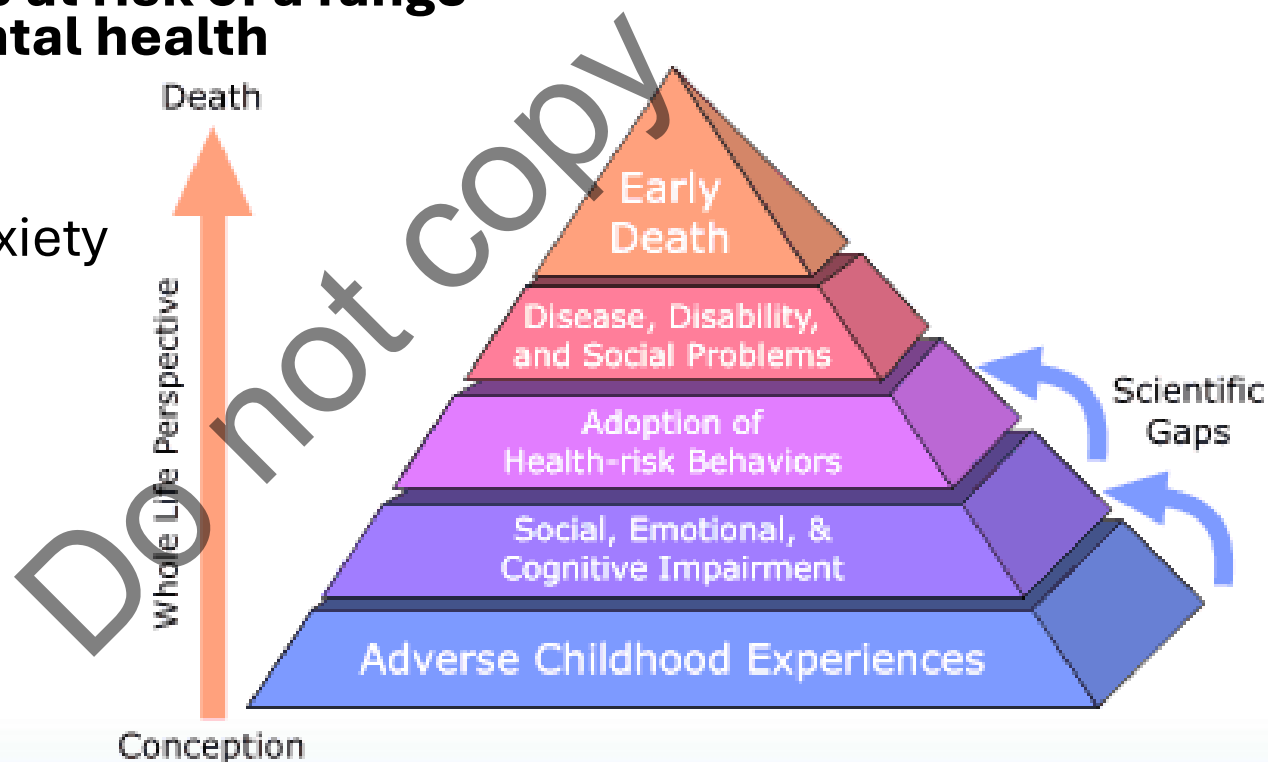
- Described by Felitti et al (1998)
- ACE questionnaire - 10 questions, covering 7 categories of ACE
 - Before the age of 18.....
 - Neglect
 - Parental separation/divorce
 - Family member living with mental illness
 - Live with anyone with problem drinking/drug taking
 - Feel threatened physically
 - Family member imprisoned
 - Parent/adult swear/insult
 - Parent/adult beat you – kicking/punching
 - No love or care
 - Sexual contact
- ***High ACE = High BMI***



Long term impact of ACEs

Far more likely to be at risk of a range of physical and mental health consequences:

- Depression and Anxiety
- Psychosis
- Cancer
- Heart Disease
- Diabetes
- Obesity



Felitti et al., (1998)



Adverse Childhood Events in Wales

How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT



Verbal abuse
23%



Physical abuse
17%



Sexual abuse
10%

CHILDHOOD HOUSEHOLD INCLUDED



Parental
separation
20%



Domestic
violence
16%



Mental
illness
14%



Alcohol
abuse
14%



Drug
use
5%



Incarceration
5%

Public Health Wales (2015)

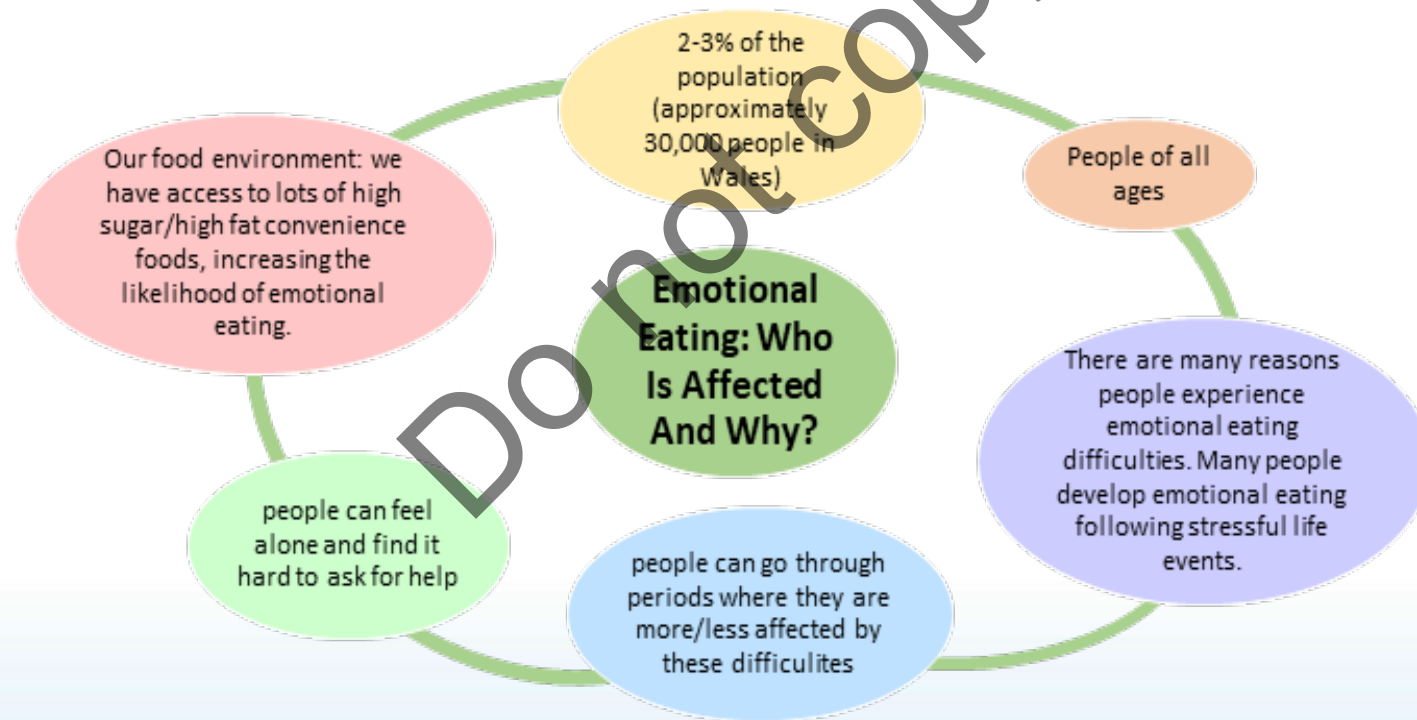


Prevalence of ACEs in CAV WM Services

	Level 3 SWMS ACE Scores 2017-2021 (Total 290 patients)	Level 2 ACE Scores (Total 35 patients)	Welsh population ACE Scores (Total 2000 people)
Experienced at least one ACE	90%	71%	47%
Experienced four or more	57%	43%	14%
Experienced sexual abuse	27%	9%	10%



Emotional Eating: Linking ACEs and Obesity



Understanding Weight Stigma

- “Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size.” (World Obesity Forum, 2023)
- **Examples include;** bullying and abuse, exposure to media messages idealising thin bodies, employment discrimination, over attribution of health problems to weight, problematic language “the burden of obesity”, absence of public facilities accommodating range of body sizes. (Nutter et al., 2024)

Weight stigma associated with increased :

- Low self-esteem in people living with obesity
- Obesity
- Diabetes risk
- Pre-clinical biomarkers: cortisol level, oxidative stress level, C-reactive protein level
- Eating disturbances
- Depression
- Anxiety
- Body image dissatisfaction

Wu and Berry (2018)



#StandUpToWeightStigma





Overweight and obesity management: Principles of care

2

Support me

- **Talk to me** in a sensitive, person-centred, developmentally appropriate and non-judgemental way.
- **Identify and explore** the terms I would prefer you to use.
- **Focus** on improvements in my health and wellbeing rather than simply talking about weight and obesity.
- **Stay positive**, supportive and solution based.
- **Take into account** my thoughts, views and cultural, religious or spiritual beliefs during our conversations.
- **Be mindful** of factors that apply to me that prevent or restrict weight loss (such as some medicines or comorbid conditions).
- **Ensure** my notes are up to date so other healthcare professionals know my views, what we have covered and agreed before, and why.

4

Help me when we talk

- **Use** non-stigmatising language and images.
- **Ensure** anything you give me to read or watch is suitable and tailored to my particular needs, such as Easy Read literature.
- **Ensure** conversations and communications are appropriate for my age, maturity and level of understanding. For children and young people make sure information is accurate for age (for example, BMI centile).
- **Give me time** to understand and process the information I have been given.
- **Ask me** if I have any questions, and make it clear you are happy for me to ask them either now or later on.

1

Respect me

- **Ask** my permission to discuss topics around overweight and obesity.
- **Respect** my choices, even if you do not agree with them.
- **Do not assume** all my symptoms are caused by my weight or obesity.
- **Explore** my decisions sensitively, or delay discussions to another time, if I do not wish to talk about any issue you have raised.

3

Know about my life

- **Think about** my family history and weight-related complications.
- **Be aware** of my weight history (and for children and young people, growth history), and previous experiences of related problems (such as eating disorders).
- **Take into account** my experiences of weight stigma, bullying and adverse experiences.
- **Think about** my family and personal context: daily life, ethnicity, culture, money worries, special needs and disabilities, mental health factors and stage in life.
- **Be aware** of my current medicine use and medical history.
- **Find out** if I am ready and able to engage with change. If not, how can you help me?
- **Talk about** how my friends and family can help (this is especially important for children and young people).

5

Understand how I feel

- **Think about** whether it is appropriate or important to discuss weight or obesity, or take measurements right now.
- **Think about** the impact on my body image or self esteem of taking measurements or the way they are done.
- **Understand** my weight may have been raised many times before.
- **Understand** that I might be affected by an eating disorder at any weight, and I might be vulnerable to disordered eating.
- **Be aware** of your own feelings, sensitivities and bias about weight and obesity.

Having respectful conversations about weight

Raise the topic- asking permission- *“Would it be ok if we talked about weight today?”*

Explore- increase understanding of the persons thoughts and feelings about their weight- *“Do you have any concerns about your weight and health?”*

Agree- what it would be most helpful to talk about- *“What support do you feel you might need?”*

Collaborate- make some suggestions but give the choice to the patients- *“There are a few options out there; for example some people find the NHS 12 week programme helpful or there’s some helpful advice on the Keeping me Well Website. Where would you like to start?”*

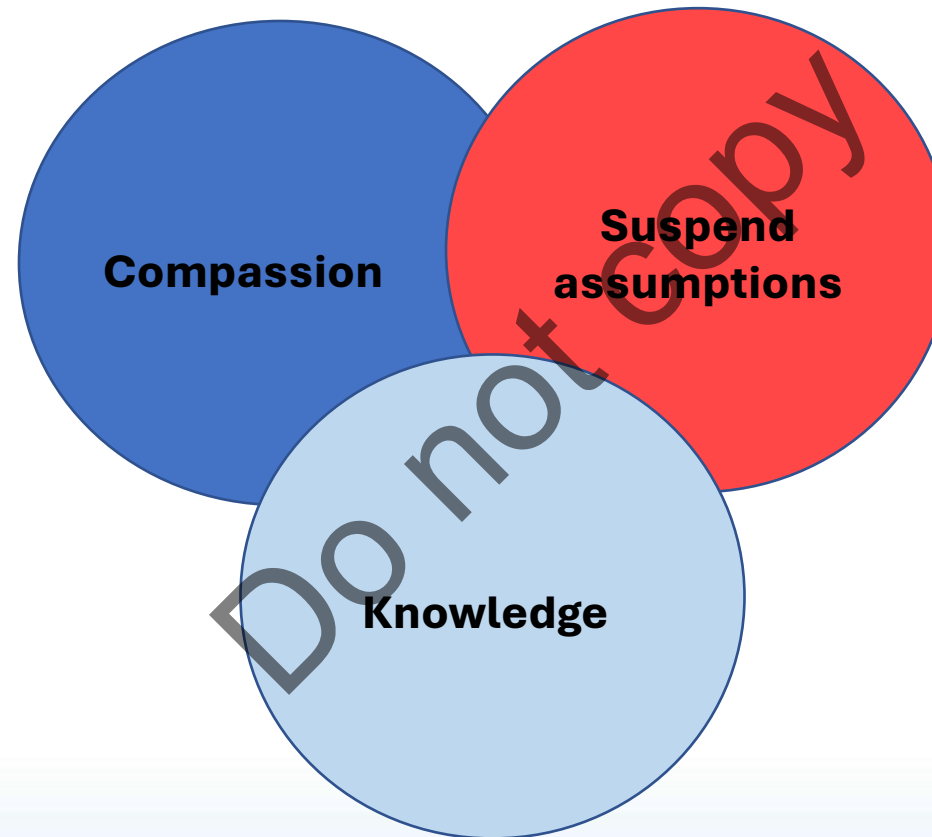
Help- Provide written information about how to access information and support. *“Here’s the weblink for the Keeping me Well Website”*

[Compassionate Conversations](#)

Adams, 2022



Having respectful conversations about weight



Case study



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Cardiff & Vale
Nutrition and Dietetics
Maetheg a Dieteteg
Caerdydd a'r Fro

Mr A - Male 35-45 years old. History from GP referral and Clinical Nurse Specialist assessment.

GP referral: Non-smoker, light exercise, 16U alcohol per week, High BP, Chronic gastritis, Urethral Stricture, seronegative Polyarthritis, Anxiety and Depression, H/O back problems.

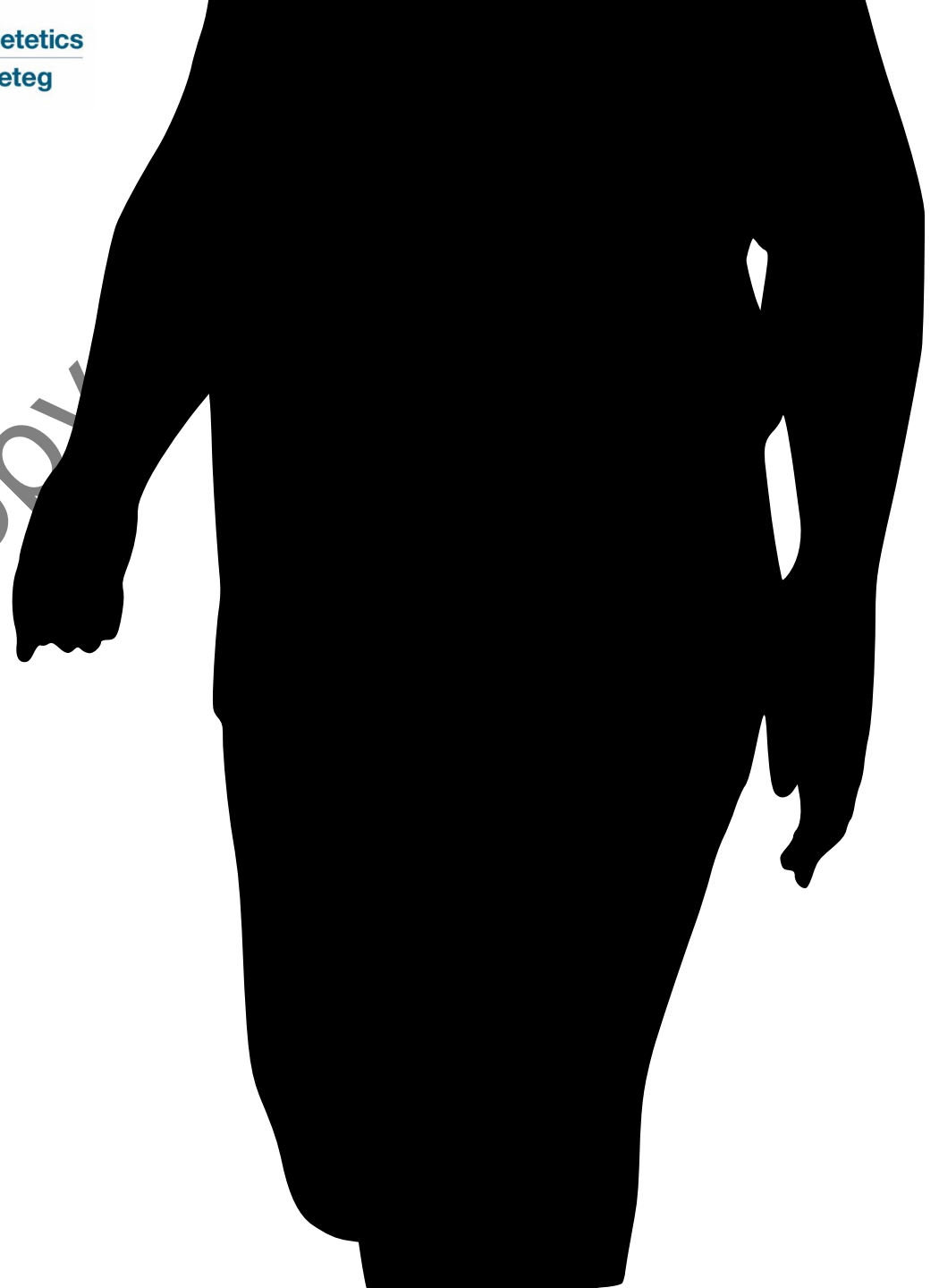
Assessment: Fibromyalgia, OSA, Bell's palsy (right eye), Borderline personality disorder, Drug overdose, suicidal thoughts, traumatic childhood.

Further screening: Negative to binge eating disorder/bulimia nervosa, depression/anxiety scores reflected the referral information, **ACE 13**

Multiple previous dieting attempts, including: Eating for Life, WW, SW, Lighter Life, Slim and Save, Cambridge weight plan, over eaters anonymous and counselling.

BMI 47.5KgM²

Letter from Rheumatology Consultant supporting bariatric surgery.



Questions or comments



References

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