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**Do overweight patients respond to weight management advice from their GP? Associations between GP advice and BMI in adult general practice patients.**

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**GPs are ideally placed to provide weight management**

- ❖ GPs see 86% of the population at least once each year (Pegram et al 2004)
- ❖ In 2005-06, 34.4% of patients were overweight, 22.5% were obese (Britt et al 2007)
- ❖ In routine encounters only 1/3 asked about activity and less than 1/3 given dietary advice (Flocke et al 2005)
- ❖ Patients want and trust weight loss advice from their GP (Tan et al 2006)
- ❖ GPs can provide assessment, brief interventions and referral

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**The Cardiovascular Absolute Risk Trial (ART)**

- NHMRC funded cluster RCT in Sydney
- CVAR tool used to calculate a patient's individual risk of CVD from multiple risk factors
- Study aims to:
  - Evaluate the feasibility and impact of cardiovascular absolute risk assessment in General practice
  - Evaluate the management of cardiovascular risk factors including lifestyle modification
- Data collected from GPs (N=36) and patients (N=1070)
- Patient data collection at baseline and 12 months

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**Patient questions**

- Has your GP given you information or support on:
  - Healthy eating
  - Physical activity
- Has your GP referred you to any services, programs or health professionals to assist with:
  - Healthy eating
  - Physical activity
- Readiness to increase fruit and vegetable consumption, reduce dietary fat consumption and do more physical activity
- Self reported height and weight

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**Patient characteristics**

- Age range: 45-69 (mean 56.4), Male: 43%
- Post-school qualifications: 55.3%
- Employed full or part-time: 63.8%
- Cultural background: Anglo-Celtic 54.1%, European 26.6%
- BMI Category:
  - Males:
    - Overweight: 44.4%
    - Obese: 30.7%
    - Mean BMI: 28.0 ± 5.7
  - Females:
    - Overweight: 43.2%
    - Obese: 20.8%
    - Mean BMI: 27.5 ± 5.1

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**Who received advice on healthy eating and activity?**

		Not Owt %	Owt/obese %	Odds Ratio (95% CI)	P value
Healthy Eating	Male	49.4	57.1	NS	
	Female	32.8	47.0	1.8 (1.3, 2.6)	0.001
Physical Activity	Male	45.3	58.4	1.7 (1.1, 2.7)	0.03
	Female	35.0	48.9	1.8 (1.2, 1.9)	0.001

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### Referral to services and programs

		Not Owt %	Owt/ obese	Odds Ratio (95% CI)	P value
Healthy Eating	Male	7.0	11.4	NS	
	Female	4.4	12.8	3.1 (1.5, 6.6)	0.001
Physical Activity	Male	12.9	8.6	NS	
	Female	3.6	11.3	3.4 (1.5, 7.8)	0.002

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### Patient readiness to change and GP advice

		Pre %	Contemp. %	Prep. %	Action %	Maint. %
Eat more fruit and vegetables	Not owt	17.4	0.9	6.0	33.3	41.1
	O/O	12.5	1.5	5.9	42.7	37.3
Eat less fat	Not owt	12.1	2.8	5.6	39.3	40.2
	O/O	8.5	4.1	8.5	54.1	24.9
Do more physical activity	Not owt	10.3	4.7	15.9	45.8	24.4
	O/O	7.1	3.1	11.2	54.2	24.2

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### Overweight patients are taking action

		Males	OR (95% CI)	Females	OR (95% CI)
Fruit and Veg	Not owt	25.8		35.3	
	O/O	32.3	NS	42.7	NS
Dietary fat	Not owt	24.7		33.9	
	O/O	38.3	1.9 (1.1, 3.2)	47.6	1.8 (1.3, 2.5)
PA	Not owt	24.7		43.0	
	O/O	39.8	2.0 (1.2, 3.4)	54.0	1.6 (1.1, 2.1)

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### Limitations

- Cross sectional study
- Self report data
- Potential recall bias
- Patient self-selection



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### Conclusions

- Overweight patients were more likely to receive advice from their GP around healthy eating and activity
- And were more likely to be referred for services
- Overweight patients were taking action around healthy eating and activity
- GPs can influence behaviour
- General practice has an important role in weight reduction and maintenance

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### Thanks

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