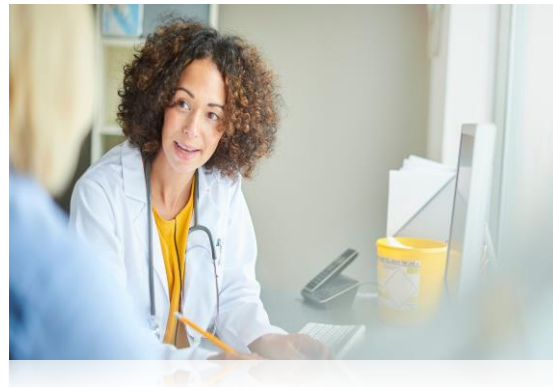




QUICK GUIDE:

Considerations for discussing weight and health

Body weight is a personal and sensitive topic and can be associated with strong emotions, shame, self-blame, and negative past experiences for some. Positive interactions with a healthcare professional on this topic can help patients better understand the science of body weight regulation, the many complex issues related to obesity, their personal health risks, and their options in a more empowered way.



This quick guide aims to help healthcare professionals (HCPs) with important considerations for how to talk about weight and health with adults in a supportive way. This guide was developed with input from HCPs working in primary care, obesity management experts and lived experience experts.

In summary, this guidance highlights opportunities to:

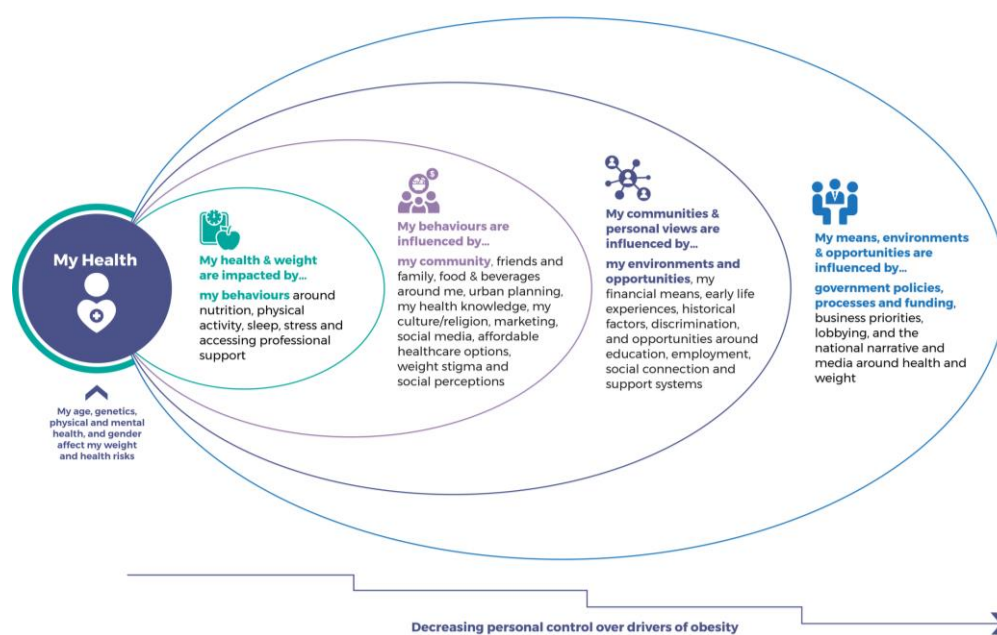
- Recognise how the complexity of obesity and weight bias can impact patient's health and wellbeing
- Discuss weight and health in a more considered way

Recognise how the complexity of obesity and weight bias can impact patient's health and wellbeing

Most people are not aware of how the complex interactions of genetics, hormones, environments, health habits, and social and economic challenges impact weight and health over time. Consequently, people's ability to manage their weight will vary depending on their individual genetics, situation, and physiology. This means that one size does not fit all in terms of body weight regulation, weight management interventions or treatment approaches. Sharing these facts with the patient can help identify realistic health goals and reduce feelings of shame.

The oversimplification of obesity in the community has led to conscious and unconscious attitudes and beliefs about people with weight issues. Everyone has biases, which is a natural human phenomenon. Negative societal stereotypes or assumptions about intelligence, discipline, compliance, or self-respect could be relevant for everyone because of the way unconscious biases work. A recent Australian systematic review found that HCPs hold implicit and explicit weight biased attitudes which can have negative impacts on the patient-provider relationship and the provision of care.¹

Figure: Many complex drivers of obesity



Examples of weight bias in healthcare interactions include:

- Negative assumptions about someone’s character, skills, intelligence, self-control, health literacy and motivations, based on their body size
- Assuming that someone hasn’t tried to change their behaviours and reduce their weight
- Belief that it is just a personal matter of behaviour change and that a ‘normal’ BMI is achievable for everyone
- Inappropriate environments where people don’t feel they fit (e.g. chairs)

Addressing weight bias is important because it has been shown to have negative impacts on mental health, behaviour change goals and willingness to use healthcare services, ultimately resulting in poorer overall health outcomes for patients. It helps to be open to new information [about the science of obesity](#), and to be more aware of our personal biases and how this could be affecting your practice. You can check your potential biases with [this short test](#).

¹ Lawrence BJ, Kerr D, Pollard CM, et al. Weight bias among health care professionals: A systematic review and meta-analysis. *Obesity* (Silver Spring). 2021;29(11):1802-1812. doi:10.1002/oby.23266

Raising the topic

Someone with obesity has likely experienced a range of negative comments in the past, including from HCPs, so they may be particularly sensitive to the topic. However, we know that generally patients want to be able to discuss their weight and health goals with HCPs.

The following tips have been identified as helpful in bringing up the topic:

- Raise the topic in a neutral and relaxed manner, that is not rushed (both you and the patient have the time to discuss);
- Asking for permission to discuss the topic, noting that some people will not want to discuss it. Some may never want to discuss it while others may be ready in the future. It is beneficial for patients to know that their HCP will be there to support them if and when they are ready;
- Language is important and preferences vary (e.g. larger bodies, living with obesity, above a healthy weight, unhealthy weight), you can ask how someone prefers to talk about it or gauge from their body language or the words they use. Otherwise, person first language is preferred (person with obesity) and the term 'obese' is not preferred;
- Just mentioning that someone should lose some weight without further tailored support is not considered helpful;
- Focus on the whole health and wellbeing implications: weight loss shouldn't be the sole or primary goal, it can be used as a risk marker to help track progress for overall health along with other things;
- Open questions can help uncover important context around weight history, potential internalised bias (self-blame), cultural considerations, potential strengths, what has and hasn't worked well in the past and how do they think their weight impacts their health and wellbeing. This may be very emotional for some patients.

Weight management advice

If weight management is appropriate for health outcomes and the patient is interested in discussing options, the following points may be helpful for the style in how to proceed:

Discuss the science and their goals - Patients have said they prefer tailored guidance and that it was beneficial when HCPs talked with them about:

- their personal health goals related to weight and experiences with that
- the science and complexity of obesity
- identifying which drivers of their obesity are changeable and which ones aren't
- the evidence around all current weight management options and implications for realistic goals
- how much weight loss will help improve health outcomes
- what other supports may be needed (e.g. mental health or social supports)
- costs of treatment/care options and what is feasible for them
- why weight management is so difficult for most (particularly long term)
- why harsh self-judgement is not productive

- recognition that this is a long-term condition and weight regain is normal, so what are plans for ongoing, longer term support

Avoid pressure: Some HCPs assume that pressure, shame, and disapproval can help with motivation for patients, however research shows that the opposite happens, with negative impacts on people's healthy lifestyle goals and their willingness to return for healthcare appointments.

Further resources on obesity:

- The [Weight Issues Network Report](#) to better understand the lived experience perspective
- The [Harvard Weight Implicit Association Test](#) to better understand your own biases
- [The Obesity Evidence Hub](#) to find more evidence on prevention, treatment and health impacts of obesity
- Journal article: [A better understanding of the science and reality of obesity is urgently needed](#)
- Journal article: [Delays in healthcare consultations about obesity - Barriers and implications](#)

Further resources on weight management conversations:

- [RACGP Healthy Habits](#) - a behaviour change intervention
- NSW [Healthy Kids for Professionals website](#) to help health professionals manage children above a healthy weight, and their families
- Cancer Council Victoria training modules: [Talking to patients about health and weight](#)
- WA Primary Health Alliance [SHAPE website is a 'healthy weight hub' for general practice](#)
- [Health and Wellbeing Queensland Clinical Toolkit](#) to support best practice in overweight and obesity management
- The World Obesity Federation [Scope training](#)
- [The Canadian 5A framework](#) - A Roadmap for Managing Obesity in Primary Care
- National Association of Clinical Obesity Services [\(NACOS\) resources](#)
- The national [clinical guidelines for overweight and obesity are being updated](#) with a goal of launching in 2024