Are general practitioners ready and willing to tackle obesity management?

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KEYWORDS
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Summary
Objective: To investigate general practitioners’ (GPs’) knowledge, role perception, confidence and practices of managing adult and childhood overweight and obesity, and to explore the association with GPs’ attendance at Continuing Professional Development (CPD) on overweight and obesity.

Methods: In 2007, all GPs in seven Divisions of general practice in New South Wales were sent a questionnaire on GPs perceptions and practices of weight counselling.

Results: 646 GPs participated (40% response rate). About half of the GPs (47%) believed that only a small percentage of adults could reduce weight and maintain that loss, whereas 33% had a similar belief in relation to children. Most GPs believed that it was their role to manage weight and felt confident to do so with adults, but fewer GPs felt confident in managing children. Nevertheless, just over one-third of GPs reported they counselled more than 10 adult patients, and a similar proportion counselled more than 3 children per week. GPs who felt more confident were more likely to counsel adults (OR = 2.69, p = 0.001) and children (OR = 3.31, p < 0.001). Those who received CPD were more likely to feel confident in managing adults (OR = 1.56, p = 0.031) and children (OR = 2.19, p < 0.001).

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Conclusions: Although the majority of GPs believe that weight management is their role, only a small proportion regularly provided counselling. This may partly be the result of GPs confidence in managing patients, especially children. CPD on overweight and obesity may benefit GP confidence, but additional training is needed to improve GP’s counselling behaviour, particularly for children.

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Introduction

Recent surveys showed that around one in two Australian adults and one in four Australian children are overweight or obese [1,2]. General practitioners (GPs’), patients and the wider community believe that GPs can play a key role in managing obesity and other risk factors for chronic disease [3—5]. To support this role, several countries, including Australia, have developed clinical practice guidelines for the assessment and management of overweight and obesity [6—8].

In 2000, a study on GPs attitudes and practices on overweight and obesity management in Australia reported that many GPs felt they had an important role in obesity management and prevention, and that 70% and 58% of GPs found themselves well prepared to manage overweight and obesity, respectively [9].

Nevertheless, studies consistently show that GPs do not routinely assess patients’ weight status or provide advice on related lifestyle risk factors [10—12], and that there are significant barriers, such as absence of reimbursement arrangements, referral options, consultation time and perceived efficacy [9,13,14]. There have been considerable efforts to promote GPs’ role in providing assessment and advice in relation to smoking, nutrition, alcohol and physical activity risk factors amongst adults, through new tools, training programs and Medicare funded health checks [15,16]. Despite the high political and media profile of obesity in recent years, far fewer programs or resources to support GPs in addressing weight status in adults or children have been developed or funded [9,17].

Because of the rising prevalence of overweight and obesity in Australia, and associated chronic diseases, it is important to monitor the capacities and practices of GPs in addressing this. There are limited data on whether GPs are giving overweight and obesity equal or greater attention among their adult or paediatric patients, although the latter have been recognized as presenting particular challenges [3]. The current study investigated GPs’ knowledge, role perception and confidence to discuss adult and childhood overweight and obesity with patients, and the relationship between these factors and the extent to which this issue was actually addressed in patient consultations. The contribution of Continuing Professional Development (CPD) on overweight and obesity to GP confidence and frequency of discussing overweight and obesity was also examined.

Methods

Data collection

A questionnaire on GP perceptions and practices on adult and childhood overweight and obesity was included in a survey of GP perceptions and practices in physical activity counselling. In March 2007, the questionnaire was mailed to all GPs that were registered within one of five urban (Canterbury, Macarthur, Hawkesbury-Hills, Central Coast and Hunter Urban) and two rural (South East NSW and Central West) Divisions of the 37 Divisions of General Practice in New South Wales, Australia. The selected Divisions were thought to be typical of New South Wales as they cover urban and rural Divisions. In order to improve the response rate, one reminder was mailed to GPs, and small prizes were awarded to six randomly selected GPs who had returned the survey. In total, 646 GPs (40%) responded to the questionnaire. The study was approved by the Research Committee of the Royal Australian College of General Practitioners New South Wales Faculty.

Measurements

In order to measure knowledge, role perception, and confidence, GPs were asked to rate their agreement on a five-point Likert scale with statements that included: ‘only a small proportion of patients can reduce BMI and maintain that loss’, ‘the best role for a GP is to refer overweight and obese patients to other professionals rather than attempting to treat them’, and ‘I’m professionally well prepared to manage patients who are overweight..."
or obese'. GP's were also asked how many patients they had discussed overweight or obesity with in the previous week. All of these items were asked separately in relation to adult and childhood overweight and obesity. In addition, GPs were asked whether they had attended CPD on overweight and obesity. Data collected about respondents included gender, average number of patients seen per week and years in practice.

**Statistical analyses**

Questions using a five-point Likert scale were dichotomized by combining the two 'agree' options and combining the 'neutral' and the two 'disagree' responses. Frequency of discussing adult overweight or obesity with patients was dichotomized at ten or more patients per week and frequency of discussing childhood overweight or obesity was dichotomized at three or more patients per week.

Logistic regression analyses were performed to study whether the GPs' frequency of discussing overweight and obesity with patients was related to their knowledge, confidence, role perception and whether they had attended CPD. In addition, the association between attendance at CPD and GP confidence was examined. P-values < 0.05 were considered statistically significant. Bivariate analyses revealed that GP gender and number of patients seen per week were related to the dependent variables, and hence were adjusted for in the logistic regression modelling.

**Results**

**GP characteristics**

Characteristics of the responding GPs are presented in Table 1; 58% were male, on average they had been in practice for 21 years, saw around 118 patients per week and 78% were from an urban area.

**Knowledge, confidence and role perception**

Table 2 shows that almost half of the GPs thought only a small percentage of adults would be able to lose weight and maintain the loss for a year. Nearly all GPs (92%) disagreed that their best role in managing overweight or obese adults was to refer them to other professionals and the majority (77%) believed they were professionally well prepared to manage adult overweight or obesity. There was a lower proportion (33%) of GPs who believed only a small proportion of children can reduce BMI and maintain this loss for more than a year, and again the majority (79%) disagreed that their best role was to refer overweight or obese children to other professionals. Fewer GPs felt they were well prepared to manage childhood overweight and obesity (41%), compared with managing this problem among adults.

**Discussing overweight and obesity with patients**

Thirty-seven percent of GPs discussed adult overweight or obesity with 10 or more patients per week and 36% discussed childhood overweight or obesity with 3 or more patients per week.

After adjusting for GP's gender and total number of patients seen per week, GPs who felt confident in their professional preparation for managing overweight and obesity were 2.69 (95% confidence interval (CI) = 1.49, 4.87; p < 0.001) times more likely to manage adults and 3.31 (95% CI = 2.10, 5.22; p < 0.001) times more likely to manage children (Table 2). GP knowledge and perceived role were not associated with the numbers of patients counselled.

Just over 40% of GPs said they had attended CPD on overweight and obesity. We found no significant association between attending CPD and the number of patients counselled (Table 2). However, the proportion of GPs feeling professionally well prepared to manage adult overweight and obesity was higher in those who attended CPD (82%) than in those who did not attend it (74%; odds ratio (OR) = 1.56; 95% CI = 1.04, 2.33; p = 0.03). Respective percentages were 52% and 33% for childhood overweight and obesity (OR = 2.19; 95% CI = 1.58, 3.03; p < 0.001).
Table 2  GP knowledge, confidence, role perception and practice in regard to managing overweight and obesity in adult and child patients

<table>
<thead>
<tr>
<th></th>
<th>Total group (n = 646)</th>
<th>Subgroup by number of patients counselled per week</th>
<th>Logistic regression analyses&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Odds ratio (95% CI)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adults: ≥10 patients (n = 234)</td>
<td>Adults: &lt;10 patients (n = 407)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended CPD on overweight and obesity, n (%) yes</td>
<td>269 (42)</td>
<td>110 (47)</td>
<td>158 (39)</td>
<td>1.44 (0.93, 2.24)</td>
<td>0.102</td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
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</tr>
<tr>
<td>Only a small percentage of adults can reduce BMI and maintain that loss for at least a year, n (%) agreed</td>
<td>301 (47)</td>
<td>109 (47)</td>
<td>192 (47)</td>
<td>1.14 (0.74, 1.76)</td>
<td>0.540</td>
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<tr>
<td>Role perception</td>
<td></td>
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<tr>
<td>The best role for a GP is to refer overweight and obese adults to other professionals rather than attempting to treat them, n (%) agreed</td>
<td>49 (8)</td>
<td>15 (7)</td>
<td>34 (8)</td>
<td>0.84 (0.42, 1.69)</td>
<td>0.633</td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
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<tr>
<td>I am professionally well prepared to manage adults who are overweight or obese, n (%) agreed</td>
<td>497 (77)</td>
<td>199 (85)</td>
<td>298 (73)</td>
<td>2.69 (1.49, 4.87)</td>
<td>0.001</td>
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<th>Total group (n = 646)</th>
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<th>Odds ratio (95% CI)</th>
<th>p-Value</th>
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<tbody>
<tr>
<td>Children: ≥3 patients (n = 232)</td>
<td>Children: &lt;3 patients (n = 408)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended CPD on overweight and obesity, n (%) yes</td>
<td>269 (42)</td>
<td>111 (48)</td>
<td>156 (38)</td>
<td>1.42 (0.91, 2.21)</td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Only a small percentage of children can reduce BMI and maintain that loss for at least a year, n (%) agreed</td>
<td>211 (33)</td>
<td>84 (36)</td>
<td>126 (31)</td>
<td>1.21 (0.77, 1.89)</td>
</tr>
<tr>
<td>Role perception</td>
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<td></td>
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<tr>
<td>The best role for a GP is to refer overweight and obese children to other professionals rather than attempting to treat them, n (%) agreed</td>
<td>133 (21)</td>
<td>42 (18)</td>
<td>91 (22)</td>
<td>0.72 (0.43, 1.22)</td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I am professionally well prepared to manage children who are overweight or obese, n (%) agreed</td>
<td>264 (41)</td>
<td>130 (56)</td>
<td>134 (33)</td>
<td>3.31 (2.10, 5.22)</td>
</tr>
</tbody>
</table>

CI: confidence interval; CPD: Continuing Professional Development; GP: general practitioner; BMI: body mass index.
<sup>a</sup> Adjusted for GP’s gender and the number of patients seen per week.
Discussion

This study found that a large proportion of GPs believed that patients, particularly children, can reduce BMI and maintain that loss, and the majority saw it as their role to assist in this process. The perceived role of GPs in managing rather than referring adult patients is consistent with the results from a GP survey in 2000 using similar questions [9]. This is also consistent with the reported views of patients who believe that GPs have an important role in weight management and are the preferred source of information and advice about this issue [18].

Nevertheless, we found that only a small proportion of GPs regularly provide counselling on overweight or obesity. The present study indicates that this discrepancy may partly be caused by GPs’ confidence in managing overweight and obesity, as those GPs who felt more confident were more likely to counsel. However, it was also evident that the percentage of GPs who regularly counselled adult patients was much smaller than the percentage who felt confident to do so, suggesting that additional factors are determining whether or not overweight and obesity is addressed in patient care. Time and structural constraints, such as reimbursement schedules or practice support systems, are likely to be influential [9,13,14].

Among these GPs we have found fewer who engaged in counselling for weight management than for physical activity, as 47% of them reported providing counselling to more than 10 adults per week on physical activity [12], and only 36% on weight management. The lower proportion of GPs providing counselling on overweight and obesity compared to physical activity is accompanied by a slightly lower confidence in weight management counselling. Furthermore, the greater complexity of weight management, including psychological issues, lack of time for regular monitoring of patients who need to reduce their weight, and negative perceptions of overweight and obese patients may play a role [14].

Only 41% of GPs reported that they were confident in managing paediatric overweight and obesity. Lack of experience in counselling obese children and their families may be an important factor here. Furthermore, difficulties exist with recognizing overweight in children [10], communicating with parents about children’s weight [3], and intervening in relation to family influences [3].

The present study indicated that under half of GPs reported attending CPD on weight management, indicating that there is scope for further training of GPs especially in relation to children. Skills in working with parents and families [17], undertaking assessment of weight and adiposity, delivering brief advice, and motivating behaviour change through goal setting and regular follow-up, are topics that could be addressed in CPD [9]. The example of the UK primary care Counterweight program indicates that only up-skilling clinicians without other strategies did not improve weight loss outcomes [19]. This implies that strategies to increase GPs’ counselling behaviour should go beyond providing information only. A comprehensive approach to engage clinicians to change clinical practice and to empower patients to change their lifestyle seemed to be promising [19].

Several limitations must be taken into account when interpreting the results of the study. The response rate was 40% and, while similar to that achieved in recent surveys of GPs [20,21], may hamper generalizability of the study. It is possible that respondents were those most interested in management risk factors for chronic diseases or in research methods in general, which may have led to an overestimation of confidence and counselling. The strength of the current study was that all registered GPs in several rural and urban areas were approached, which formed a good representation of New South Wales practices. Another source of bias leading to overestimation of results could have been the use of self-reported measures which are susceptible to social desirability and recall bias. Again, the likely consequence of this is that the findings represent a best-case scenario concerning GP beliefs and practices related to the management of overweight and obesity.

In conclusion, the present study showed that although the majority of GPs see it as their role to manage overweight and obesity, only a small proportion of patients are counselled. Low counselling rates may be the result of GPs confidence in managing patients, particularly children. CPD on overweight and obesity may have positive effects on GP confidence, but to increase counselling behaviour, additional strategies including changes of clinical practices and empowering patient are necessary.

Conflict of interest

None declared.

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References