

Weight Management Services for Adultsâ Highlighting the Role of Primary Care

Abstract:

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Abstract

Ireland has the fourth highest prevalence of overweight and obese men in the European Union and the seventh highest prevalence among women. This study focuses on 777 referrals on the waiting list for Irelandâ only fully funded hospital-based adult weight management service with special emphasis on the role of primary care in the referral process. Since our last review two years ago, we found that patients are now being referred at a younger age (mean 43 years). The mean BMI at referral has increased from 44 to 46. Five hundred and forty eight (70%) referrals were from primary care with males accounting for 163(30%) of these, despite male obesity being more prevalent. Interestingly, as the distance from Dublin increased, the number of referrals decreased. Overall this is a concerning trend showing the increasing burden of obesity on a younger population and a health system inadequately equipped to deal with the problem. It also highlights the central role of the primary care physician in the timely and appropriate referral to optimise use of our available resources.

Introduction

Obesity is a growing problem in modern healthcare with recent data in Ireland showing that 36% of the adult population are overweight and 24% are obese. Childhood obesity is also increasing, now recognised as the most common childhood disorder in Europe. Obesity is associated with multiple health problems and its growing prevalence will inevitably result in a significant burden on an already stretched health service. We aimed to compare primary and secondary care referrals to Irelandâ only fully funded weight management service and highlight the importance of weight management in primary care where physicians are in a position to intervene at an early stage.

Methods

Information was retrieved from referral letters of 777 patients on the waiting list as of December 2010. Age, sex, body mass index (BMI), distance from hospital and referral source were recorded. The distance was calculated as the distance between St. Columcilleâ Hospital and the geographical midpoint of the county of referral.

Results

Of the 777 referred, 30(4%) had no available referral letter. Primary care accounted for 548(70%) referrals with 199(26%) coming from secondary care. Five hundred and twenty eight were female and 248 male. Amongst GP referrals, 163(30%) were male compared to 79(40%) from secondary care referrals. The age of referrals ranged from 17 to 79, with an average age of 43 years. The average age of primary care referrals was 42 years compared to an average of 46 years from secondary care. Sixty seven (9%) referrals were under 25 years with 53(82%) of these referrals being primary care in origin. Overall the average BMI was 46. The average BMIs for females, males and under 25 year olds were each 46. There was a small difference in the average BMI of primary and secondary care referrals (46.5 versus 45.4 respectively). As the distance from Dublin increased the number of referrals decreased. There was no relationship between increasing distance from hospital with age or BMI. Only 39(5%) of letters provided no BMI value (21(2.7%) hospital referrals compared to 18(2.3%) primary care referrals) and 9(1%) referrals provided no date of birth.

Discussion

This review highlights several issues that may have implications for planning obesity management in the future. It is of concern that fewer men are being referred for active weight management despite the fact that men have a greater prevalence of obesity and its co-morbidities than women. It is also worrying that since our last review over 2 years ago the average age of patients has decreased from 44 to 43 while the average BMI has increased from 44 to 46. This equates to approximately a 6kg increase in weight. It is already known that the prevalence of obesity has increased by 67% overall between 1990 and 2000. These findings suggest that Irish people are becoming more obese at a younger age. As the distance from Dublin increased the number of referrals decreased but the patient demographic otherwise stayed the same. While the establishment of a treatment unit for severe obesity in each of the four HSE regions is in the HSE strategic plan, progress is slow â this has been a goal since 2005.

At the time of this review this unit was the only fully funded adult weight management service in Ireland. With a capacity to see between 200-250 patients annually in line with best clinical practice this translates to a 3-4 year waiting time for those most recently referred. We do make some efforts to triage referrals based on BMI and co-morbidities. The demographics of patients on our waiting list and the length of waiting time highlight the need to expand services to meet this challenge. Ideally there will be a strong emphasis on primary prevention and intervention will start early within primary care.

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References

1. International Obesity Taskforce and European Association for the Study of Obesity (2002) Obesity in Europe â The Case for Action
2. Morgan K et al. SL^ N 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland. Main Report. Dublin: Department of Health and Children.
3. World Health Organisation (2003) Fact sheet on Obesity and Overweight.
4. National Taskforce on Obesity (2005) Obesity - the Policy Challenges. Department of Health and Children. Government Publications Office. Dublin.
5. Irish Universities Nutrition Alliance (2001) North/South Ireland Food Consumption Survey. www.iuna.net