

Obesity

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James talks to Ian Caterson about obesity. A topic not often addressed on the wards, yet an extremely common condition. Around 30% of Australians are obese and another 35% are overweight. In hospital, we generally deal with the complications, e.g. diabetes, hypertension, sleep apnoea, arthritis, and many others.

Summary Writer: George McClintock

Editor: James Edwards

Interviewee: Ian Caterson

About Ian Caterson

Professor Ian Caterson is currently Foundation Director of the [Boden Institute of Obesity Nutrition Exercise and Eating Disorders](#) and Boden Professor of Human Nutrition at the University of Sydney. He has held the latter position since 1997. Prior to that he was Senior Staff Specialist and Director of Clinical [Endocrinology](#) at Royal Prince Alfred Hospital.

Ian has been president of both the Australian Diabetes Society and the Australasian Society for the Study of Obesity and is president-elect of the World Obesity Federation.

He is a recognised expert on obesity, its causes, prevention and management. Ian is on the Clinical Care group of World Obesity, chairs the Expert Obesity Committee for the Australian National Preventive Health Agency, and is on the Prevention and Community Health Committee of the [NHMRC of Australia](#).

Obesity

With Professor Ian Caterson, Consultant Endocrinologist at Royal Prince Alfred Hospital, New South Wales, Australia

Introduction

Obesity is a topic that it not often addressed on the wards but is extremely common.

Case 1

You are an Intern caring for a patient who is very obese and think to yourself, should I be doing anything about this patient?

Obesity is very common in Australia, around 30% of people are obese and another 35% are overweight.

In hospital we generally deal with the complications of obesity – diabetes, hypertension, sleep apnoea, arthritis and many others

If patients have an acute issue related to their weight, treat that problem. But it should also be incumbent on all of us to remind our patients that their weight is contributing to, causing or making their medical problems worse, and that they should consider doing something about it

The junior doctors role is to organise support for the patient to lose weight

Let the GP know about it

Suggest a community program such as Weight Watchers

GP practice nurse may be able to support managing it

Many hospitals will have specialty services which can help, depending on the hospital it may be through dietetics or a specialty obesity service

There are hospital programs for very large patients, that include

Very low energy diets (usually as meal replacement drinks or bars) which work quite well to get weight off

Medications to help weight maintenance rather than support weight loss

Phentermine - caution for those with cardiovascular disease

Orlistat - over the counter, avoid a high fat diet

There are a few more on the way

This is dependent on the patient being able to afford it, as these medications are not on the PBS

Bariatric surgery is also a consideration especially for those with diabetes

Bariatric surgery does work, but it is not magic - patients continue to have to work at keeping the weight off. It helps patients eat less but does not remove the need to exercise

1. Are there any particular underlying causes that we should be looking for, or investigations that should be performed?

- Hypothyroidism is often discussed as a cause of obesity. In general, patients with hypothyroidism put on 10kg, not 55kg
- Steroids make patients more hungry and can contribute to the weight gain
- There are a few genetic causes, which tend to present early and generally have no specific treatment
- Obesity is generally caused by psychosocial factors, a combination of patient issues and the fact that our environment encourages inappropriate and excessive eating and not very much exercise

2. Is it possible to be obese but healthy?

- A proportion of obese people are metabolically normal, and these are actually very interesting as researchers want to know why this is the case
- These people's main issues are mechanical ones

3. Are most of the health impacts of obesity reversible?

- Many of them are, but importantly conditions such as diabetes become easier to manage without becoming completely cured. Mobility, pain and quality of life improves - people who are very obese do not generally feel well
- Cancers are also associated with obesity, bowel cancer most obviously, but also hormone dependent cancers such as breast, uterus and prostate, as well as many others. Telling a patient that losing weight will reduce their risk of cancer can be a good measure

4. Do you have any suggestions on how to have the difficult conversation with patients about their need to lose weight?

- It is very Most doctors don't like to bring it up. However, a study from the UK has shown that if doctors say "would you like me to organise for you to talk to someone about getting your weight down?" 50% of patients will proceed to doing something about their weight and only 1 in 500 will feel affronted that you mentioned their weight

Take home messages

- Obesity is here to stay. We need to incorporate its management into our practice.

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