

ABSTRACTS

MANAGING WEIGHT IN GENERAL PRACTICE

As the patient's front line, general practitioners (GPs) are usually the first people to give advice about weight loss. Rising levels of overweight and obesity in most countries have meant that there is an increasing amount of information available about weight loss, but this recent research from Australia looks at what patients actually want from their GPs in the way of advice on weight management.

Daisy Tan and her colleagues conducted a waiting room survey in five practices in New South Wales between May and August 2005. They measured patients' body mass index (BMI) and waist circumference and then compared the BMI data with the patients' perceptions of their need for weight loss and the GP's advice to lose weight. They investigated 277 patients.

Most patients felt that their GPs had a role in weight loss management and over half said that they would see their GP for weight loss advice. However, a quarter said they would not. The reasons given for not seeing their GP were that they could lose weight on their own, that they would seek help from elsewhere first, that they were not so overweight that they needed their doctor's advice, and that they did not feel that their doctor could provide the correct advice or did not have time to do so. The cost of doctors' consultations was also a factor. Out of the 277 patients 71 felt that they needed to lose weight and their GP had already advised them to do so. But another 75 patients felt that they should lose weight, but had not been advised to do so by their doctor. The authors analysed the results of patient reports of GPs' weight-loss advice according to measured BMI. Five of 63 patients in the normal weight range reported that they had been advised by their GP to lose weight. Of 67 patients in the overweight category, 14 had been advised by their GP to lose weight, but 53 had not; and of 81 patients in the obese category, 53 had received advice to lose weight, but 28 had not.

The views of obese and normal weight patients on their doctors' usefulness or otherwise in the management of weight were generally similar. However, more normal weight patients than overweight or obese patients felt that they needed more information on obesity and on medical conditions associated with being overweight, and that they were likely to increase their amount of physical activity.

Overall, the investigators found that most of the patients surveyed felt that GPs have a role to play in the manage-

ment of weight loss and the necessary knowledge and skills. However, only 46% felt that GPs have the time to do this. Surveys of GPs have found similar concerns about the time constraints on giving effective weight loss advice. Patients were more interested in advice on diet and exercise than in medications or referral to dieticians. The patients, in contrast to their doctors, felt that long-term follow-up was a useful part of any weight loss management. This study found that overweight and obese patients were significantly less likely to be willing to change their lifestyle than normal weight patients, something that has been noted in similar studies from the USA. The authors suggest that further research is needed to determine the reasons for this resistance to lifestyle change among a group of people who arguably need it the most.

Tan D, *et al.* *MJA* 2006; **185**: 73-75.

FITNESS AND CARDIOVASCULAR RISK IN CHILDREN

According to a recent paper in the *Lancet*, physical activity guidelines for children were formulated in 1988 by the American College of Sports Medicine, which produced a position statement on the amount of physical activity needed for optimum functional capacity and health. These guidelines were based on those for adults and they recommended that children and adolescents should get up to 20 - 30 minutes of vigorous exercise every day. In 1998 the Health Education Authority in the UK commissioned a series of reviews that updated these consensus guidelines and came up with the recommendation of 1 hour a day of at least moderate physical activity for all young people, and for those who did very little activity at least half an hour a day. These recommendations also suggested that, if done twice a week, some of these activities should aim to enhance and maintain muscular strength and flexibility and bone health. However, as the authors of this study point out, there is little evidence for a particular dose-response relation from which physical activity guidelines for children and adolescents can be obtained. There are two major problems in analysing the relationship between physical activity and health in children. First, measures of activity are usually subjective and, second, health outcomes are not well defined in children.

However, it is known that atherosclerosis develops from early childhood and that physical activity could affect this process. The study's aim was to assess the associations of objectively measured physical activity with the clustering of cardiovascular disease risk factors in children and to derive guidelines from this analysis.

Lars Bo Andersen and his team did a cross-sectional study of 1 732 randomly selected 9-year-old and 15-year-old school-children from Denmark, Estonia and Portugal. Measured risk factors were systolic blood pressure, triglyceride levels, total cholesterol/HDL ratio, insulin resistance, sum of 4 skinfolds and aerobic fitness. Physical activity was assessed by accelerometry.

The main findings of the study were that an increase in physical activity led to a decrease in risk factors and that

more than 1 hour of moderately intense physical activity is needed to prevent a clustering of cardiac risk factors in children. Physical activity is important for the metabolic health of children and 90 minutes of activity per day may be needed to prevent insulin resistance, which seems to be the central feature for clustering of cardiovascular disease risk factors.

Andersen LB, *et al. Lancet* 2006; **368**: 299-304.

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