

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6184

Title

Discussing Weight Management in Real-world GP-Patient Consultations: Video Analysis of Australian Primary Care

Priority 1 (Research Category)

Obesity, exercise and nutrition

Presenters

Kimberley Norman, PhD, Kellie West, BSc, MBBS, Liz Sturgiss, MD, PhD, BMed, MPH, FRACGP, Nilakshi Gunatillaka, BSc, MPH, Divya Ramachandran, PhD, BSc, MPH, MSc

Abstract

The highly individualised experience of living with obesity, coupled with the challenge for GPs to deliver healthcare messages in non-stigmatising ways, makes the role of a GP in obesity management complex. This study aimed to explore discussion strategies used in real-world GP-patient consultations when discussing obesity.

Method: Secondary data analysis of Australia's first, and only, Digital Library of real-world video recorded consultations was used. 47 video consultations and patient post-consultation satisfaction surveys were analysed using descriptive content analysis with 17 consultations discussing weight eligible for in-depth analysis. A multi-disciplinary research team, including lived experience experts and practicing GPs, identified three overarching themes relating to weight discussions.

Results: 15/17 discussions about health in relation to weight were GP initiated and 2/17 were patient initiated. 14 used a structured approach (all GP initiated), while three used an opportunistic approach to weight (one GP and two patient initiated). GPs routinely asked for consent to discuss weight as part of their routine care where patients could accept/decline which was a strength for maintaining therapeutic relationship.

Conclusion: This study of naturally occurring GP-patient consultations highlighted the intricacies of ways the topic of weight was approached in consultations. GPs navigated weight discussions in a way that attempted to minimise potential damage to the therapeutic relationship and related weight to health concerns relevant to each patient. While there was no overt discourse or behaviour from patients to

indicate obesity stigma was present in these consultations, potentially stigma could have been internalised or perceived by patients.

Implications: With the majority of weight discussions initiated by GPs in structured ways in these consultations, future research could look to develop specific evidence based non-stigmatising 'weight' discussion prompts for GPs to refer to in their practice for flexible consistency with the range of patients seen.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.