

Navigating hard conversations:

Exploring the benefits and harms of weight-related discussions in musculoskeletal physiotherapy practice

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Common phrases

“I’m sure all the problems you’ve had are all related to your weight”

“You’re a bit on the chunky side.”

“Your BMI is between 30 and 35 which means you are clinically obese”

“At your weight, you really need to do more exercise”, “In terms of diet, you obviously aren’t following the diet sheet?”

(Albury, Strain et al. 2020)

Barriers to raising the topic of weight

1. Limited understanding about obesity and its care

2. Lacking time and resources to raise a sensitive topic

3. Concern about negative consequences

(Maxine, Afroditi et al. 2015)

What is our understanding of obesity?

The ASK survey (Attitudes, Stigma & Knowledge)

> [Lancet Diabetes Endocrinol.](#) 2020 May;8(5):363-365. doi: 10.1016/S2213-8587(20)30073-5.
Epub 2020 Mar 3.

Knowledge gaps and weight stigma shape attitudes toward obesity

[Majella O'Keeffe](#)¹, [Stuart W Flint](#)², [Krista Watts](#)³, [Francesco Rubino](#)⁴

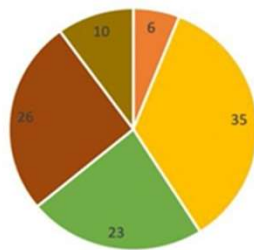
Affiliations + expand

PMID: 32142624 DOI: [10.1016/S2213-8587\(20\)30073-5](#)

(O'Keeffe, Flint et al. 2020)

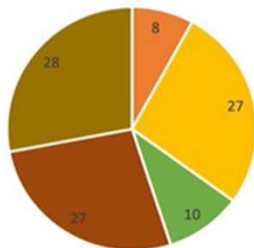
Obesity bias and stigma

1. My peers tend to have a negative attitude towards patients with obesity



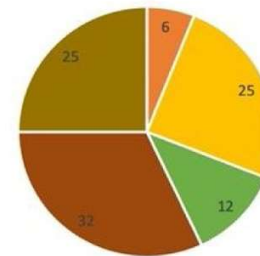
Strongly agree Agree Neutral Disagree Strongly disagree

5. I have witnessed healthcare providers making negative comments or jokes about patients with obesity



Strongly agree Agree Neutral Disagree Strongly disagree

6. In the medical setting, patients with obesity are target of derogatory humour by students/healthcare providers

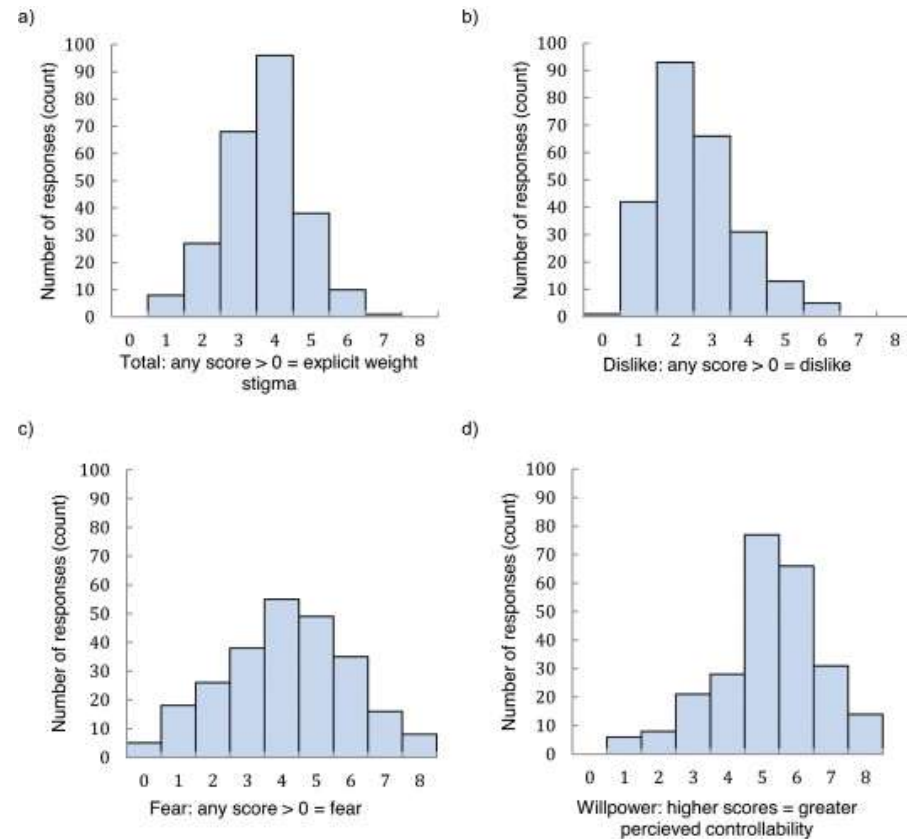


Strongly agree Agree Neutral Disagree Strongly disagree

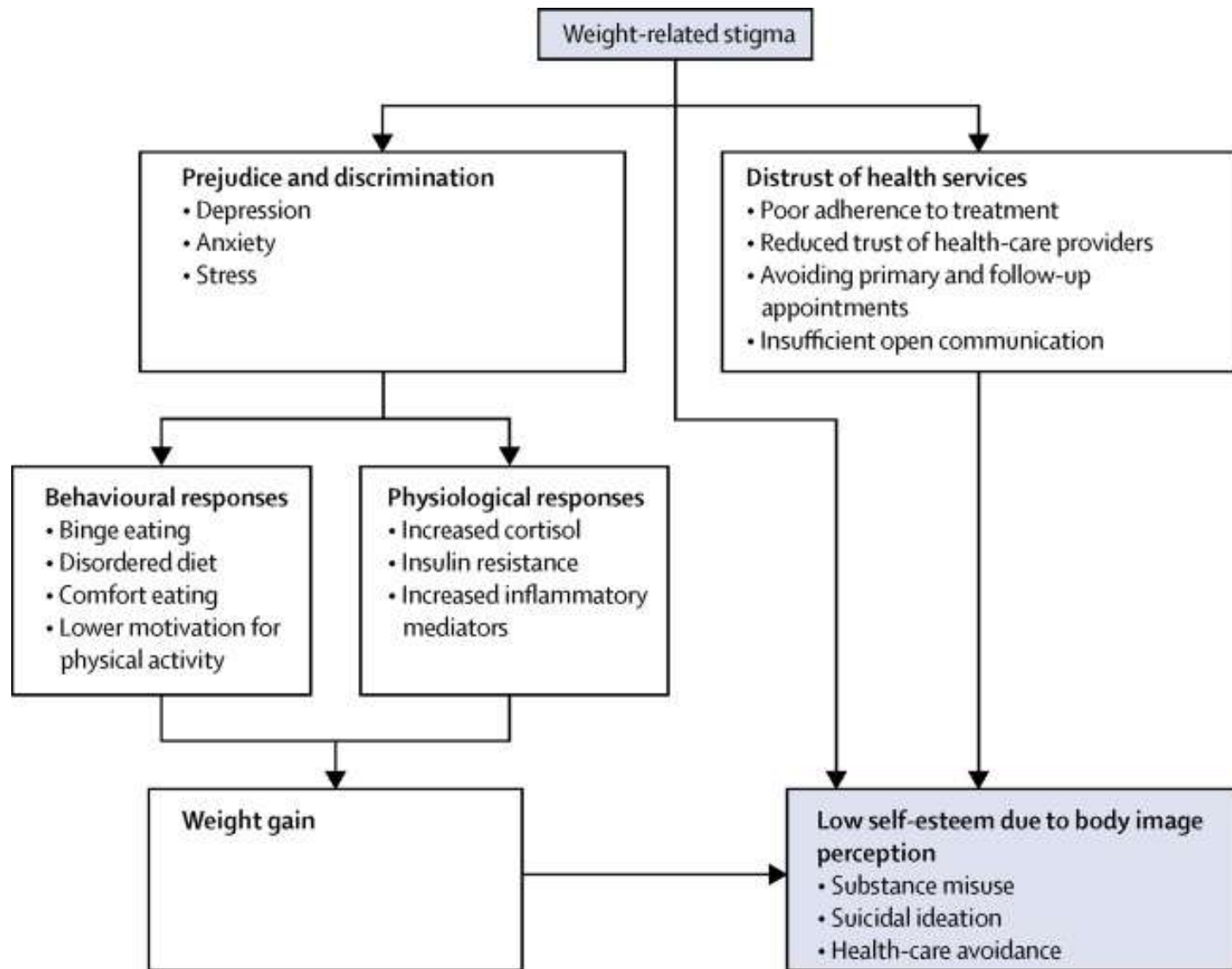


(O'Donoghue, McMahon et al. 2021)

Weight stigma in physiotherapy



(Setchell, Watson et al. 2014)



(Albury, Strain et al. 2020)
(Lawrence, Kerr et al. 2021)

Barriers to raising the topic of weight

1. Concern about
negative
consequences

2. Lacking time and
resources to raise a
sensitive topic

3. Limited
understanding
about obesity care

(Maxine, Afroditi et al. 2015)

The patient's perspective

(Talbot, Salinas et al. 2021)



1. Perceiving weight as doctorable



2. Weight doctoring in primary care

"Every time you see a health professional if you are overweight, they'll always tell you, 'You've got to lose weight,' and, and that's it... It's like a mantra of, 'You've got to lose weight. Eat more veg and more fruit. Less carbs, less fat,' which is what I do and if I say, 'Well, I do that already,' and they say, 'Well, you're not doing it enough.' There's no alternatives. I think they are given a script..."

Barriers to raising the topic of weight

1. Limited understanding about obesity care

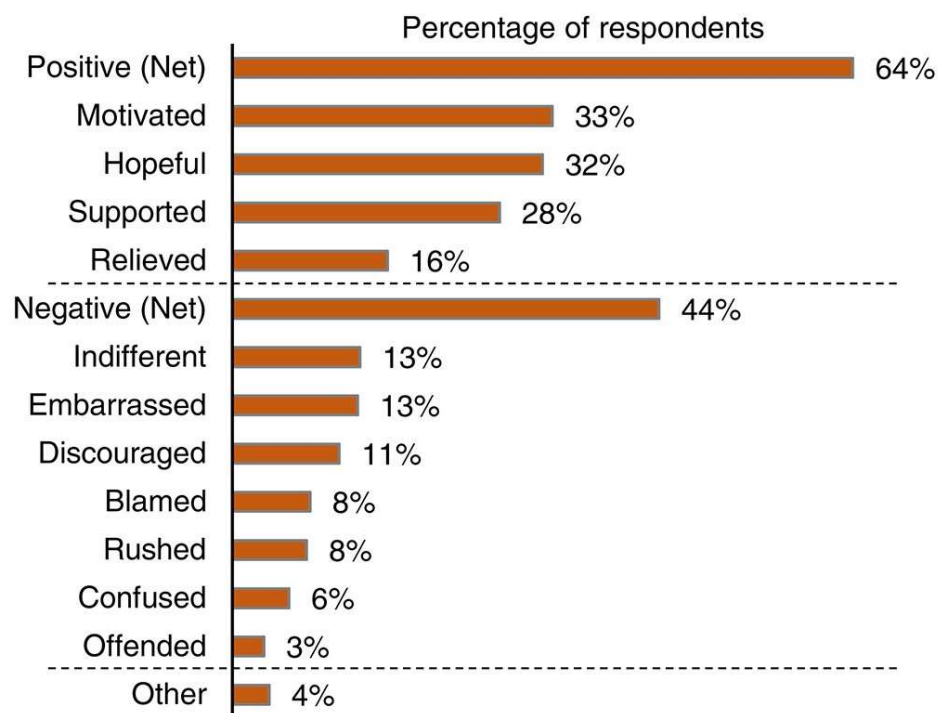
2. Lacking time and resources to raise a sensitive topic

3. Concern about negative consequences

(Maxine, Afroditi et al. 2015)

Benefits of weight related conversations

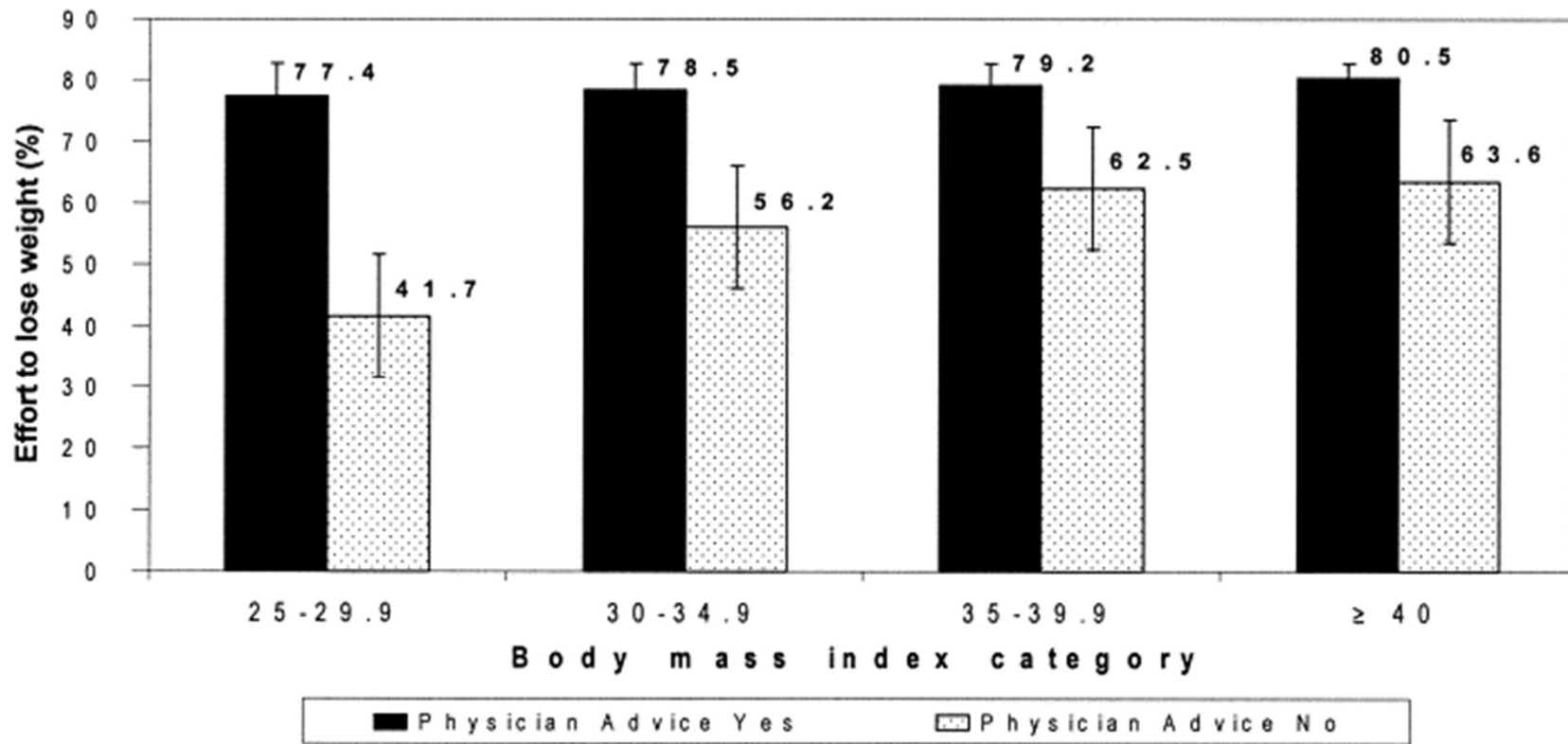
PwO feelings after weight management discussion



PwO, discussed weight with an HCP in the past 5 years, $n = 8015$; Q710

(Caterson, Alfadda et al. 2019)

Professional Advice to lose weight



(Mehrotra, Naimi et al. 2004)

How do we approach a weight related conversation?


Patient preferred terminology

- ✓ ***Weight***
- ✓ ***Unhealthy weight***
- ✓ ***BMI***
- ✓ ***'You are above your healthy weight'***
- ✓ ***'Your weight may be damaging your health'***

(Puhl 2020)

- ⊗ ***Obese***
- ⊗ ***Morbidly obese***
- ⊗ ***Fat***
- ⊗ ***Fatness***

Conversation features


 Seek permission

 Person first language

 Use language free from judgement or negative connotation

 Stick to the evidence

 Be understanding

 Guiding and signposting

(Albury, Strain et al. 2020) (Talbot, Salinas et al. 2021)

Talking delicately

Personalisation:

- Tailoring
- Referencing back
- Appraisal

Delicacy features:

- Minimisation
- Hesitancy
- Meta analysis
- Neutralisation of footing
- Softening

(Tremblett, Webb et al. 2022)

Talking delicately

Extract 4. 08-08-08

01 DOC: .hh um (0.4) Mr Williams as you know you
 02 spoke to the lady [earlier and you
 03 PAT: [yeah, yeah.
 04 DOC: mentioned a bit about your ↓weight.
 05 PAT: Ye:ah.
 06 DOC: As we've been talking about your ↓back
 07 .h One of the things that would re:ally
 08 help ↓yer back! (0.3)
 09 [is to lose some weight
 10 PAT: [Lose some weight

Extract 8. 31-01-25

01 DOC: We ↑have gone into >a little bit of a< ↑nag mode
 02 abou:t, (.) about weight for patients nowadays
 03 be↑cause we ↑know that er people >who are
 04 over↑weight< ↑a:re at ↑higher risk of developing
 05 par↑ticularly type two diabetes and ↑hea:rt
 06 disease
 07 (0.4)
 08 DOC: Er >so we're very< keen to encourage everybody to
 09 try and get down to optimum ↑weight so:: u:::m
 10 It's °a question of y'know° ↑good ↑die::t cut
 11 down what you ↑ea::t[low ↑fa:t high=
 12 PAT: [↑Yeah
 13 DOC: =er fibre diet (0.4) and plenty of exercise
 14 ↑really,
 15 (0.4)
 16 DOC: We kno:w that's (.) important
 17 PAT: fYeahE 'eh

(Tremblett, Webb et al. 2022)

Suggested approach

“Would you mind if we spoke about your weight? Where do you think you’re at?”

“Some people with your symptoms find that losing a bit of weight and a little exercise can be helpful.”

“And as you said, your weight’s crept up a bit...,” “ you said you’d like to lose some weight because you’re feeling quite breathless...”

“It’s fantastic that you’ve taken up swimming. Don’t worry that your weight hasn’t come down yet, the benefit to your health goes beyond weight loss.”

(Albury, Strain et al. 2020)

In practice

Obesity is a chronic recurring condition

Person first language

Permission

Offer support

Contact

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