Childhood obesity: How do Australian General Practitioners feel about managing this growing health problem?

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Background 1
- Prevalence of childhood obesity continuing to rise worldwide, including Australia
- GPs ideally placed to be centrally involved in management
- Aimed to explore barriers and perceptions of challenges of management amongst Qld GPs
- Identification of barriers -> potential to improve management

Background 2
- Even if childhood obesity is properly identified by GPs, is there an effective treatment?
  - LEAP 1&2 2006-081,2 -> GP based: discouraging
  - KOALA 20063 -> community based: ongoing
  - Cochrane review 20094 -> family based intervention programs changing thinking patterns re diet/exercise effective in reducing childhood obesity

Methods 1
- Survey faxed to random sample 573 Qld GPs
- Three main parts
  - GP demographics + general statement re comfort in managing childhood obesity
  - Responses to statements on five point Likert scale
    - Inhibitions to addressing issue
    - Confidence, knowledge and skills
    - Time factors
    - Incentives
    - Support from health system
    - Commitment from parents

Methods 2
- Questions on practical barriers to management including open response section
- Indication of preferred method of further educational resources
Results 1
- 170 responses (30%)
- 34% rural; even distribution years since graduation
- Rurality and experience did not affect frequency of opportunistic discussion of obesity
- 32% mostly/always discuss excess weight in routine consult
- 29% mostly/always use BMI charts to assess children’s weight

Results 2
- Main obstacles to identification:
  - uncertainty about definition criteria/calculating BMI
  - lack of access to BMI charts
- Main obstacles to management:
  - lack of financial incentive
  - lack of health system support
  - time constraints
  - parental resistance/fear of offence

Results 3
- 22% respondents aware of NHMRC guidelines for management
- 92% never use any formal clinical guidelines
- Preferred method of further education written information

Discussion 1
- GPs are not recognising issue, and even when recognised not raising the issue consistently
- Many unsure of how to calculate BMI in children and do not use standardised BMI charts
- Perception of inadequate time and financial incentives
- Ambivalence about skill levels and parental cooperation

Discussion 2
- GPs are not confident that they will have any success if the issue is raised and a management strategy attempted
- GPs are uncertain of what strategy should be used
- Perception of lack of health system support

Recommendations
- How does this help us to manage the issue better?
  - Greater emphasis in med school/GP registrar training
  - Revision of guidelines eg NHMRC for GPs
  - Financial incentives
  - Incorporation of clinical practice guidelines and BMI charts into medical software
  - Increasing community and allied health support
References


Questions/comments?