

## **SAND abstract No. 68 from the BEACH program 2004–05**

### **Subject: Patient weight, perception of weight and weight loss in adults**

**Organisation supporting this study:** Australian General Practice Statistics and Classification Centre

**Issues:** Body mass index (BMI) of patients aged 18 years and over; patient perception of overweight; weight loss attempts and methods; the proportion who have type 2 diabetes.

**Sample:** 2,116 respondents aged 18 years or over from 82 GPs; data collection period: 04/05/2004–07/06/2004.

**Method:** Detailed in the paper entitled 'SAND Method 2004–05' on this website:  
<[http://www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)>.

### **Summary of results**

The age distribution of the sample was similar to that of adult patients at all BEACH encounters. Female patients made up 61.7%, a slightly higher proportion than the average. Response rates (and therefore denominators) for the following questions varied.

Underweight patients accounted for 7.2% of respondents (95% CI: 5.8–8.5), 36.3% (95% CI: 33.5–39.1) were within normal range, 33.4% (95% CI: 30.8–35.9) were overweight and 23.2% (95% CI: 20.5–25.9) were obese. Overall, almost half saw themselves as overweight and over a third had attempted to lose weight in the previous 12 months. Diet and/or exercise was the most common method tried and the most frequently reported as successful in all weight groups. The prevalence of type 2 diabetes was 8.3% (95% CI: 6.7–10.0) among respondents.

In the underweight group, 3.6% considered themselves to be overweight and 9.8% had made at least one recent weight loss attempt. Type 2 diabetes prevalence was 4.6% in this group. In the normal weight group, 15.5% considered themselves to be overweight and 20.4% had made at least one recent weight loss attempt. Type 2 diabetes prevalence was 3.9%.

In the overweight group, 59.6% considered themselves to be overweight and 43.2% had made a recent weight loss attempt. The prevalence of type 2 diabetes in this group was estimated to be 8.7%. In the obese group, 87.5% considered themselves to be overweight and 61.1% had made at least one weight loss attempt during the previous 12 months. There were 56.6% who reported trying diet and/or exercise and 26.2% had received GP advice. Weight loss programs were tried by 17.5% and meal plans by 13.3% of respondents. Only 7.9% had tried prescribed medication for weight loss in the previous 3 years. The prevalence of type 2 diabetes in this group was estimated to be 14.2%.

BMI calculations for patients with type 2 diabetes showed 3.8% (95% CI: 1.0–6.6) were underweight, 20.3% (95% CI: 11.9–28.6) were normal, 35.4% (95% CI: 28.8–42.1) were overweight and 40.5% (95% CI: 33.8–47.3) were obese. Nearly two-thirds considered themselves overweight and over half had made at least one recent weight loss attempt.

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# PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENT WEIGHT and WEIGHT LOSS**.  
 You may tear out this page as a guide to completing the following section of forms.

## INSTRUCTIONS

**ASK THE PATIENT ALL the following questions**

### Self assessment

In their own opinion, does the patient consider himself/herself to be overweight?

### Patient height & weight

What is the patient's **height** (without shoes)?  
 What is their **weight** (unclothed) ?

(You are **NOT REQUIRED** to weigh or measure the patient, but if the patient is unsure, you may either do so or take information from the medical records.)

### Weight loss attempts

How often in the past 12 months has this patient **attempted** to lose weight? This includes commencing new diets, meal replacement programs, exercise programs, joining organisations, or seeking specific advice **with the objective of losing weight**.

### Weight loss methods

Please tick the box beside any **weight loss methods** the patient has tried in the past 3 years in an attempt to lose weight.

Tick as many boxes as apply.

- \* **Weight loss programs** e.g. Jenny Craig, Weight Watchers, Gutbusters, Gloria Marshall etc.
- \* **Meal Plans** e.g. Lite N Easy, Easy Slim, Nu-Shape etc.
- \* **Over-the-counter (OTC) Products** available from pharmacies, supermarkets, health food stores etc, e.g. Slimfast, Optifast, Cenovis NutriPlan, Fat Blaster, Trim It, Opti Slim, Sure Slim, Exo Fat, Chitosan etc.
- \* **Diet and/or exercise program** e.g. commencing a structured diet plan other than those listed above and / or commencing an exercise program not usually undertaken such as walking, joining a gym, jogging, or participating in some other physical activity for the purpose of losing weight.
- \* **Specific advice sought from the GP** to help with weight loss or acting on advice offered by the GP.
- \* **Prescribed medication** e.g. Xenical, Reductil, Duromine, Tenuate etc prescribed for weight loss.
- \* **Specific advice sought from a Specialist or Dietitian** for the purpose of losing weight.
- \* **Any other method** not listed e.g. seeking advice from a pharmacist, herbalist etc, for the purpose of losing weight.

### Successful methods

Write in the weight loss method nominated by the patient as the one they considered to be the **most successful**.

If the patient did not consider any method to be successful, write 'none'.

### Type 2 diabetes

Please advise whether or not the patient suffers from type 2 diabetes

Ask the patient their  <b>Height:</b> <input type="text"/> cm  <b>Weight:</b> <input type="text"/> kg	Ask the patient...  Do you consider yourself to be overweight?  <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 12 months how often have you attempted to lose weight?  <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-4 times <input type="checkbox"/> 5 or more times	In the past 3 years which weight loss methods have you tried?  <input type="checkbox"/> Weight loss programs <input type="checkbox"/> Meal Plans <input type="checkbox"/> OTC products (pharmacy/retail) <input type="checkbox"/> Diet and/or exercise program <input type="checkbox"/> GP advice <input type="checkbox"/> Prescribed medication <input type="checkbox"/> Specialist/dietitian advice <input type="checkbox"/> Other _____	Which method (if any) did you find most successful?  _____	Do you suffer from Type 2 Diabetes?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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## ***Weight loss methods***

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