GET TO GRIPS WITH OBESITY

(4) HOW PHARMACISTS CAN CONTRIBUTE TO OBESITY MANAGEMENT

By Omar Ali, MRPharmS

This last article in our series on obesity looks at ways in which pharmacists working in different sectors of healthcare can make a difference to obesity management.

Unfortunately, despite the growing numbers of obese and overweight people, many health care professionals receive little formal education about obesity. The aim of this series is to provide enough information to support pharmacists who wish to be able to advise competently on this condition. Pharmacists are well aware of the dangers of obesity. But how can they have an impact on this challenging condition?

Obesity can be tackled in three ways. First, a whole community can be targeted. For example, promoting activities such as "walk to school week" will help instil a positive lifestyle change in children and their parents. This is called primary prevention and aims to prevent people from becoming obese. Secondary prevention means to target people who are already obese but have not yet developed any complications. These are people that many general practitioners do not see until they have become ill but pharmacists do see. The third way to tackle obesity is to cater for those who are obese and suffer from an associated medical problem. For example, you could offer waist-to-hip ratio measurements and advice to all patients for whom you dispense anti-hypertensive drugs.

THE COMMUNITY PHARMACIST

Community pharmacists are unique in that they get to know many of their patients well. Also, no other sector of pharmacy sees so many obese and overweight people daily. Obesity management requires support, follow-up and feedback and community pharmacists are in a good position to do this.

What services could you offer? Community pharmacists could offer different levels of intervention to overweight and obese patients (see Panel 1 on p721). The most comprehensive service would be contractual in nature, sold to primary care trusts as a local pharmaceutical service and as part of a multidisciplinary weight management service. The level of intervention offered may depend on your interest, ability, knowledge, other services available, PCT interest, time and financial issues. Whatever you choose to offer, psychology is important so make sure your support is always friendly and well informed, and you can offer a private area for consultation. As a starting point, community pharmacists could buy a set of scales and tape measure and offer simple weight and waist measurements. As you gain patients, your service could develop beyond this. There may well be prescribing opportunities in the future.

Offer a personal service. Get to know your patients, their reasons for wanting to lose weight, and bear these in mind. The reasons why health care professionals tell patients to follow a certain course of action (eg, reduced cardiovascular events) may not influence patients (eg, "I want to be able to walk my children to school without them being embarrassed", "I want to be able to go out with my partner for dinner in a nice dress", "I don't want to have to wear a mask at night to help me breathe properly"). If we understand what motivates the patient, we can give better support.

Even if you decide not to offer any of the interventions shown in Panel 1, you should still be prepared to advise your patients on the weight gain side effects of the drugs you dispense, such as steroids, hormone replacement therapy, oral contraceptives, some antidepressants and sulphonylureas.

How will you be paid for offering services? There are two options here, but both can be exercised simultaneously. Many individuals currently pay over £10 to register with commercial weight loss organisations and over £5 per visit to what is essentially a social meeting around a set of weighing scales. These organisations are successful because of their ease of access, the availability of time for consultation and peer support.

So you might choose to charge patients a nominal fee per consultation but with the extra benefits of cholesterol and blood pressure screening and tailored advice on weight management. Take

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INITIAL INVESTMENT

1. Make the initial investment, be this time or money or both.
2. Familiarise yourself with local priorities (eg, most health funds: right time, in the right place, with the right activity and in a position with monies for a plan or idea that you might be able to implement.
3. Be on the look out for support, but do not expect your PCT to part with clawback and resale price maintenance have left morale low. Some may feel that development of new services will be difficult when they are finding it hard to maintain the services they currently supply. But unless new ways of generating revenue are explored, nothing will improve. The "sit and wait to be paid" attitude is no longer viable. If you do not set up and offer services as an individual or a group, then others will. The supplementary prescribing potential applies as much to dietitians and nurses as it does to pharmacists and we cannot leave our fate to others.
4. As put by Graham Phillips in his excellent feature in Pharmacy Magazine, "Have the facts (of obesity) on your fingertips and be ready to demonstrate, with examples, how this service development will work, what audit mechanism will be, and how you propose to measure what you have achieved. Then, and only then talk money." I recognise that many community pharmacies, particularly smaller independents are finding business tough. Issues such as clawback and resale price maintenance have left morale low. Some may feel that development of new services will be difficult when they are finding it hard to maintain the services they currently supply. But unless new ways of generating revenue are explored, nothing will improve. The "sit and wait to be paid" attitude is no longer viable. If you do not set up and offer services as an individual or a group, then others will. The supplementary prescribing potential applies as much to dietitians and nurses as it does to pharmacists and we cannot leave our fate to others.

HOSPITAL AND FORMULARY DEVELOPMENT PHARMACISTS

Although obesity should be managed in primary care, many obese or overweight patients end up in hospital beds and on outpatient waiting lists because of problems associated with this condition (eg, type 2 diabetes, coronary heart disease, gallbladder disease, osteoarthritis, respiratory disorders, infertility and cancer). By the time this happens, we are forced to manage these diseases and at high cost.

It is usually unnecessary for hospital pharmacists to manage obesity because dietitians are available for this purpose. However, it is possible for hospital pharmacists to contribute. Hospital pharmacists can certainly participate in opportunistic health promotion by putting up posters and providing healthy lifestyle leaflets. But also, next time you are asked to work out a dose of a drug for an overweight patient, perhaps you could check whether he or she has been referred to the dietitian. Advice from hospital pharmacists can also be given to primary care patients even if a drug is not on formulary. Increasingly, drugs are recommended by a consultant's letter after an episode in outpatients. This letter could be supplemented with a "Guidance on the use of . . . " sheet which could be easily devised. With some 50 drugs being developed for the management of obesity over the next decade, hospital pharmacists should also be in a position to advise on the use of these future agents.

Formulary pharmacists can make a difference by formulating guidelines and protocols for obesity. The National Institute for Clinical Excellence has provided guidance on the two drugs currently available (orlistat and sibutramine), but some work is required to combine both sets of guidance with the summaries of product characteristics (SPC) and meaningful data on obesity management in order to make valid decisions.

Many secondary care trusts will not have evaluated these agents and anti-obesity drugs may not even be approved for use. But chances are, your diabetes consultants are already prescribing orlistat and sibutramine. Are they prescribing with your guidance? Even if they are only used in a small proportion of patients, multidisciplin-
**ACTION IN OBESITY**

Obesity prevention and management requires proactive action from all sectors: health care; the sports and food industry; schools; and Government. At last, the Government seems to be doing something about obesity. The NHS Plan states the intention to tackle obesity by improving the nation's diet (eg, the “five a day” pilots) and national service frameworks contain more exacting targets for local action. Schemes such as “exercise on prescription” which involved an agreement between a group of surgeries and health centres have had positive results. In one particular scheme, GPs and nurses in North West Lancashire were able to assess patients and refer them to a lifestyle fitness officer. Patient commitment was obtained by asking patients to sign a contract. Of the 779 patients who provided follow-up data, 58 per cent had lost weight and 94 per cent had a decrease in body fat. Simpler schemes have been successful. Researchers at Glasgow University and Glasgow Health Board found that displaying posters with the slogan “Stay healthy, save time, use the stairs” in a station increased stair use from 8 per cent to 15–17 per cent. This led to the Scottish Health Board distributing motivational posters to encourage the use of stairs in Scottish workplaces.

Recently, the report of the National Audit Office (Tackling obesity in England) along with the work of groups such as the National Obesity Forum appear to have culminated in the launch of an all party parliamentary group on obesity. For pharmacists, with the existence of patient group directions and the advent of near patient services, the climate for developing new skills in obesity management is good. Obese patients should have easy access to evidence based interventions and receive a directed flow of care. Our contribution will show that pharmacists can make a difference.

**REFERENCES**