

5 Key Propositions for GPs

Focus on communicating with and motivating your patient. Communication and motivation are key to any productive relationship between doctor and patient, and is particularly important with obese patients. Motivational Interviewing (MI) is an appropriate, efficient technique to help patients with lifestyle changes. It is patient centred, respectful, free from judgment and provides full empathy. With open questions and valorisation, GPs will then be able to help patients identify and work on their issues, express his or her suffering, and define his or her own solutions.

No stigmatisation. GPs must not stigmatise, whether related to gender, ethnicity, religion, socioeconomic status or personal morphology. This is important for all obese patients and is particularly crucial for children and adolescents, who are stigmatised at school, resulting in a tremendous amount of suffering.

Empower the patient to become his own specialist. The GP should encourage and support the patient to identify and select the areas in which he will be willing to work and in which he is capable of successful behaviour change.

Physicians should be educated in specific psychological aspects relevant to obesity and **should investigate psychological aspects** with the obese patient from the initial consultation. Continuing education can provide GP training. The GP must look in particular at eating disorders and depression, and should also work with patients on self-esteem, self affirmation and wellbeing. Where appropriate, adjunct psychological support should be engaged. This proposition will also apply to working with children and adolescents.

Physical Activity is highly important for obese patients. In basic management, physicians should recall that regular physical activity prescription is a key factor in preventing complications, as an active obese patient has a lower risk of premature mortality when compared to a sedentary normal weight patient.