Experiencing obesity
Seeking support in general practice

Ms Jodi Gray and Dr Elizabeth Hoon
Obesity

• Rising prevalence of obesity in Australian adults
  – 35% overweight
  – 28% obese

• The need to identify interventions that work

(AIHW, 2014)
The Counterweight program

- Used in the UK for 15 years
- Delivered in general practice by practice nurses
- Aim: 5 to 10% weight loss

- Pilot study in 3 general practices
- 65 patients enrolled

- Further information on the pilot study
  – www.compare-phc.unsw.edu.au/content/counterweight-trial-adelaide
Importance of patient’s experiences

• Patient characteristics and expectations will influence program acceptability
  (The Counterweight Project Team et al., 2008)

• “However, in obesity [research], the voices of obese adults remain deafeningly silent.”
  (Thomas, Lewis, Hyde, Castle & Komesaroff, 2010, p. 2)
Research question

To understand the lived experiences of obese participants and the story of their weight,

so that we can understand how the Counterweight Program fits with their experiences, existing knowledge and beliefs,

and identify modifications required prior to undertaking a larger trial of the program.
Methods

• In-depth, semi-structured interviews
  – 18 participants
    • 12 individuals, 3 couples
    • 15 female, 3 male
    • Aged between 23 to 77 years
    • 16 attended all 6 sessions

• Thematic analysis
  – NVivo for data management

(Braun & Clarke, 2006)
Findings

• Could you tell me the story of your weight? (experiences before Counterweight)
Cycles of weight loss and gain

“I've lost 15 kilos and then I've put some back on and then I've lost some more, and I've just been yo-yoing for the past 30 years. It's just been up and down and up and down. Mostly up.”

(Participant 1, female)

“... suddenly you realise you're back up here again. How the hell did I do that? How did that happen? Why did I let that happen? I wasn’t going to – I wasn't going to let that weight come back on me. I threw out all my clothes.

(Participant 10, female)
Explanations and triggering events

- Specific behaviours
- Biological factors
- Reduced motivation
- Practical barriers
Specific behaviours

“We got quite lazy with cooking and things like that. Just ate out a lot, had a lot of junk food, McDonald's, et cetera and things like that.”

(Participant 6, male)

“I come from a generation - well, we both do, really - where we were told that we should eat everything on our plate.”

(Participant 3, male)
Biological factors

“I got down to the smallest I've ever been. Then I got pregnant and it all came back, and it's been going from there really.”

( Participant 5, female)
Practical barriers to exercising/eating well

“One of the difficulties was my job. I was stuck at a desk all day... you can’t get up and walk around. So I just wasn’t exercising...”

(Participant 8, female)

“I do get a bit of asthma so if I do anything that's really too physical I start to have breathing problems. That's always been a deterrence to me.”

(Participant 2, female)
Reduced motivation to exercise/eat well

“I lost a lot of weight. I felt healthier. But then my husband was diagnosed with cancer and I had to travel consistently back and forward to the hospital. My weight just ballooned again... because I was out of a structure and emotionally drained, physically drained.”

(Participant 14, female)
Reduced motivation to exercise/eat well

“I've been dealing with it [difficult situation] for so long and I'm tired of it and I'm still doing it and aren't I a good person, so therefore this is my reward, I've earned it. And it's a shocking way to think of food, but it's just what I do. As I said, I don't smoke, I don't drink, I don't gamble, I don't run around with loose men... I have so few joys in my life.”

(Participant 1, female)
The conceptual model

**Specific behaviours**
- Eating junk food, favourite foods
- Alcohol consumption
- Disliking certain healthy foods
- Eating everything on the plate
- Low levels of exercise

**Biological factors**
- Medications
  - Pregnancy
  - Menopause
- Genetics
- Food as an addiction

**Reduced motivation**
- Work environment
- Health challenges
- Cooking for two
- Limited time
- Weather

**Practical barriers**
- Stress
  - Distress
- Grief & loss
- Relationship issues
- Caring responsibilities
- Depression
- Moving interstate or overseas
- Happiness
- Social aspects of food

**Food for comfort, stress relief, pleasure or as a reward**
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jodi.gray@adelaide.edu.au
References


