Obesity and Type 2 Diabetes
Raising the issue of weight management in primary care

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“Obese adults with type 2 diabetes should be offered individualised interventions to encourage weight loss (including lifestyle, pharmacological or surgical interventions) in order to improve metabolic control.”

SIGN Diabetes (116) 2011
### NHS Greater Glasgow and Clyde

| T2DM (2016) | 55,824 |
• 27 referrers - primary care, AHP
weight as low clinical priority; perceived lack of appropriateness and confidence in raising the issue of weight; lack of specific training

• 11 patients - referred but did not attend
perceived lack of support from GP; lack of info about support available; low motivation at time of referral

• Target behaviour: primary care raising the issue of weight & making appropriate, informed referrals

• COM-B psy capability, phys opp, reflective motivation
A new pathway to weight management for your patients with type 2 diabetes

**STEP 1**
Perform a full medical review of your patient with type 2 diabetes (T2D).

**STEP 2**
Is weight a priority for your patient with T2D at this time? (eLearning chapter)

**NOT READY**

**STEP 3A**
ASK the right questions in the right way to open a discussion about your patient’s weight.

**STEP 4**
AOGST by educating your patient around the value of weight management in T2D

**NO**

**YES**

**STEP 3B**
Arrange follow-up appointment to discuss weight at a later date

**STEP 5A**
Patient information leaflet

**STEP 6**
Arrange follow-up appointment to discuss weight at a later date

**STEP 5B**
Discussion guide

**NEARLY READY**

**STEP 6A**
Patient information leaflet

**STEP 7**
Find further information, training and support if needed

**READY**

**STEP 6B**
Discussion guide

**STEP 8A**
AOGST by referring your patient to an appropriate weight management programme

**STEP 8B**
Referral guide and contacts list

**STEP 8C**
Reframe the guidelines and address any concerns your patient may have about losing weight

For more information, please visit

www.smalltalkbigdifference.com

All of the training and tools are available at

www.smalltalkbigdifference.com
Feasibility study 2016: 5 practices 50-88% increase referrals

Randomised trial - NCT03360058
80 GP practices
Immediate access versus delayed access
Primary outcome: rate of referral over 4/12
Recruitment via routine practice newsletters
Currently 56/80 recruited
Expected completion recruitment Jan 2018
Results summer/ autumn 2018
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