





# GP management of childhood overweight and obesity

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# Background

- **Overweight and obesity are leading causes of preventable disease in Australia (diabetes, cardiovascular disease, cancer)**
- **High and rising prevalence of overweight and obesity in Australian children**
- **Immediate and long-term effects**



# Who provides management?

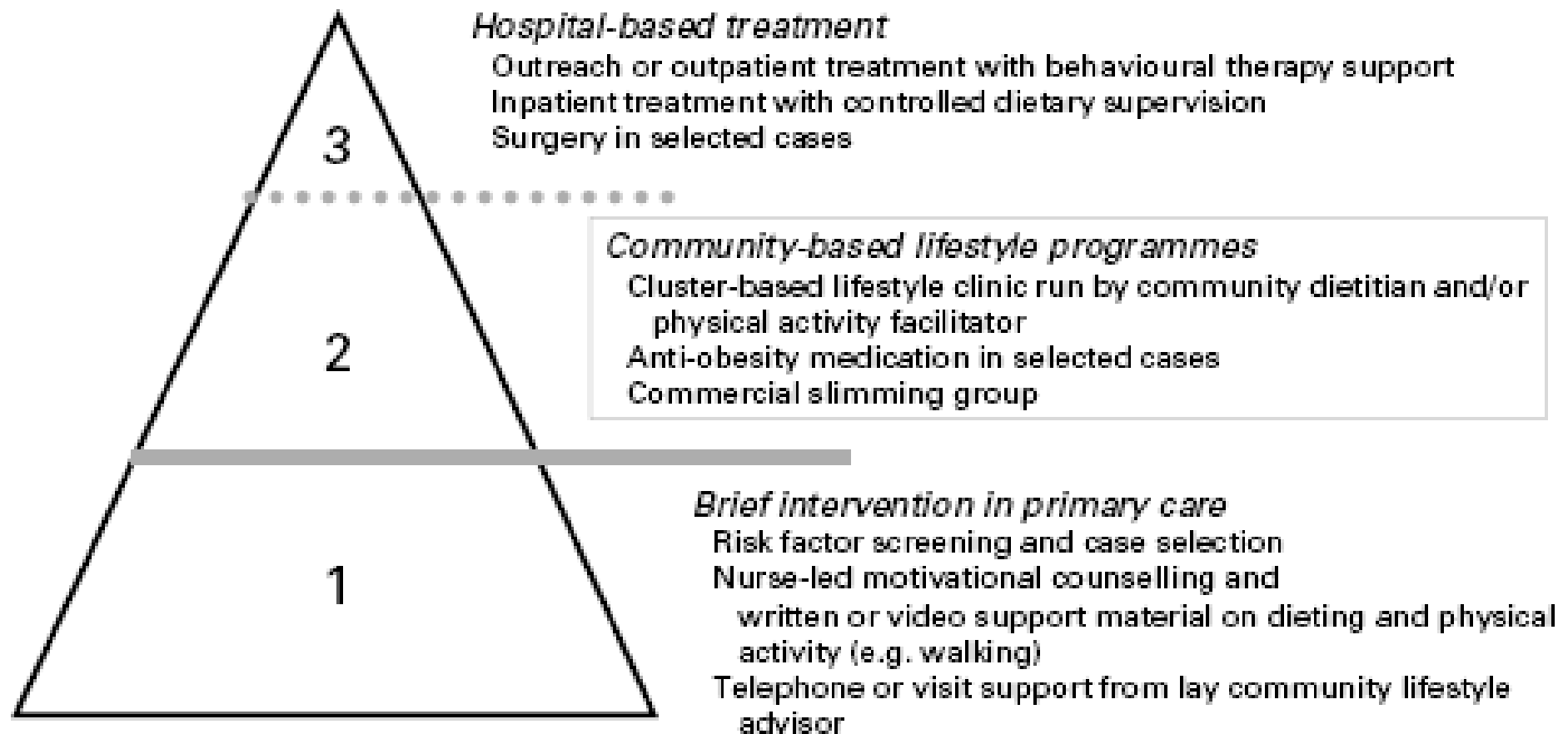


Fig. 2. The triple-tier pathway for weight management. (From Maryon-Davis, 2004.)

# Research questions

**Are GPs managing overweight or obese children?**

- **What is the prevalence of overweight and obesity in children presenting to GPs?**
- **What is the rate of management of overweight and obesity in children?**
- **What factors are associated with higher rates of management?**  
(demographics, content of encounters?)



# BEACH study

- National random sample of 1000 GPs each year
- 100 consecutive visits recorded by each GP
- During 2002-2006, 42 515 encounters in children aged 2-17 years

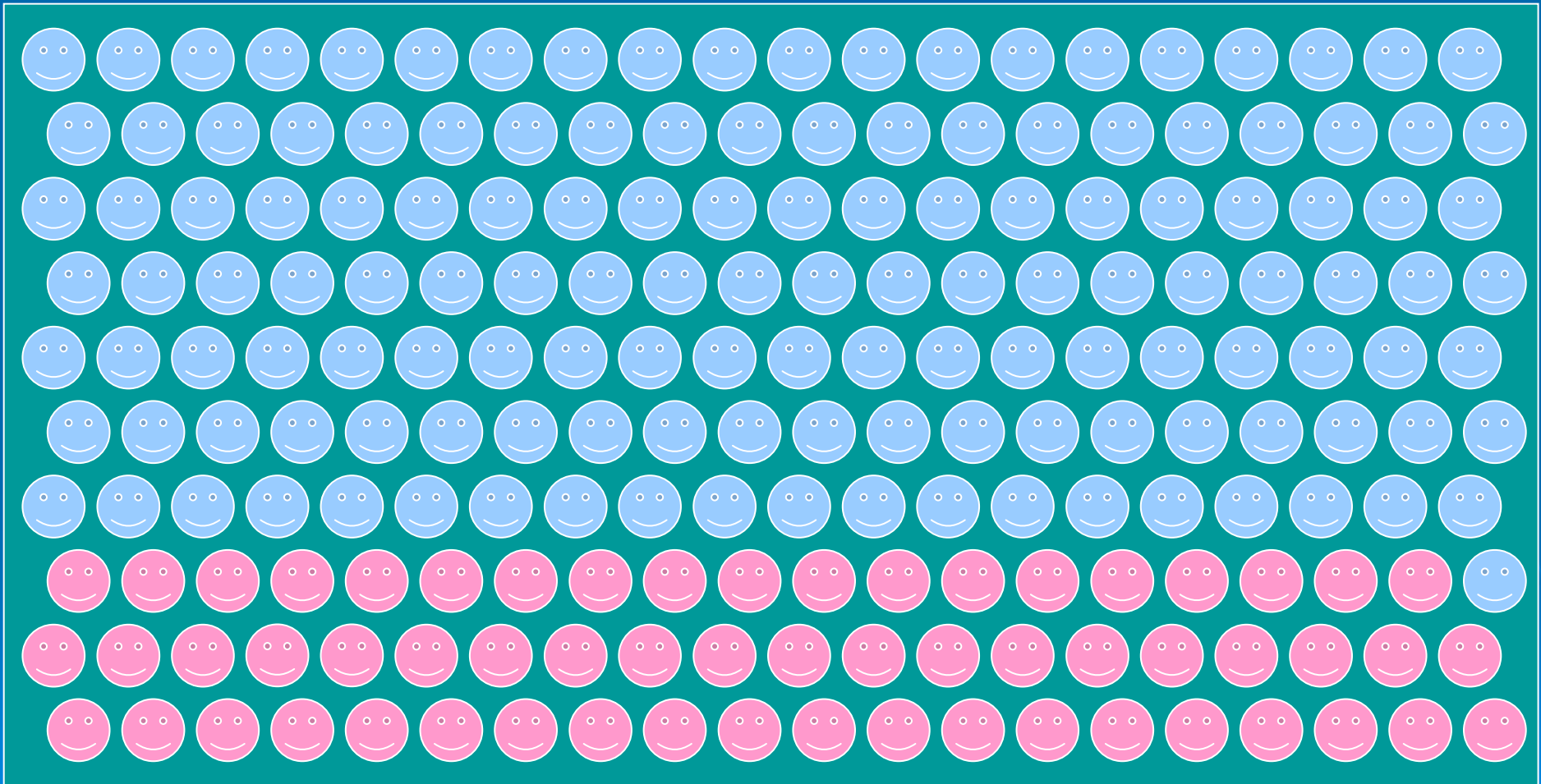


# Study methods

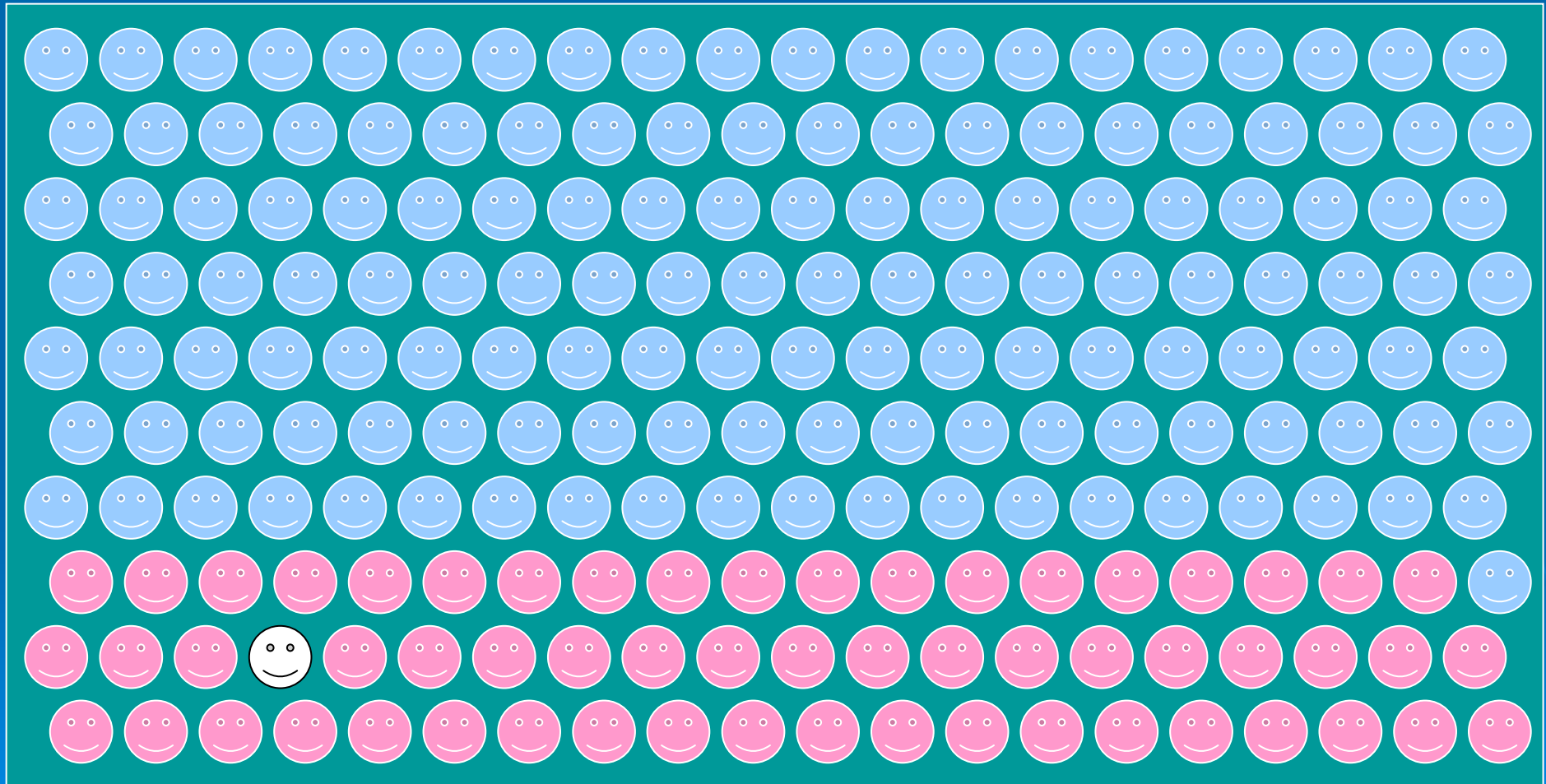
- **Overweight or obesity defined using self-reported height and weight in a 40% sub- sample  
- 12 925 / 17 000 children (76% response)**
- **International age- and sex-appropriate BMI cut-off values used (Cole et al 2000)**
- **Overweight and obesity management was defined using ICPC-2 codes**



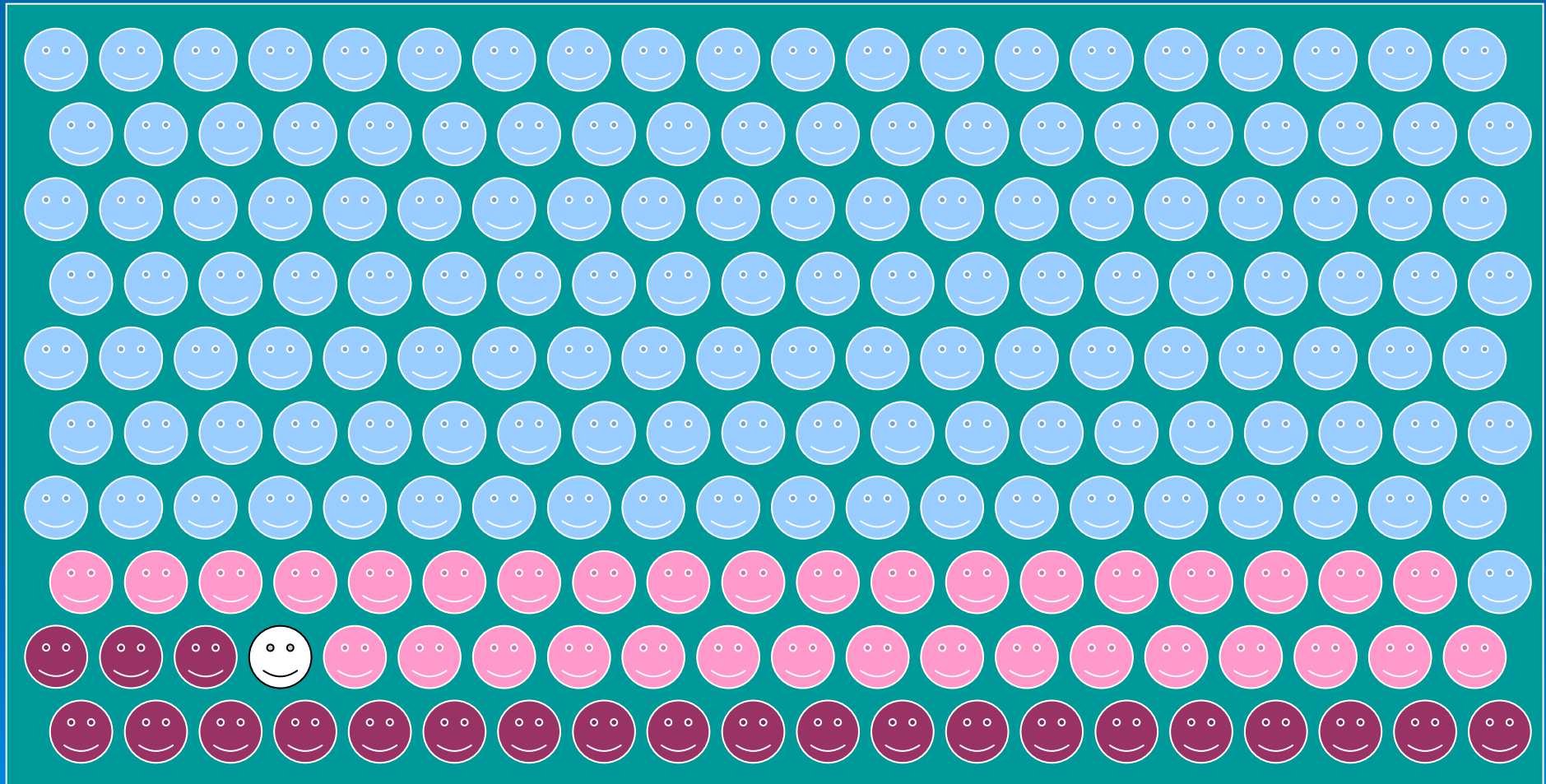
# Prevalence of overweight and obesity in children 2-17 yrs (per 200 encounters)



# Prevalence and rate of management of overweight and obesity in children 2-17 yrs (per 200 encounters)



# Prevalence and rate of management of overweight and obesity in children 2-17 yrs (per 200 encounters)



# Prevalence of overweight and obesity

n=12 925

Age	Prevalence of overweight/obesity (per 100 encounters)
2-4	28.8 (26.9–30.6)
5-8	31.0 (29.1–32.9)
9-12	32.7 (30.8–34.6)
13-17	27.5 (26.1–28.8)
All	29.6 (28.7-30.5)



# Prevalence and management of overweight and obesity

n=12 925

n=42 515

Age	Prevalence of overweight/obesity (per 100 encounters)	Management rate (per 100 encounters)
2-4	28.8 (26.9–30.6)	0.1 (0.0–0.14)
5-8	31.0 (29.1–32.9)	0.3 (0.2–0.4)
9-12	32.7 (30.8–34.6)	0.8 (0.6–0.9)
13-17	27.5 (26.1–28.8)	0.9 (0.7–1.0)
All	29.6 (28.7-30.5)	0.5 (0.4-0.6)



# Prevalence and management by sex

Sex	Prevalence of overweight/obesity (per 100 encounters)	Management rate (per 100 encounters)
Male	30.6 (29.3-31.8)	0.4 (0.3-0.5)
Female	28.7 (27.6-29.9)	0.6 (0.5-0.7)



# Prevalence and management by SES

SEIFA status	Prevalence of overweight/obesity (per 100 encounters)	Management rate (per 100 encounters)
Low SES	33.7 (31.7-35.6)	0.5 (0.3-0.7)
Med SES	30.5 (29.1-31.9)	0.6 (0.5-0.7)
High SES	26.4 (25.0-27.9)	0.5 (0.3-0.6)



# Prevalence and management by Indigenous status, location, background

Indigenous status	Prevalence of overweight/obesity (per 100 encounters)	Management rate (per 100 encounters)
Aboriginal/ Torres Strait	30.5 (25.5-35.5)	0.2 (0.0-0.4)
Neither	29.6 (28.7-30.5)	0.5 (0.4-0.6)

No differences by location (RRMA and ASGC) or non-English speaking background



# Prompts for management

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In those managed

- 66.5% presented with overweight/obesity as the presenting problem
- Managed for:
  - psychological problems – 2x average rate
  - depression – 5x average rate
- Generally appropriate management
  - mainly counselling, lifestyle advice

# Summary

- High prevalence of overweight and obesity in children
- Very high unmet need (only 1 in 59 managed)
- Management more likely in those presenting with the problem
- Management more likely in older or female children
- Management less likely in Indigenous children



# Conclusion

- GPs are not currently managing the majority of overweight children

## Possible options:

- Promote and support GP management (demand and supply interventions, novel approaches)
- Promote whole of health management (hospitals, community centres, clinics, private rooms)
- Promote management outside health sector? (risks)



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