

# **THE FIRST 100 PATIENTS OF THE ACT ADULT OBESITY MANAGEMENT SERVICE**

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# Background

- Increasing rates of overweight and obesity in Australia
- Obesity is associated with a wide range of health conditions

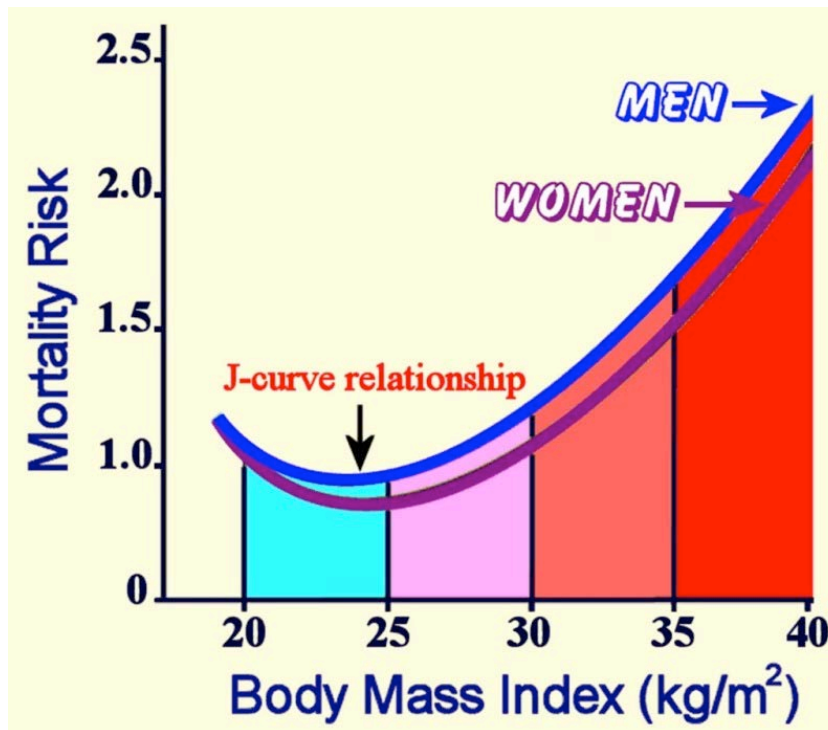
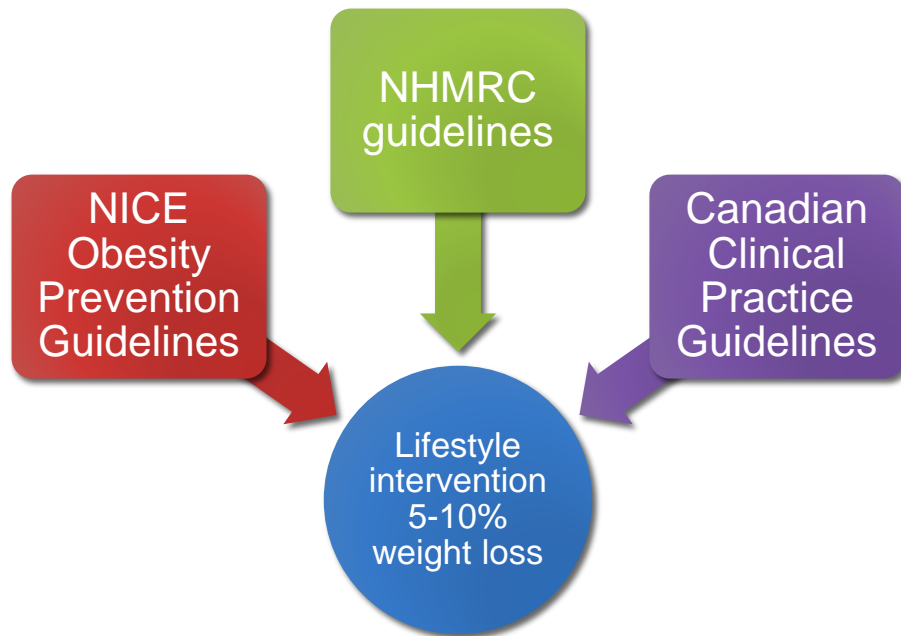


Image source: Kyrou *et al.* (2014).  
Clinical problems caused by obesity.

# About the Obesity Management Service

- Target population BMI  $\geq 40$  kg/m<sup>2</sup>
- Multidisciplinary service
- Focuses on diet, physical activity and behaviour modification



# Aim

- Improve knowledge about patients accessing service
- Guide clinical service development
- Benchmark our cohort with other obesity services

# Methods

- Retrospective review of medical records for the first 100 patients that attended an initial medical appointment

# Variables

- Anthropometry
- Co-morbid conditions
- Dartmouth Care Cooperative Information Project (CO-OP) functional charts
- Patient Health Questionnaire-2 or -9 (PHQ-2 or PHQ-9) depression screening and severity score

## Results:

<b>Characteristic</b>	<b>Mean (<math>\pm</math> SD) or number (N =100)</b>
Age (years)	47.1 $\pm$ 13.6
Gender	
Female	71
Male	29
Body Mass Index (kg/m <sup>2</sup> )	49.5 $\pm$ 9.0
Waist circumference (cm)	136.2 $\pm$ 18.2
Systolic blood pressure (mmHg)	123 $\pm$ 18
Diastolic blood pressure (mmHg)	75 $\pm$ 12

# Pathology

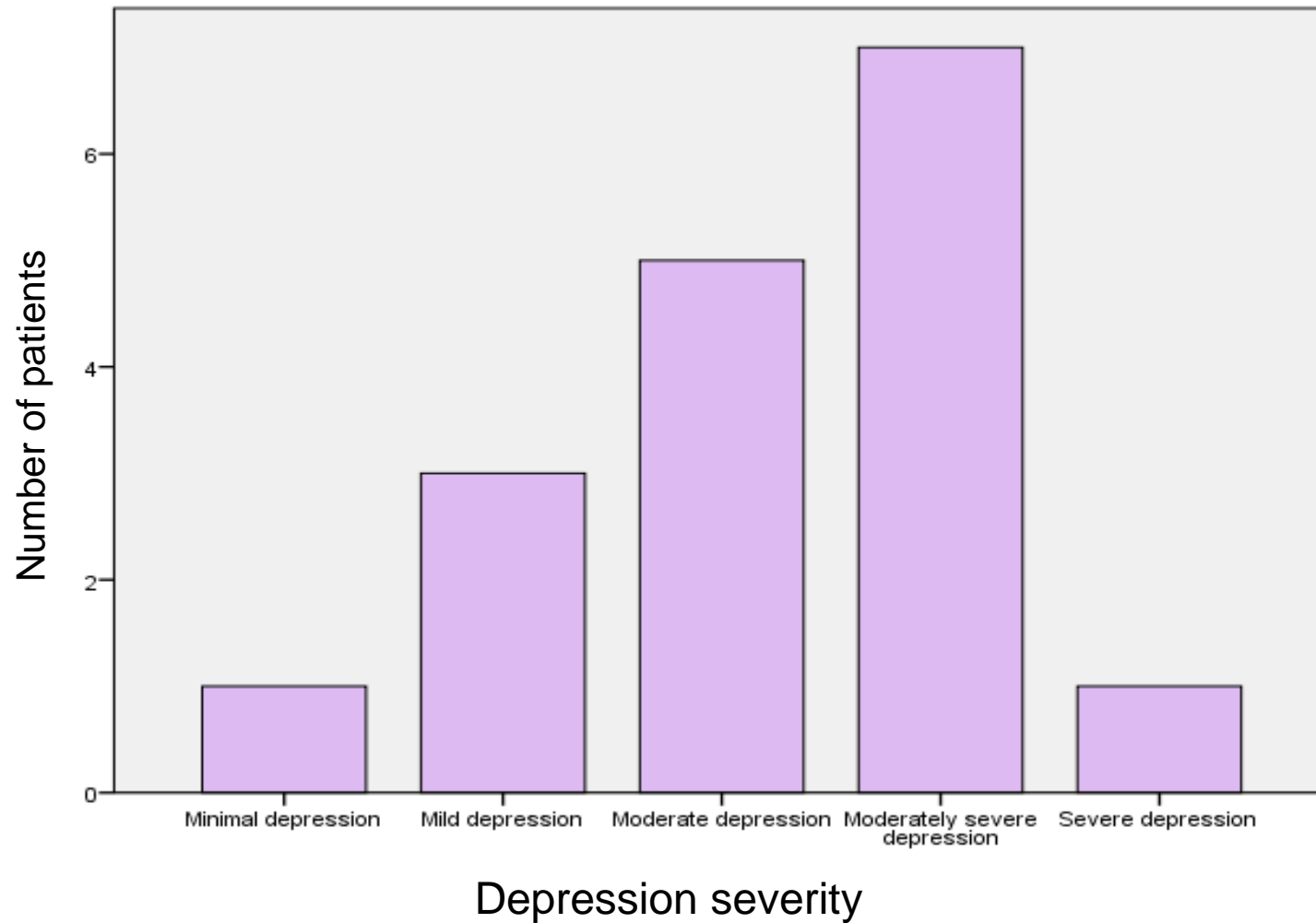
Pathology	Number tested	Mean ( $\pm$ SD)	Reference range
Total cholesterol (mmol/L)	62	4.76 $\pm$ 0.95	<5.5
Triglycerides (mmol/L)	61	<b>1.66</b> $\pm$ 0.20	<1.5
HDL (mmol/L)	52	1.21 $\pm$ 0.31	>1.0
LDL (mmol/L)	51	<b>2.66</b> $\pm$ 0.96	<2.5
Fasting glucose (mmol/L) total			
Non-diabetic	29	<b>5.61</b> $\pm$ 0.89	3.5 -5.5
HbA1C (%) total			
Diabetic	25	7.85 $\pm$ 1.86	<6.5

# Most common co-morbidities

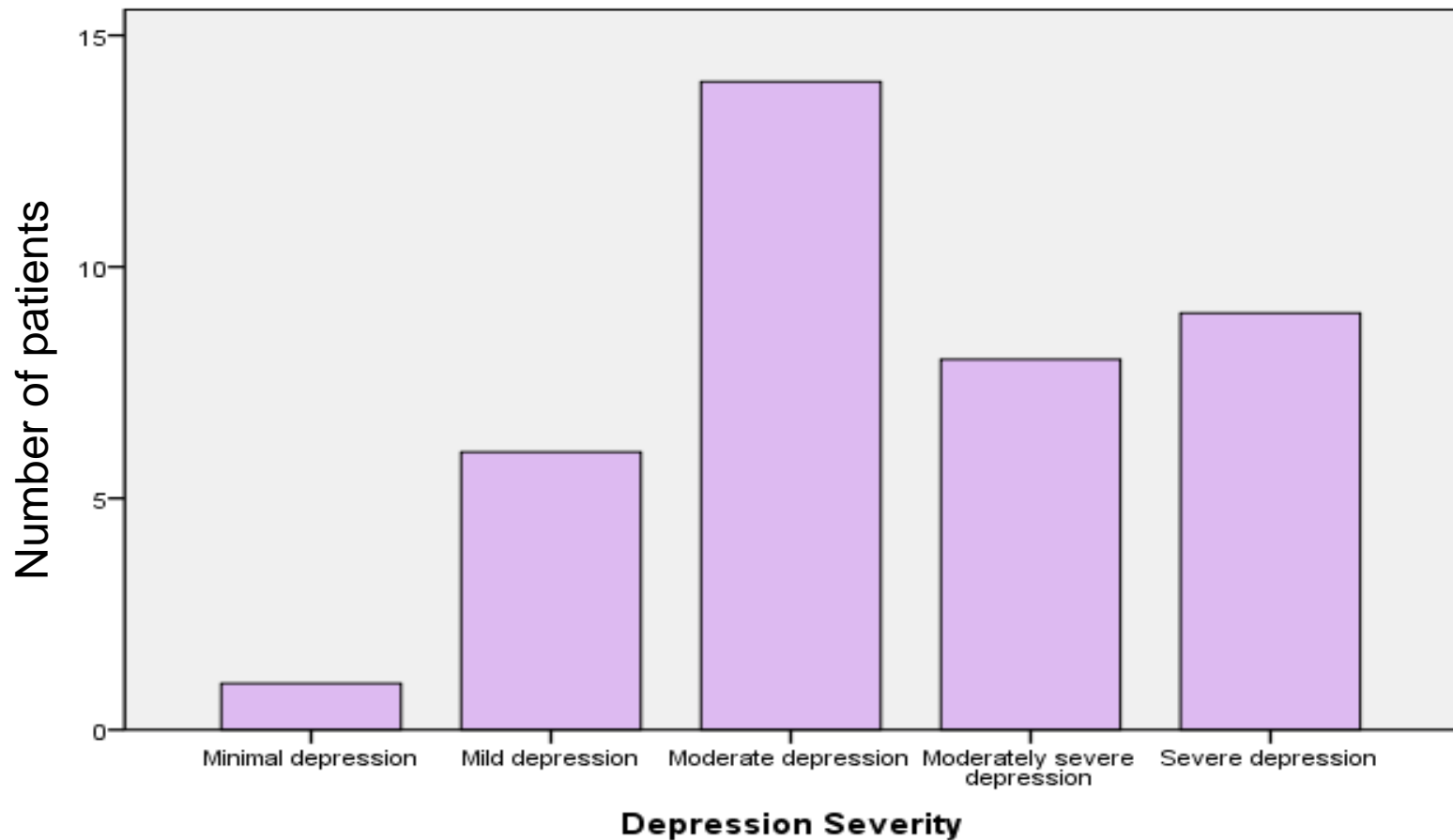
- Hypertension (50%)
- Depression (46%)
- Osteoarthritis (41%)
- Asthma (38%)
- Type 2 Diabetes (37%)
- Obstructive sleep apnoea (36%)
- Dyslipidemia (35%)
- GORD (29%)
- Chronic back pain (27%)



# Depression severity score in patients who screened positive for depression



## Distribution of depression severity scores for patients with previous diagnosis of depression



# Preliminary outcomes

	6 months (n = 53)		12 months (n = 35)	
	Weight loss (n= 39)	Weight gain (n= 14)	Weight loss (n = 18)	Weight gain (n = 17)
Mean weight change (kg)	-4.7 ( $\pm$ 4.4)	+4.1 ( $\pm$ 3.5)	-8.3 ( $\pm$ 6.4)	+7.7 ( $\pm$ 5.2)
Mean change in waist circumference (cm)	- 5.4 ( $\pm$ 5.2)	+0.9 ( $\pm$ 4.0)	-9.0 ( $\pm$ 14.3)	+2.7 ( $\pm$ 7.3)
No. with higher COOP quality of life rating compared to initial (%)	18 (46%)	3 (21%)	7 (39%)	3 (18%)
No. with lower COOP quality of life rating compared to initial (%)	6 (9%)	4 (29%)	3 (17%)	5 (29%)

# Summary

- OMS sees a diverse cohort of patients with a range of co-morbidities
- High rates of depression
- Importance of a multi-disciplinary approach

# Public Health implications

- Lifestyle intervention have only modest effects on long-term weight reduction
- Publically funded bariatric surgery is an effective but limited resource
- Primary prevention remains a priority

# References

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