

# TLALELETSO

## LOSING WEIGHT

Obesity is increasing in prevalence in Botswana. It is essential that health care workers have strategies to support their patients to lose weight.

## INTRODUCTION

Obesity is increasingly prevalent in Botswana. It is estimated that over 50% of woman are overweight or obese. Furthermore, very few Batswana appreciate that obesity is associated with considerable adverse health events: people that are overweight or obese are more likely to develop diabetes, hypertension, arthritis and chronic lung disease. As the Christmas holidays approach and people make new resolutions for 2014, clinicians should consider advising overweight patients about the importance of weight loss and the risks associated with being overweight.

In this abbreviated issue of Tlaleletso, we review strategies for weight loss. All clinicians managing obese and overweight patients need to understand that the basic treatment of overweight and obese patients requires a comprehensive approach involving diet and nutrition, regular physical activity, and behavioral change, with an emphasis on long-term weight management rather than short-term extreme weight reduction.



Continued on Page 2

## Notes from the Editor....

Tlaleletso is a monthly publication produced by the Botswana UPenn Partnership, in response to your expressed need for accessible, digestible clinical information.

This issue of Tlaleletso looks at obesity and the importance of losing weight.

## DEFINITIONS OF OVERWEIGHT AND OBESITY

Health professionals have an important role in promoting preventive measures and encouraging positive lifestyle behaviors, as well as identifying and treating obesity-related comorbidities. Health professionals also have a role in counseling patients about safe and effective weight loss and weight maintenance programs.

Obesity is a condition in which excess body fat may put a person at health risk. Excess body fat results from an imbalance of energy intake and energy expenditure (total energy expenditure includes energy expended at rest, in physical activity and for metabolism). These values vary by age and gender but also can be affected by body size and composition, genetic factors, physiologic state (e.g., growth, pregnancy, lactation), coexisting pathologic conditions and ambient temperatures.

Presently, there is no precise clinical definition of obesity based on the degree of excess body fat that places an individual at increased health risk. General consensus exists for an indirect measure of body fatness, called the weight-for-height index or body mass index (BMI). The BMI is an easily obtained and reliable measurement for overweight and obesity and is defined as a person's weight (in kilograms) divided by the square of the person's height (in meters).

In 1997, the International Obesity Task Force, convened by the World Health Organization (WHO), recommended a standard classification of adult overweight and obesity based on the following BMI calculations: a BMI of 25.0 to 29.9 kg per m<sup>2</sup> is defined as overweight; a BMI of 30.0 kg per m<sup>2</sup> or more is defined as obesity.

## Health Implications

Whereas little evidence exists from prospective studies showing that weight loss by obese individuals improves long-term morbidity and mortality, strong evidence suggests that obesity is associated with increased morbidity and mortality and that weight loss in obese persons reduces important disease risk factors.

In adults, disease risk increases independently with increasing BMI and excess abdominal fat. Cardiovascular and other obesity-related disease risks increase significantly when BMI exceeds 25.0 kg per m<sup>2</sup>. Overall mortality begins to increase with BMI levels greater than 25 kg per m<sup>2</sup> and increases most dramatically as BMI levels surpass 30 kg per m<sup>2</sup>. Waist circumference measurements greater than 102 cm in men and 89 cm in women also indicate an increased risk of obesity-related comorbidities.

## TREATING OBESITY

The rising prevalence of obesity in the Botswana has given health care professionals an increased role in its identification and management. Considering the public health implications of obesity, it is essential that all health care professionals increase their knowledge of obesity and related comorbidities and recognize it as a complex disorder that requires long-term follow-up and care.

Outlined below are some simple strategies that doctors and nurses can recommend to help patients lose weight. These strategies are a framework to support weight loss. However, patients may require more intensive, multidisciplinary support to ensure the best outcomes.

## SETTING GOALS

Initially, attempt to reduce body weight by approximately 10 percent from baseline. With success, attempt further weight loss, if indicated, through further assessment.

Reduce weight at a rate of about 0.5kg to 1 kg per week for six months.

Base subsequent strategies on the amount of weight lost.

## DIETARY THERAPY

Encourage low-calorie diets for overweight and obese adults.

As part of a low-calorie diet, fat reduction is a practical way to reduce calories.

Reducing dietary fat alone without reducing total calories is not sufficient for weight loss

Reducing dietary fat along with dietary carbohydrates facilitates caloric reduction.

## PHYSICAL ACTIVITY

Exercise contributes modestly to weight loss in overweight and obese adults.

Physical activity may decrease abdominal fat.

Physical activity increases cardiorespiratory fitness.

Physical activity may help maintain weight loss. Physical activity should be an integral part of weight loss therapy and weight maintenance.

Initially, encourage moderate levels of activity for 30 to 40 minutes per day, three to five days per week.

Set a long-term goal to accumulate at least 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week.

## BEHAVIOUR THERAPY

Setting goals at the start of the new calendar year (2014) offers an opportunity for patients to 'start afresh.' Clinicians should support using this goal-setting opportunity for weight loss! Behavior therapy is a useful adjunct to diet and physical activity.

Assess patient motivation and readiness to implement the weight management plan and take steps to motivate patient for treatment.

Behavior strategies to promote diet and exercise should be used routinely, as they are helpful in achieving weight loss and maintenance.

## COMBINED THERAPY

Weight loss and weight maintenance therapy should involve a combination of low-calorie diets, increased physical activity and behavior therapy.

This combination has been shown to:

- Produce weight loss
- Decrease abdominal fat
- Increase cardiorespiratory fitness

## PHARMACOTHERAPY

Several drugs have been evaluated as possible agents for weight loss. However, the role of drug therapy has been questioned because of concerns about efficacy, the potential for abuse, and side effects. Furthermore, none of these drugs are available in Botswana.

## SURGERY

Weight loss surgery is an option in other settings (UK or USA) for severe obesity (i.e., persons with a BMI  $\geq 40$  kg per m<sup>2</sup> or with a BMI  $\geq 35$  kg per m<sup>2</sup> with comorbid conditions) when less invasive methods have failed and the patient is at high risk for obesity-related morbidity and mortality.

Unfortunately, it is not available in Botswana.

## FINALLY....

Finally, losing weight is hard. It is essential that health care workers support patients to lose weight in a non-judgmental ways. However, the start of the new calendar year represents a once in a year opportunity to help patients think about making important behavioural and dietary changes that may have a lasting impact on their health

Got a clinical  
question about a  
complicated medical  
patient  
or a patient with  
HIV?

**Mike Reid**

267 724 78 777

**OR**

**Miriam Haverkamp**

267 76516520

