

Obesity Policy in Europe: the need for Education, Treatment and Care

EVENT REPORT

**17 MAY 2018,
RENAISSANCE HOTEL, BRUSSELS**

#EOD2018

Leading specialists and patients attending the second European conference on tackling obesity have called on policymakers to improve the education and training of healthcare professionals.

At the conference, organised by the European Association for the Study of Obesity (EASO), they called for better training for General Practitioners (GPs) in particular, and for obesity to be more widely recognised as a chronic disease.

More than 100 healthcare experts, representatives of the European institutions, and Member State healthcare officials attended the event which took place in Brussels on 17 May, in conjunction with European Obesity Day. Several hundred more participants joined by livestream.

In an opening address, Member of the European Parliament Dr Renate Sommer (EPP, Germany) said the EU could play an important role in supporting Member State initiatives and enhancing exchange of best practices in disease prevention, as well as education efforts among the public, patients, and healthcare providers. She called for more EU Member States to recognise obesity as a disease to improve mobilisation of resources and said policymakers should realise that obesity prevention, by means of food legislation and education on healthy nutrition, is key to tackling the epidemic. At the same time, recognition of obesity as a disease would make it the responsibility of Member States to provide better support.

CHALLENGES OF PATIENTS LIVING WITH OBESITY

A poor understanding of obesity by many, including healthcare practitioners, was highlighted by two patients living with the disease: **Sven Schubert and Susie Birney**, both members of the EASO Patient Council. Sven Schubert said it is difficult for people to understand what it means to be born with obesity and to live with it every day. He said he feels he is living in an environment which he described as discriminatory towards obesity patients. Even General Practitioners (GPs) have often not understood the causes of his condition - making it difficult for him to manage his weight and to get access to the care he needed. In the end, he said, the policies of the last few decades have failed. People living with obesity today are the children who ate wrongly 10-15 years ago. This has to change.

Susie Birney, who suffers from 'selective eating disorder', described how she has lived with obesity for many years, as well as with depression and diabetes. She said that obesity and the daily stigmatisation she has encountered has had a great impact on her quality of life. Therefore, she called on policymakers and healthcare professionals (HCPs) alike to ensure that patients with obesity are given the same entitlement to adequate care as patients with other chronic diseases. She mentioned that GPs had often discussed only her diabetes, instead of exploring the causes that had led to her obesity and related health problems.



Conference Chair John Bowis and MEP Dr Renate Sommer



Panel and attendees

THE NEED FOR NATIONAL OBESITY STRATEGIES: FROM PREVENTION TO CARE

Prof Dr Hermann Toplak, President of EASO, called for the development of national treatment strategies to help patients affected by the obesity pandemic, and for the introduction of more effective preventive measures. He mentioned the sugar tax in the UK which he said has provided incentives for industry-led reformulation initiatives and added that the EU should support Member States in learning from each other in this respect. Prof Toplak also emphasised that EASO is keen to be a partner in these efforts by providing evidence-based information.



Prof Dr Hermann Toplak

Dr Patrick O'Sullivan, Chair of the Working Group on Healthy Lifestyles of the Standing Committee of European Doctors (CPME), who described obesity as a major threat to future public health, also suggested a targeted approach to help address obesity. This would require a "health in all policies" strategy, education of GPs, and the promotion of regular nutritional assessments of patients. Furthermore, CPME suggests the European Commission should propose legislative limits for industrial trans-fats in food.

Prof Dr Elisabeth Van Rossum, Head of Obesity at the Erasmus Medical Centre in Rotterdam, agreed in her presentation that effective obesity strategies start with prevention in the public domain – for example, by means of food regulation and the promotion of healthy lifestyles. However, she added that dealing with lifestyle factors alone would not be sufficient. Obesity policies need to address the full range of causes of obesity, including genetics, hormones and environmental factors. While morbid obesity can be effectively addressed through bariatric surgery, gaps persist in the management of moderate obesity requiring patient-centric lifestyle interventions and medication. She said it is therefore worrying that many options are still not reimbursed by health insurers. She also expressed concern about the persistent gap in GP knowledge about obesity and weight management solutions.

ADDRESSING BARRIERS TO TREATMENT: THE NEED FOR BETTER EDUCATION OF GPs

The gap in GPs' knowledge was highlighted by the results of a survey conducted for EASO among more than 700 GPs in seven European countries to better determine their perceptions, knowledge and treatment of obesity. **Tim Edgar, EASO Project Leader for the survey**, presented the findings that indicated 43% of GPs received none or less than four hours training on causes and consequences of obesity during their entire training period, usually lasting around ten years. He questioned why GPs receive so little training if they are supposed to play a key role in looking after patient health. The survey also showed that only 10% of GPs feel very confident that they know enough about the complexities of obesity to offer the best support for their patients and that nine out of ten GPs would like more training to be provided. Less than half of the GPs who took part in the survey think that GPs generally provide effective advice on losing weight or overcoming obesity, blaming the lack of training, time pressure and the complexities of obesity.



Dr Abd Tahrani (presenting) and panel members

Dr Abd Tahrani from the University of Birmingham concurred with the results of the survey, adding that GPs have a unique position due to their access to patients. He stressed that GPs should help patients understand the causes and consequences of obesity and assign them to appropriate support. With GP support, patients could have much better results in reducing health risks and comorbidities. Therefore, GPs should be empowered through training to define their role in obesity management.

LEARNING FROM EXISTING STRATEGIES

Prof Elisabeth van Rossum, from the Erasmus University Medical Centre in Rotterdam, emphasised that GPs are only one group within the obesity care pathway and that treatment and care needs to involve a multi-disciplinary approach. She said that once obesity is diagnosed, it is important to develop personalised, multi-disciplinary treatment strategies for patients. She presented the Obesity Centre CGG (Centrum Gezond Gewicht) as a best practice example from the Netherlands.

Other case-studies of how effective provision of care can look like in practice were presented from different European countries.

Prof Dr Nathalie Farpour-Lambert, President-Elect of EASO, and head of the Global Obesity Programme of the University Hospitals of Geneva, presented a best practice example from her home city where healthcare professionals receive extensive pre- and post-graduate multi-disciplinary training as a key step in building a knowledgeable healthcare workforce. Prof Farpour-Lambert said this had been necessary because more than half of HCPs in Switzerland were not adequately trained on obesity; 31% did not know how to calculate BMI; and 52% did not know how to diagnose childhood obesity. She said that stigmatisation by HCPs had been a key barrier to patients seeking and receiving care, and that education is essential to improve the knowledge, attitudes and practices of HCPs.



Dr Valerie Monpellier

Another example of a strategy that has shown excellent results was presented by **Dr Valerie Monpellier from the Nederlandse Obesitas Kliniek (NOK)**, which treats 5,000 new bariatric surgery patients per year. She highlighted the close collaboration with GPs that NOK has embedded in its treatment programmes to ensure that patients receive appropriate care before and after surgery. During pre-screening, treatment and post-surgery, the clinic stays in touch with patients' GPs and keeps them informed. Dr Monpellier said that early access to treatment, with the support of educated GPs, is essential in reducing social and healthcare costs related to comorbidities, as well as to improve patients' quality of life.

Strategies to address proper education and training are equally important for specialists who treat the comorbidities of obesity said **Prof Vasilios Kotsis from the European Society of Hypertension**. He said that hypertension specialists benefit from obesity training as hypertension affects more than 40% of obesity patients. He also suggested that diabetes specialists should have greater knowledge of the importance of lifestyle and the use of anti-obesity drugs to reduce comorbidities.

CHALLENGES AND OPPORTUNITIES IN PREVENTION

The session on challenges and opportunities in prevention opened with a presentation by **Dr Jo Martin Jewell from the World Health Organisation** who stressed that the basis for effective obesity prevention and care within a whole system approach depends on a clear classification of the different obesities. Apart from calculating BMI, healthcare professionals should do a full assessment of a person, including fat-distribution, before determining care pathways. In this context he praised EASO proposals to improve ICD-10 diagnostic criteria for obesity. He added that both healthcare providers and policymakers should better understand that obesity management is about improving health and well-being by addressing the root causes of obesity and is not just about reducing weight. Care pathways need to be clearly defined and patient-centric, he said.

Dr Jewell agreed with MEP Renate Sommer that a key policy action to mobilise resources for such actions would result from the wider recognition of obesity as a disease - a call also supported by 83% of GPs in the EASO survey.



Dr Jo Martin Jewell

Prof Dr Bodil Just Christensen from the University of Copenhagen highlighted patients' challenges of maintaining weight loss and said that it is important that weight management programmes take this into account. She said the lack of economic resources, access to adequate care, time, and health literacy are key challenges to successful weight management, especially among people from socially disadvantaged backgrounds.

Prof Christensen presented examples of effective behavioural change tools, including calorie-counting and strict monitoring. However, she said only a complex interplay of factors decides whether weight loss is successfully maintained over the long-term.

Prof Stephen Bevan from the UK Institute for Employment Studies highlighted the challenge of addressing the impact of the disease on economic productivity due to reduced effectiveness of workers living with obesity, absenteeism, premature retirement, and the direct and indirect costs involved.

He said the ability to work should be treated as a clinical outcome and that policymakers should cooperate with employers to support job retention and return to work.

THE WAY FORWARD

Insights into the way forward were provided by **Prof Dr Pedro Graça, Coordinator of the National Programme for the Promotion of Healthy Nutrition at the Portuguese Ministry of Health** and **Dr Michele Cecchini from the Organisation for Economic Cooperation and Development (OECD)**.

Prof Graça confirmed that Portugal is one of three EU Member States that recognise obesity as a disease. He said that obesity diagnosis and treatment programmes have improved in Portugal thanks to greater public investment in disease management systems, access to care and better reimbursement. In 2017, the country introduced an intersectorial, interministerial programme aimed at healthy eating which included 51 concrete measures and proposals including a sugar tax on sweetened beverages, front-of-package labelling, curbs on marketing of unhealthy food to children.

He said that childhood obesity rates have decreased in Portugal in past years, but much still needs to be done to reduce adult obesity rates. Recognising the important role that GPs can play in providing better access to weight management programmes, Portugal has now established an integrated care process for overweight adults to enhance patient uptake from those already in primary care.

On behalf of the OECD, Michele Cecchini provided insights into which policy tools have proven the most useful in obesity prevention. He said a wide range of useful policy options exist, including food reformulation, labelling, awareness campaigns, restrictions on advertising, portion-size reduction, and taxation measures. The introduction of a sugar tax, for example, has been shown to lead to an effective industry-led food reformulation process. He suggested that policymakers look at the FRESHER project (www.fresher-explorer.eu) which provides a testing module to better determine how policy options may impact health outcomes and costs.

Summarising the outcomes of the conference, Chairman John Bowis said it was clear from the presentations that there is a strong need for better education about the causes and consequences of obesity - especially among HCPs.



Conference speakers (left to right) Tim Edgar, Prof Dr Bodil Just Christensen, Prof Stephen Bevan, Prof Dr Pedro Graça, Dr Abd Tahrani, Prof Dr Hermann Toplak, Sven Schubert, Dr Michele Cecchini, Susie Birney, Prof Dr Nathalie Farpour-Lambert, Euan Woodward, John Bowis, Prof Dr Elisabeth Van Rossum, Dr Valerie Monpellier, and Dr Patrick O'Sullivan.

ABOUT EASO

Established in 1986, EASO is a federation of professional membership associations from 32 European countries. It is the voice of the European obesity community, representing scientists, healthcare practitioners, physicians, public health experts and patients. EASO is in official relations with the World Health Organisation Regional Office for Europe and is a founding member of the EU Platform on Diet, Physical Activity and Health. More information is available on www.easo.org.

ABOUT EUROPEAN OBESITY DAY

European Obesity Day (EOD) is an annual event held every third Saturday in May. Led by the European Association for the Study of Obesity (EASO) it brings together healthcare, patient and political communities keen to raise awareness of the causes and consequences of obesity.

The aim of EOD is to increase knowledge and understanding of the need for action at both European and national levels to improve prevention, treatment and care of obesity. At the same time, it supports European citizens who are overweight or with obesity to make lifestyle changes to improve their overall health and quality of life. More information is available on www.europeanobesityday.eu.