

Focusing on lifestyles to reduce obesity

An obesity-management service run by pharmacists in Coventry has been under way for over six months. **Matthew Wright** looks at the progress so far

Coventry Primary Care Trust's "Management of obesity with associated risk factors" scheme has been running for more than six months (*PJ*, 20 January, p69). The pilot study involves pharmacists providing individualised lifestyle advice to people who are obese to improve their health and facilitate weight loss. To date, around 140 overweight individuals have been recruited to the scheme (see Panel) and some 400 follow-up appointments have taken place.

Ashwin Hindocha, owner of Mount Nod Pharmacy in Coventry, shares his enthusiasm for the 12-month scheme. He points out that the response from patients has been excellent: "We have been fortunate in the sense that they do want to lose weight — they started with a positive outlook."

Mr Hindocha stresses that the scheme is about health management, not just about obesity and losing weight, and underlines the importance of conveying this well to the participants. "I look at risk factors like diabetes, cholesterol, blood pressure and any related medicines they are on, and then the associated risk with their weight," he says, emphasising that patients come on board because "they know they are getting the complete package".

Patients see that weight is not the only target, Mr Hindocha suggests. "They look at their cholesterol and they want to do something about it, . . . they look at their high blood pressure and they want to remove salt from their diet — we've had some really good results."

He continues: "We explain to them how their metabolism works and how they can swap high calorie food to low calorie food, with lots of fruit and water." Patients are encouraged to incorporate plenty of exercise, such as walking or swimming, into their daily routines. Mr Hindocha believes that patients are motivated knowing that the pharmacist is working with them to improve their health.

Improvements seen

Early data from the pilot, compiled by the UniChem professional services team (who have supported the project's implementation), were presented to the Department of Health at a meeting held in June. Of 38 cases referred to a GP by a pharmacist, some were referred for multiple monitoring parameters found to be out of range. Hypertension was a factor in some 55 per cent of referrals and high cholesterol in a third. Over a quarter of patients referred to a GP had high blood glucose and just under a quarter had HbA_{1c} measurements over the recommended level.

Gul Root, principal pharmaceutical officer at the DoH, attended the meeting. She says: "Pharmacists in the project have utilised the educational resources that we distributed to all community pharmacies earlier this year



and have found them very helpful. The information in the resources has given pharmacists the ability to discuss weight management, nutrition and diet in a structured and confident manner."

The DoH provided £15,000 when the scheme was first launched and it is contributing a further £10,000 of funding. The aim, Mrs Root says, is to demonstrate that pharmacy can play its part in health improvement initiatives.

"This project goes some way to ensure that pharmacists, their staff and their premises are used to best effect in contributing to health improvement, one of the main aims of 'Choosing health through pharmacy — a programme for pharmaceutical public health'," she adds.

Engaging participants

Mr Hindocha has seen the outlook of patients change over the course of their involvement. "As a group, my patients have reduced their weight by 40 to 45 per cent. I have seen some weight losses of nearly two stone."

Patient recruitment in some pharmacies has exceeded expectations. "We were supposed to recruit only 15 participants," Mr Hindocha points out, "but we have been al-

lowed to recruit more because of extra demand." My counter staff have always been motivated to take on extra services and roles, Mr Hindocha says, referring to his success in recruiting patients.

He elaborates: "I have got all my staff involved. At the recruitment stage you want everyone to be actively recruiting wherever an opportunity arises. I have told the staff to use key words like 'health management' specifically, in preference to 'weight loss'. . . . My dispensers were helpful in highlighting patients in the medication records — even before the programme started we had listed about 25 patients as potentials. Of those 25 we recruited about 10, and others were recruited from the pharmacy counter."

However, John Goes, from Goes Pharmacy in Coventry and another of the pharmacists taking part, describes getting GPs to engage with the scheme as "not an easy thing to tackle". He believes: "It's in a pharmacist's psyche to refer patients to a GP. It's not in a GP's psyche to refer patients to a pharmacist."

He adds: "I can give you many examples of where a very simple statement by the GP to the patient would have directed them to one of the pharmacies involved. This would benefit not only the GP, but the patient and everyone concerned."

Career satisfaction

Mr Hindocha describes his "immense satisfaction" in working with the pilot. The work includes clinical aspects, such as diagnostic testing, health advice and referral to other health professionals. "You are doing everything that pharmacists have always been asking to do," he maintains.

Mrs Root comments: I am delighted that pharmacists who have engaged in the Coventry weight programme have found the experience so rewarding. One of the fantastic spins-offs of this programme is that pharmacists have not only contributed to significant weight loss but they have been able to observe real changes in the health and mental well-being of some people. In some instances, whole families have benefited from this initiative."

She adds: "I would like to see the results of this study being publicised so that other PCTs can follow the example of Coventry PCT."

And Mr Hindocha is keen to see the scheme become a national service. "There are so many people who need this help," he says, "and they could all be visiting every pharmacy in their locality." He believes that pharmacists would gain a great deal working with such a programme and hopes that the Government and PCTs realise its potential. He says that the response from Coventry PCT has been positive and that it is looking at funding the scheme in a different way after the pilot study comes to an end.

Recruiting patients

Individuals with a body mass index of 30 to 35, with at least one diagnosed or established risk factor — such as high cholesterol, hypertension, type 2 diabetes or waist circumference greater than 102cm for men and 88cm for women — can take part in the scheme. People are recruited through the following routes:

- Customer's own interest in losing weight
- Self-referral after seeing promotional material displayed in the pharmacy
- Pharmacist's suggestion from a conversation in the pharmacy
- Pharmacist's suggestion as part of a medicines use review
- Referral from GP