

Welsh pharmacist tackling obesity with weight reduction support clinic

Nearly half the general population of Swansea is overweight or obese. **Hannah Pike** reports on a community pharmacist-led weight reduction clinic which is showing promising results

When Steve Simmonds, director of pharmacy development at Howard & Palmer pharmacy in Swansea, wrote a practice proposal for his Welsh Centre for Post-graduate Pharmaceutical Education medicines management certificate, it was meant to be theoretical. However, his proposal, to help patients lose weight, was identified as having significant potential and it was decided that it should be tried as a pilot.

Six months later, the weight reduction support clinic pilot is nearing completion in the Howard & Palmer pharmacy in Morriston, in conjunction with the local GP surgery. It is showing positive results.

Dewi Cook, pharmacy manager who runs the clinic, is a firm believer in the positive impact of pharmacist involvement in extra services and was happy for the chance to run this clinic. "The clinic focuses on patients in danger of developing secondary symptoms of obesity, or who are trying to change their lifestyle but need support to do this," he told *The Journal*. "It's all about support, monitoring and education."

After liaising with GPs from the local surgery, Strawberry Place, referral parameters were agreed by which patients could be referred to the clinic. Mr Cook also displays a poster in his pharmacy window, inviting patients to walk in and discuss how the clinic could help them. The clinic is being run as a six-month programme, and takes place in the



Dewi Cook: "It's all about support, motivation and education"

consultation area of the pharmacy every Wednesday.

"Patients are drawn by the convenience of the local pharmacy," says Mr Cook. "More people are starting to appreciate the constraints that GPs have on their time, and may feel that they are not 'ill' enough to see their doctor". However, Mr Cook believes that if rolled out on a larger scale, the programme has the potential to result in significant future cost savings in primary and secondary care.

According to Mr Cook, motivation is an important factor for success. Before enrolling patients, he uses a motivational questionnaire to assess whether the patient is ready to lose

weight. "I have patients on antipsychotics, steroids and thyroid medication who have to work harder for a smaller benefit," he explains. "In these patients, success lies in motivating them to realise that even a weight loss of one pound a month will benefit their health."

Mr Cook enters the patient data onto a computer system and feeds the figures back to the surgery. If, in his opinion, a patient would benefit from pharmacological intervention, Mr Cook specifies this on a referral form that he sends to the GP.

There are currently 23 customers going through the weight reduction programme. About 15 of these were referred to the clinic by the GP surgery, and the remainder walked into the pharmacy in response to the poster in the window. "I have had some patients drop out which can be demoralising after spending that much time with them," Mr Cook admits, "but it is rewarding to see the success as well."

Patients come back for a patient service audit six months after they have finished the programme. "This allows me to assess how well they have coped alone, or if constant support is needed," he says. He adds that although the pilot consists of just a six-month programme, patients are welcome to come back to see him. "A key point is my availability," he says. "Patients know that I am always here, and even after the six months they can pop in to use the scales and have a five-minute chat."

Of the eight patients who have completed the six-month programme so far, four have lost a stone in weight, one has lost half a stone and four either did not lose weight or they returned to their original weight after the programme.

An independent audit will be performed in May, after which Mr Cook plans to approach Swansea Local Health Board to try to secure funding for the scheme. All local health boards in Wales have been charged with having an action plan in place for the "opportunistic screening and support of those at risk of developing CHD". Mr Cook hopes that this proposal will support the LHB in meeting its national service framework and health improvement modernisation programme objectives.

Mr Cook says that as well as seeing the pilot scheme rolled out on a large scale, he would like to have continued monitoring of patients after they have been prescribed weight loss drugs. He hopes that in the future the provision of weight loss drugs via patient group direction will be possible.

Outline details of the weight reduction support clinic

During the six-month programme, patients come into the clinic once a month. Mr Cook uses a weight management record card to record the patients' weight, blood pressure, body mass index, waist circumference, blood glucose levels and cholesterol levels. He then sets them dietary goals, activity goals and weight loss goals to reach by the next session.

"Many patients have been living this way for 30 or 40 years, so these are major changes for them," explains Mr Cook. "I try to add in a small, manageable change each month. For example, in the first session I would encourage them to eat less fat, in the second session I would discuss reducing their portion size, and in the third session I would introduce the idea of exercise. Some of my patients are well into their 60s and may have arthritic disease, so an activity such as cycling would clearly be unrealistic. For these patients I encourage chair exercises and flexibility exercises."

In one session, Mr Cook asks patients to bring in some food labels. He teaches them the meaning of nutrition information and how to read the labels to assess fat content, calorific values and salt levels. Patients also have the opportunity to visit their local supermarket together with an obesity management adviser to put Mr Cook's advice into practice, and to gain a better understanding of the types of foods they should be looking out for. "There is general belief that healthy eating is expensive," says Mr Cook. "I aim to show patients that a healthy lifestyle does not have to be expensive but can be accessible to everyone. For example, patients do not have to buy products that are marketed as being low fat and may be more expensive, but they just need to understand what to look for on a food label." He explains that some supermarkets sell value meals for under £1 that are low in sugar, salt and fat.