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WEIGHT LOSS: IS THERE A HOLY GRAIL?

Dr. Sam Robson explores the ongoing hunt for the perfect solution to obesity and the ethical dilemmas for medical practitioners

With obesity being recognised as a global epidemic, threatening to cripple the National Health Service's resources, there is a desperate need for effective solutions to weight loss. Couple this need for effective solutions with the impact that being overweight/obese has on both the individuals and the economy, and you can conclude that we are indeed all looking for the *Holy Grail*. But does this exist?

All media (TV/Internet/Social Media/ magazines) have benefitted from having content that markets a possible solution. The public do not have to look very far to be offered the latest fad diet (preferably celebrity endorsed) or miracle treatments that promise a quick fix to 'shed those pounds' and 'slim down'.

The perfect diet programme is one that is quick, easy to follow, inexpensive, safe and long lasting – the harsh reality is that such a fantasy is no more possible than walking through the back of the wardrobe in the hope of finding *Narnia*. There is no 'one size fits all', no perfect diet programme.

Simplistically, 'moving more and eating less' will result in weight loss, but if one then takes into consideration all the reasons why people gain weight in the first place then a more complex assessment of the reasons that people don't just abide by this rule is required.

Problem with food

Firstly, food has a nutritional value which we need to survive – but we are bombarded by constantly changing evidence on what is nutritionally optimal. It is thus not surprising that there is much confusion and ignorance over how to make sensible choices about what we eat and drink.

Food also has a social function and in all societies across the world it can foster a sense of community and social integration which can result in 'being left out' as well as having to 'not join in' when trying to stick to a restrictive diet. Deliberately reducing food intake directly invites social exclusion and can make others feel judged because they lack the same drive or motivation to do likewise.

Eating food generally provides a powerful psychological reward. Whether this is in the form of comfort eating in order to dull some psychological pain, (usually due to some failed interpersonal interaction), or just through the pure pleasure of tasting something that you enjoy. Willpower is again required to resist these psychological rewards.

Eating is very much a behavioural habit and we can be conditioned by our environment to eat at certain times or to eat certain foods, even if we are not particularly hungry.

When we don't eat enough, eventually genuine 'hunger' kicks in – a survival instinct that drives us to eat. This hunger can become physically and emotionally hard to ignore and can easily result in eating food that will sabotage the diet.

Finally, we should bear in mind the evolutionary advantage of being able to store fat when food supply is plentiful, in order to survive during periods of relative famine. In third world countries this situation still pertains, but for the developed world this is rarely a consideration.

What's the answer?

There are countless strategies put forward as to how one can actually tackle the obesity problem which include:

1. Better education
2. Mindful eating
3. Medical intervention

Different people respond differently to each approach and somewhere down the line there is a need for them to take some responsibility and accountability for effecting the weight loss and to make the necessary changes to keep the weight off in the long-term.

The first step in addressing anything is to recognise that there is problem and decide to do something about it.

Having perhaps tried unsuccessfully to follow some sort of calorie restrictive diet, a natural source of advice for a patient would be to start with their own GP. Sadly, it is only very recently that there has been any acknowledgement that GP's actually know very little about nutrition, what effective weight loss strategies comprise beyond 'eat less, move more', and their own personal experience/level of interest.

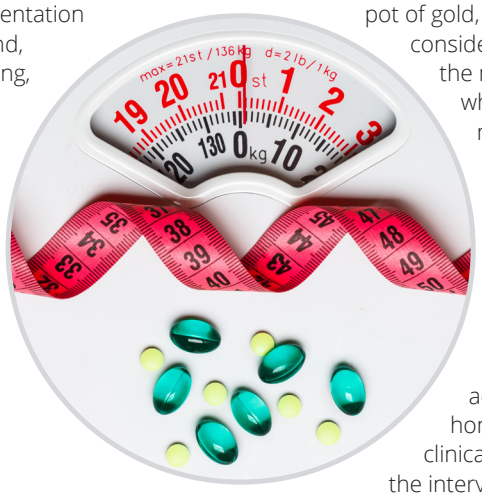
The curriculum for medical school education may have improved in this respect, but there was certainly nothing at all taught on nutrition when I graduated more than 25 years ago.

This educational dearth was highlighted in the *BMJ* recently and a series of educational seminars and events are being planned, starting in the summer of 2018 to address this ignorance.

Weight loss programmes

Within this search for the *Holy Grail*, there is also a huge thirst to come up with a financially lucrative solution.

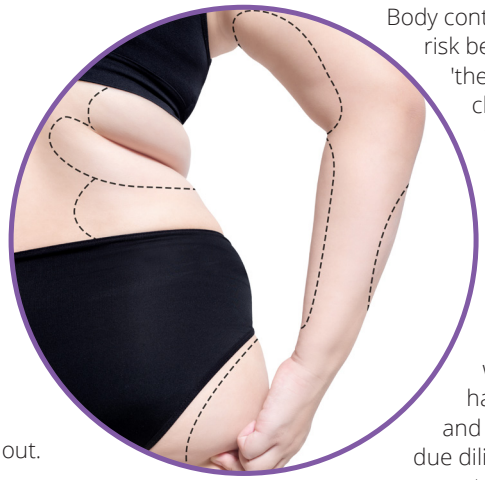
There are a considerable number of programmes available which explore different theories – various celebrity endorsed diets, high protein supplementation diets, Hypno-Band, intermittent fasting, fast-mimicking diets, cognitive approaches, faecal microbiota transplants, bariatric surgery, appetite suppressants and other pharmacological interventions.



All of these have shown themselves to be effective to some extent in losing weight, but none has shown itself to be future proof against the weight being regained at a later date.

Body contouring

Alongside all the physical and psychological health benefits from losing weight, there is a high demand for an aesthetic improvement, which motivates both patients and practitioners to seek each other out.



The demand for body contouring has soared in recent years with increasingly less invasive options offering promises to those in search of the perfect shape – the relative affordability, availability and almost complete lack of regulation has created 'the perfect storm'.

Fat can be sucked out, melted, frozen, or dissolved, with the overlying tissues being tightened and remodelled, so that the body is effectively contoured and not just deflated. These treatments offer hope to desperate patients and plenty of £££s to successful practitioners – but the reality, again, is that it really is not that simple to affect any sort of enduring change in weight or shape.

Before judging ambitious practitioners harshly for wanting a share of this pot of gold, one has to also consider the role of the manufacturers who provide these marvellous body contouring machines – how credible really are the claims and the research? How many practitioners actually do their homework on the clinical effectiveness of the intervention and look beyond the impressive reams of research (provided by the company) which appear to prove it really works? Even minimal scrutiny of this evidence shows there is often no valid scientific substance to the claims, and where there is an improvement it is often small and perhaps insignificant.

Body contouring treatments risk being exposed as 'the Emperor's new clothes', yet we all want to believe the marketing and the endorsements of celebrity patients and celebrity practitioners as we part with our hard earned cash – and so do not invest in due diligence to ensure we are not being sold a 'white elephant'.

On discovering that a device does not reliably deliver the promised results, it will either, gather dust at the back of the clinic, or will force the practitioner to ignore their ethical conscience as they aggressively market a dream and try to recoup their original investment, before a better version of their device starts getting more attention from the market place and their customers, and they can perhaps sell it into the second hand device market.

Evidence suggests that the various body contouring treatments do indeed have a small measurable and positive effect on shape and girth. The subtleties of these changes are rarely highlighted, either to practitioners or to patients. A collusion of hopes and beliefs between patient and practitioners can all too readily sacrifice reality in favour of marketing hype.

Clearly some responsibility lies with the practitioner not being sucked in by the clever marketing of these devices by the manufacturers. The ethical and responsible practitioner should be aware of the actual bigger picture. These body contouring machines CAN make a difference, but only if used alongside some important lifestyle modifications. Not telling patients that they need to incorporate diet and exercise changes into their treatment programme perpetuates the myths that there exists a magical solution and that they, the patient, has no active part to play in achieving and maintaining a

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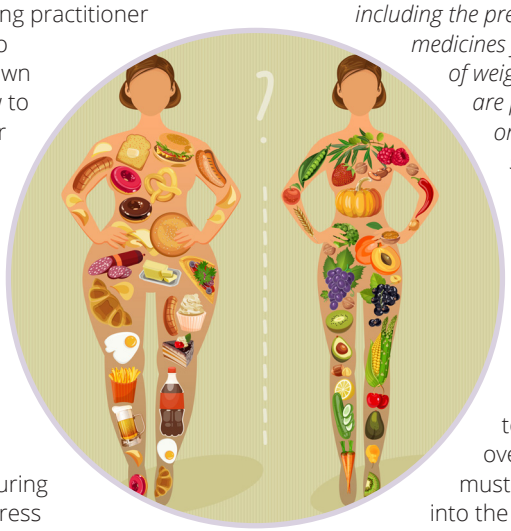
better body shape. This requires more effort, resource and education on the part of the treating practitioner who may need to challenge their own belief about how to effectively deliver great results.



Weight loss programmes have caught the attention of ambitious practitioners who recognise that combining an effective diet with body contouring can partially address the issue highlighted above. But surely there is again an ethical question about whether one is offering a long-term solution that really works, or is just a quick temporary fix until they drop off the programme, regain the weight and then return to do it all again. There is a definite business model that relies on the 'revolving door' patient who has not taken on board that they have to take some responsibility for making changes that will help in keeping the weight off. It is a perverse incentive for practitioners to play down the importance of maintaining successful weight loss, since the patients who currently return and pay again for treatment may come back in lower numbers.

Regulation

There is not a level playing field for practitioners who seek to provide a weight loss service, much like the problems we see for those offering cosmetic injectable treatments. This problem exists for legitimate medical practitioners when they seek to provide certain injectable weight loss treatments, in that regulations and conditions of registration imposed upon medical practitioners demand that they carry appropriate insurance and operate only out of Healthcare Improvement Scotland (HIS) registered premises in Scotland, or register to offer weight loss services through the Care Quality Commission (CQC) in England and other devolved regulators for Wales and Northern Ireland. The CQC requires slimming clinics to be registered where '*advice or treatment, including the prescription of medicines for the purpose of weight reduction are provided by, or under the supervision of, a registered medical practitioner*'.

All these requirements cost money and contribute to the financial overheads that must be factored into the profitability of any such programme.

There appears to be a nonsensical paradox that such legislation does not pertain to beauty therapists and non-medics – and so they can ply their wares at a much lower price to the cost sensitive public who do not appreciate that medical interventions need to be carried out safely and responsibly.

> *"There is not a level playing field for practitioners who seek to provide a weight loss service."*

The latest intervention to have fallen into the hands of the non-medics is branded as the 'Skinny Jab' or 'Skinny Revolution' – the myriad of prescribers selling this prescription drug on to beauty therapists throughout the UK are either naïve or just plain disinterested in the risk posed to their prescribing status and professional registration.

The simple fact is that they will NOT have insurance that covers prescribing Saxenda® (the drug underlying all the new marketing names) – and in the case of independent nurse prescribers they are definitely abusing their prescribing privileges unless they actually are legitimately qualified specialists in managing weight loss.

Ethical dilemma

When all this is taken into consideration one has to decide on the orientation of one's moral compass – is it enough to just make some money out of a patient's desire to be slimmer, offering a temporary fix knowing that the short-term success will keep them coming back for more when the weight finds them again? Is there not more money, kudos, professional and personal satisfaction to be gained in helping people to lose weight by providing effective and safe treatment programmes?

These programmes would necessarily include focused education and support on how to make lifestyle changes which incorporate effective exercise and nutritionally balanced guidance so that the weight loss can be sustained. Psychological support, mentoring and fostering a sense of accountability for these choices go hand in hand with these approaches. It is imperative that patients understand the importance of actively engaging in these areas if their weight loss is going to have any possibility of being sustainable. The overweight patient who embarks on such a journey and leaves equipped to manage the rest of their life is undoubtedly empowered by their experience and likely to spread the word. Collecting the data from such a programme would undoubtedly take time, effort and resources but may provide the marketing gold dust for having found the *Holy Grail*.

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