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The knowledge and practices of family doctors in counselling obese patients

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Abstract

Background: Promoting a healthy lifestyle is one of the basic pieces in the family medicine activity. In order to formulate and / or adjust some approaches in clinical practice of the family doctor in the Republic of Moldova, it was necessary to analyse the knowledge and practices of the family doctor regarding the obese patients counselling.

Material and methods: Cross-sectional study was based on primary data collection. The study sample included 316 family doctors. The descriptive analysis was expressed in absolute values, percentages and standard errors, means and standard deviation of the mean. Statistical significance was considered to be $p < 0.05$.

Results: Family doctors feel best prepared in counselling patients on stress management ($75.9 \pm 2.40\%$), prescribing healthy diets ($71.2 \pm 2.55\%$), prescribing physical activity ($71.0 \pm 2.55\%$), cerebrovascular accident (CVA) prevention ($68.9 \pm 2.60\%$). They feel less prepared in counselling patients with regard to weight control ($67.5 \pm 2.63\%$).

Conclusions: Managing obesity in primary health care remains indispensably linked with the clinical practices of family doctors. Research has shown that family doctors are less prepared in counselling patients regarding weight control than regarding other important components of obesity management. According to the study, it was found that male family doctors, family doctors over the age of 45, those who work in the primary health care providers located in the rural area, those who have a working experience of over 21 years, and those who serve sectors with a population of up to 1500 people feel more prepared in counselling obese patients.

Key words: obesity, primary health care, family doctor.

Cite this article

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Introduction

Promoting a healthy lifestyle is an important piece of an efficient management of obesity among the population and, but not least, one of the basic elements of the family medicine activity. The literature presents numerous evidences that support the critical role of primary health care in health promotion and disease prevention, including significant contributions of the family doctor approaches in overweight management among patients, but at the same time there is evidence that obesity screening and counselling is not a common practice in primary health care [1, 2].

In order to formulate and / or adjust some approaches in clinical practice of the family doctor in the Republic of Moldova, the aim was to analyse the knowledge and practices of the family doctor regarding the obese patients counselling.

Material and methods

Descriptive, cross-sectional study was based on primary data collection. Inclusion criteria for the study: 1) family doctor working in a public or a private primary health care provider in the Republic of Moldova; 2) the presence

of the informed consent agreement for participation in the study. The study sample was calculated based on selective irrevocability and included 316 family doctors. Primary data were collected through interview structured in a questionnaire and accompanied by informed consent. In order to ensure data confidentiality, the information collected was anonymised and encrypted. Statistical analysis was performed using SPSS / *Statistical Package for Social Sciences for Windows* / version 20.

The descriptive analysis was expressed in absolute values, percentages and standard errors, means and standard deviation of the mean. Statistical significance was considered to be $p < 0.05$. For the analysis of the capacities and practices of the family doctor in counselling obese patients there were taken as a basis the answers offered by the participants at the study. Thus, based on the score of the answers provided (from 0-not at all to 5-excellent) we determined the average score obtaining the value $3.4 \pm 0.7DS$, which would correspond to the answer between "moderate" and "good". Therefore, we considered high counselling capacities at the average value higher than 3.5 and lower counselling capacities at the average value lower than 3.4.

Results

Of the 316 family doctors who participated in the study, the majority had a mean age of 48.0±0.7, the youngest family doctor was 28 years old, and the oldest family doctor was 72 years old.

Depending on the location of the primary health care provider where the family doctors work, 50.6 ± 2.81% were from the rural area, 49.4 ± 2.81% – from the urban area (p>0.05). In 88.0 ± 1.82% of cases the family doctors were females, and in 12.0 ± 1.82% of cases the family doctors were males (p <0.05). The length of working experience in the primary health care field was on average 23.0 ± 0.8 years, the shortest length of working experience was 1 year and the highest length was 55 years. On average, the population served by a family doctor was 1725 inhabitants, the smallest served sector had a population of 450 people and the largest of 4500 people. In 97.5 ± 0.88% of cases, family doctors indicated that obese patients are under surveillance in the served sector.

According to the results family doctors feel best prepared in counselling patients on stress management (75.9±2.40%; n=240)), healthy diets (71.2±2.55%; n=225), physical activity and exercise prescription (71.0±2.55%; n=224), cerebrovascular accident prevention (68.9±2.60%; n=218). They feel less prepared in counselling patients with regard to weight control (67.5±2.63%; n=213) (fig. 1).

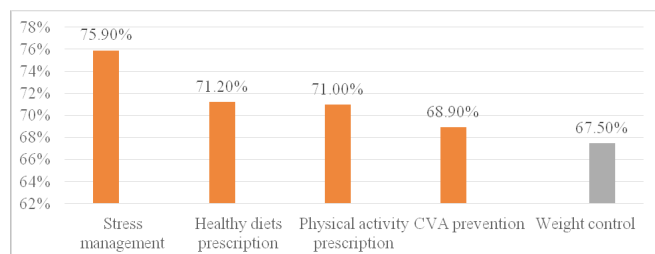


Fig. 1. Capacities and practices in counselling obese patients

The data provided in tab. 1 show that male family doctors, family doctors over the age of 45, those who work in the primary health care providers located in the rural area, those who have a work experience of over 21 years, and those who serve sectors with a population of up to 1500 people feel more prepared in counselling obese patients.

Table 1. Capacities and practices of family doctors in counselling obese patients in relation to demographic parameters

Variable	Sample	Capacity of counselling		Value p
		Low	High	
		Mean ≤ 3.4	Mean ≥ 3.5	
	Abs. (%)	Abs. (%)	Abs. (%)	
Sex				
Male	38 (12.0)	14 (36.8)	24 (63.2)	p<0.05
Female	278 (88.0)	120 (43.2)	158 (56.8)	p<0.05
Age group				
28-44 years	120 (38.0)	61 (50.8)	59 (49.2)	p>0.05
45-55 years	103 (32.6)	41 (39.8)	62 (60.2)	p<0.01

56 years and older	93 (29.4)	32 (34.4)	61 (65.6)	p<0.01
Location of PHC provider				
Urban	156 (49.4)	72 (46.2)	84 (53.8)	p>0.05
Rural	160 (50.6)	62 (38.8)	98 (61.2)	p<0.01
Length of working experience				
Up to 20 years	133 (42.1)	67 (50.4)	66 (49.6)	p>0.05
21 years and over	183 (57.9)	67 (36.6)	116 (63.4)	p<0.01
Served sector population				
Up to 1500 people	53 (16.8)	19 (35.8)	34 (64.2)	p<0.01
More than 1501 people	263 (83.2)	115 (43.7)	148 (56.3)	p<0.01

Discussion

Although globally there are numerous evidences that support the importance of primary health care in health promotion and overweight prevention activities, there are also another proofs suggesting that screening and obesity counselling is not a common practice in primary care. And a reason for the latter is that in medical practices, in the most common cases, the time spent with the patient during the visit is insufficient. Several studies refer to the disproportion between the number of patients visits and the time provided for them, especially for obese patients [3-5]. This is due to the fact that during visits, doctors usually advise on ongoing, current and / or urgent health problems and less on screening and counselling related to overweight and obesity [6]. A study was conducted in the USA in order to estimate the time required for counselling on healthful diet (8.2 minutes) and additionally for counselling on physical activity (4 minutes) [7]. In this context, it is to be emphasized that in order to provide adequate treatment and counselling schemes to patients who are overweight and obese, the time given to them needs to be increased [8]. With regard to the time allocated for consultations and which would require the inclusion of preventive and curative services on overweight and obesity, several studies address the subject of additional remuneration of doctors [9-12], one of the reasons being that the additional time required for the provision of preventive and counselling services during visits will be offset by the time required for consultation visits to other patients [10].

Conclusions

1. Managing obesity in primary health care remains indispensably linked with the clinical practices of family doctors.
2. Research has shown that family doctors are less prepared in counselling patients regarding weight control

than regarding other important components of obesity management.

3. According to the study, it was found that male family doctors, family doctors over the age of 45, those who work in the primary health care providers located in the rural area, those who have a working experience of over 21 years, and those who serve sectors with a population of up to 1500 people feel more prepared in counselling obese patients.

References

1. Sturgiss E, Elmitt N, Haelser E, van Weel C, Douglas KA. Role of the family doctor in the management of adults with obesity: a scoping review. *BMJ Open*. 2018;8(2):e019367. doi: 10.1136/bmjopen-2017-019367.
2. Cochrane L, Olson C, Murray S, Dupuis M, Tooman T, Hayes S. Gaps between knowing and doing: understanding and assessing the barriers to optimal health care. *J Contin Educ Health Prof*. 2007;27(2):94-102. doi: 10.1002/chp.106.
3. Kraschnewski J, Sciamanna C, Stuckey H, et al. A silent response to the obesity epidemic: decline in US physician weight counseling. *Med Care*. 2013;51(2):186-192. doi: 10.1097/MLR.0b013e3182726c33.
4. Davis N, Wildman R, Forbes B, Schechter C. Trends and disparities in provider diagnosis of overweight analysis of NHANES 1999-2004. *Obesity*. 2009;17:2110-2113. doi: 10.1038/oby.2009.129.
5. McAlpine D, Wilson A. Trends in obesity-related counseling in primary care: 1995-2004. *Med Care*. 2007;45(4):322-329. doi: 10.1097/01.mlr.0000254575.19543.01.
6. Abbo E, Zhang Q, Zelder M, Huang E. The increasing number of clinical items addressed during the time of adult primary care visits. *J Gen Intern Med*. 2008;23(12):2058-65. doi: 10.1007/s11606-008-0805-8.
7. Yarnall K, Pollak K, Ostbye T, et al. Primary care: is there enough time for prevention? *Am J Public Health*. 2003 Apr;93(4):635-41. doi: 10.2105/ajph.93.4.635.
8. Bocquier A, Verger P, Basdevant A, et al. Overweight and obesity: knowledge, attitudes, and practices of general practitioners in France. *Obes Res*. 2005;13(4):787-95. doi: 10.1038/oby.2005.89.
9. Devlin R, Sarma S. Do physician remuneration schemes matter? The case of Canadian family physicians. *J Health Econ*. 2008;27(5):1168-1181. doi: 10.1016/j.jhealeco.2008.05.006.
10. Ayres C, Griffith H. Perceived barriers to and facilitators of the implementation of priority clinical preventive services guidelines. *Am J Manag Care*. 2007;13(3):150-155.
11. Gosden T, Forland F, Kristiansen I, et al. Capitation, salary, fee-for-service and mixed systems of payment: effects on the behaviour of primary care physicians. *Cochrane Database Syst Rev*. 2000;(3):CD002215. doi: 10.1002/14651858.CD002215.
12. Sharma A, Kushner R. A proposed clinical staging system for obesity. *Int J Obes*. 2010;33(3):289-295. doi: 10.1038/ijo.2009.2.

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Authors' contributions

AT developed the first manuscript; OL interpreted the data and critically revised the manuscript. AC interpreted the statistical data. All the authors reviewed the material and approved the final version of the manuscript.

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Ethics approval and consent to participate

The study was approved by the Research Ethics Committee of *Nicolae Testemitanu* State University of Medicine and Pharmacy (protocol No 3 of February 21, 2011). Informed consent was obtained from all study participants.

Conflict of Interests

No competing interests were disclosed.