

# **FILLING THE GAP –**

**ARE WE ABLE TO CARE FOR VERY OVERWEIGHT  
PATIENTS IN PRIMARY CARE?**

# What do we mean by very overweight patients?

The definition is variable, but implicit is that this patient may need one or more item of equipment that has more weight bearing capacity than standard equipment for a routine health intervention.

- 30-50 patients per 1000 will exceed 120kg
- 2-5 patients per 1000 will exceed 150kg

# Why Worry?

- The incidence of obesity is increasing
- The number of people with extreme overweight is also increasing
- Inappropriate equipment and facilities increases the risk of harm to both patients and staff caring for them
- Inappropriate care reinforces weight bias and reduces engagement with preventative healthcare

*“Being unable to be weighed makes me **Whakamā**, it diminishes me and makes me weak and small. I am a problem, not a person...”*

# This is a health and disability issue...

## Weighing of blind, autistic man at Dunedin vet clinic disgusts family friend

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123RF.COM

A blind and autistic Dunedin man is being weighed at a local vet clinic, a move that has angered a family friend. (File photo)

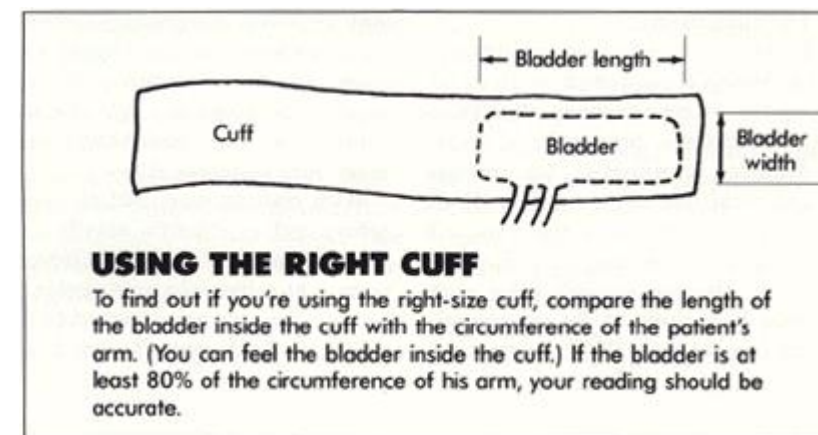
# Specific issues

- Pressure cuffs being too small
- Scales being too small, with inappropriate platforms
- Examination tables too narrow or with insufficient weight tolerance
- Access and movement issues within the building
- Most old fashioned toilet bowls have a weight tolerance of 126kg



# Audit to find out the scale of the issues

- Collaboration between:
  - Lesley Grey, Senior Lecturer, University of Otago, Wellington School of Medicine
  - Helen Gibbs, Nutrition Development Advisor, WellSouth Primary Health Network
  - Magnus McGee, Statistician, Making You Count.



# Audit continued

- Questions to determine how prepared primary care are to manage larger patients
- Wide circulation of the questionnaire – snowball circulation encouraged
- Electronic online response or scanned return to dedicated email address.

# Benefits of participation

- Opportunity to check your own preparedness
- Identify and risk assess
- Start conversations with other colleagues about preparedness
- If your own practice is very small, consider working with the PHO on access to scales
- Economies of scale
- Better relationship with patients



# Next step

- If you are interested in participation please email
- [Helen.gibbs@wellsouth.org.nz](mailto:Helen.gibbs@wellsouth.org.nz)
- Once we have ethics approval we will send out the email link and a PDF version of the audit
- Please feel free to circulate more widely