
Talk to me about your diet!

INVITERT KOMMENTAR

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Patients as well as general practitioners know that a healthy diet and normal weight are important for health. But do they talk about it?

According to the Global Burden of Disease Study, the main cause of disease and premature death is an unhealthy diet and the development of obesity [\(1\)](#). Although we have a great deal of knowledge about this, the percentage of the population with overweight and obesity continues to increase both in Norway and internationally.

National dietary surveys among children, adolescents and adults show that Norwegians by no means eat and live in accordance with the national recommendations on diet and physical activity [\(2, 3\)](#). Clearly, therefore, it is not the dietary advice that makes us ill as some people continually claim, but rather the failure to comply with it.

The study by Skjærstein, Åsaune et al. published in the current edition of the Journal of the Norwegian Medical Association provides valuable insight into patients' knowledge about diet and the kind of dietary guidance they want from their general practitioner (GP) [\(4\)](#). The survey, which was conducted at GP practices in Western Norway, included over 2000 patients aged 18 to 70+. The questions mapped the extent to which the patients wanted to talk to their GP about diet, whether they actually raised the subject of diet, and whether they wanted to lose weight and reduce their use of medication.

Although only one-third of the patients had raised the subject of diet with their GP, over half wanted to discuss diet. Almost all of them reported having the knowledge they needed about diet but despite this, 40 per cent reported being confused by diet and dietary advice. More than half of the respondents wanted advice or guidance on how diet affects health, and the majority wanted to lose weight. Younger patients, men, patients with lower levels of education, patients who wanted to lose weight and patients taking medication for chronic conditions more frequently wanted dietary guidance and to lose weight than others.

The findings in the study by Skjærstein, Åsaune et al. may indicate a discrepancy between the patient's wishes and needs, and the follow-up and treatment they are offered in the primary health service.

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In another Norwegian study from 2023, Juvik et al. interviewed a sample of patients with overweight and obesity about their views on how their GP addressed weight issues (5). A number of the patients found that their GP did not raise the subject. However, some of them experienced that their obesity was mentioned along with other diagnoses, for example in medical certificates. This may mean that the GPs in the study recognised the patient's weight problem but nevertheless failed to bring it up. In line with the survey by Skjærstein, Åsaune et al., the patients interviewed stated that they wanted the doctor to initiate a conversation about weight.

The national guidelines on the prevention, assessment and treatment of overweight in primary health care define the GP as a key resource in the treatment of obesity (6). Moreover, the child health centre is of central importance for children and adolescents. Yet preventing and treating obesity continues to be a challenge for a number of professional groups in the primary health service. Not because health personnel do not want to help, but perhaps mainly because they lack the time and knowledge to perform this work. In an article published in 2018, Forgione et al. explored the barriers linked to treating obesity in the primary health service (7). They suggested a four-stage model for the prevention and treatment of obesity and obesity-related diseases, which is also in line with national recommendations in Norway. The first stage consists of dialogue on lifestyle and clinical examination of height, weight and waist circumference. At stage 2, in addition to lifestyle changes, treatment such as medication, rehabilitation or surgery is offered if there are indications for this and the patient wishes it. Stage 3 includes referral to the specialist health service if the treatment goals have not been met, and stage 4 concerns measures to maintain weight loss and a healthier lifestyle.

Many people with obesity and overweight still feel shame. This may be part of the reason why patients are reluctant to bring up weight problems with their GP, as described by patients in the study by Juvik et al. Health personnel have the important task of reducing the negative stigma and helping to ensure that

conversations about weight and lifestyle become a natural part of GP–patient conversations. To achieve this, health personnel need more knowledge about how best to provide advice on lifestyle changes and weight reduction. This requires a systematic knowledge boost and tools for use in clinical work.

The treatment of obesity is a rapidly evolving field. Medications and surgery both form an important part of the range of treatment. However, dietary advice and lifestyle changes will always remain fundamental to all treatment of obesity, and above all, will be determining factors in the prevention of overweight and lifestyle diseases.

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