

Obesity and Haemophilia – Review of an MDT weight management service

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Introduction:

- Overweight and Obesity are defined as abnormal or excessive fat accumulation that may impair health (WHO 2006).
- Obesity is now deemed a worldwide epidemic and is of concern to treaters of Haemophilia.
- Obesity can increase the risk of Cardiovascular Disease, diabetes, some cancers and musculoskeletal pain and disorders.
- There is a theoretical risk with obese Haemophiliacs that they may suffer from more bleeding episodes and worsen arthropathic joints.

Development of clinic:

- Commissioners for regional Haemophilia Care implement a service quality initiative known as CQUIN - a national framework for locally agreed quality improvement schemes, making a proportion of income conditional on achieving quality improvements in care and to 'reward' excellence (DoH, 2010)
- Haemophilia patient BMI identified as CQUIN goal
- Review BMI's of patients; Instigate weight management with those overweight or obese.

1st Line management (CNS/Physio):

- Takes place in normal clinic setting
- Discuss potential harm related to being overweight
- Provoke thought about healthy lifestyle, basic healthy eating and encourage use of local services
- Provision of written information on healthy lifestyle
- Advise and aid participation in exercise and activity

Dietician clinic:

- More intensive intervention
- Specific dietary advice
- Using motivational interviewing and behaviour change techniques
- Plan for 11 sessions over 12 months
- Aim for patients to lose 5-10% body weight (BW) in first 6 months and then maintain this over following 6 months

Outcomes:

- Of the 59 patients identified as overweight/obese
 - 11 (17%) lost weight
 - Range 0.4-11.9 kg
 - Mean 4.7kg
 - Those who lost weight reported an improvement in overall well being
- Of the 23 referred to Dietician
 - 87% Dropout
- Of the 3 patients who regularly attended the dietician
 - 1st lost 11.9kg (13% BW)
 - 2nd lost 8.3 kg (9% BW)

Discussion and Recommendations:

- In this cohort- 12.9% classified as Obese (compared to UK national figure of 22%)
- Very high dropout/ refusal to attend
- Those who attended Dietician were successful with weight loss
- Weight loss requires the individual to be at 'contemplative stage of change'
- Individuals require ongoing support from the medical and wider social circle
- Haemophilia care support should focus on health benefits of weight loss – not solely cost of weight based treatment
- Higher level physical disability in some individuals makes activity modification difficult – they require input from specialist physiotherapy
- Further study required to assess correlation between bleeding related joint disease and obesity

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