Reviewer’s report

Title: Support needs of patients with obesity in primary care: a practice-list survey

Version: 1 Date: 28 Jul 2017

Reviewer: Elizabeth Sturgiss

Reviewer's report:

This is a population survey from England of adult patients who were identified as having obesity in their GP record. It was a postal survey. It is unclear how recently, or how frequently, these patients have accessed their GP and this is a weakness that is impacting on the interpretation of the data and the implications it has for practice.

Overall please consider person first language in the writing of this paper. (see here for more information http://www.obesitynetwork.ca/people-first) The current writing of the paper is not in line with best practice for reducing weight stigma and bias.

This is very important work and adds to the body of knowledge.

I am not aware of any other work that attempts to capture patient's current strategies for losing weight. I welcome this work.

There needs to be re-think of the conclusions drawn from the data as they seem to reach further than the data would allow. The population surveyed needs to be better defined as this impacts on the conclusions and implications for practice.

Please see specific comments below.

Abstract

Please add the aim of this study to the abstract.

?77% had attempted to lose weight either currently, or in last 12 months; please make this sentence clearer.

Conclusion - "We identified the need for informational, structural, and weight loss maintenance specific support for GP patients with objectively-recorded obesity." Can this be drawn from this data? The data points to many patients trying to lose weight, with few approaching their GP. But the reasons for this are not in the data. Please see below for further input into this.
Methods

The methods section is brief.

If the interest was in patients presenting to primary care, could an explanation be given for the postal survey? Is this population the same as patients presenting to primary care? Would a more appropriate target population be patients sitting in GP waiting rooms? How does the choice of the survey population impact on the data interpretation?

Please add the method you used for coding the free-text into your methods section. It is currently not mentioned at all.

Please add in ethical approval for the project.

Results

- Is the survey population representative of the patients presenting to primary care? Can you please give a comparison with an appropriate database. (It looks that your survey has much higher proportion of men than usually present to GP care).

- Was the self-reported "highest weight" for women to include pregnancy? Could this account for why they had higher "highest weights" than men?

- The percentage of participants who reported ever trying to lose weight was 93%. Did your participant information sheet specifically ask for people interested in/worried about their weight? Were you aiming for a population in general survey, or a survey directed at people worried about weight?

- Could you provide confidence intervals in your tables instead of p-values? This would be more helpful for the reader to interpret the range of values.

- The results point to many participants wanting to lose weight due to unhappiness with their body shape. It could be worthwhile to include in the background papers related to weight stigma. Unhappiness with body shape and experience of weight stigma, increases a person's trajectory of weight gain and reduces their likelihood of losing weight. Your data is very important for primary care - health professionals need to be aware of the very high prevalence of body dissatisfaction, and ensure their approach to obesity does not make this situation worse.

- Physical activity is a great way to improve overall fitness and health, but is not a strategy for reducing body weight. Can you please explain why it was included in the survey?
Discussion

The first sentence of your discussion says "users of UK primary care services" - do you have any information on how often the survey participants are accessing their GP practice? This is important for the implications of this data. If these people do not go to the GP often, it would not be possible to access them easily via the GP. Your data is high in male respondents and would suggest they are a different population to the usual "user of UK primary care services".

Care to be taken with the following statement: "The former finding suggests that primary care staff should be sensitive to the importance of body image and drive to improve fitness amongst younger patients, and may suggest alternative 'ways in' to discussing weight control with these individuals." I am not aware of any literature that promotes "body image" as a sensitive way to bring up weight management. There is a lot of literature on the harms of weight stigma and discrimination, particularly in the healthcare setting. The author's suggestions would add to this stigma in my view. Please provide supporting references to this statement, or make a different interpretation of the data. This is particularly pertinent when we know that lifestyle intervention is unlikely to lead than to more than 3-5% of weight loss, so advocating weight management as a way to improve "body image" is fraught.

A strength of the paper is stated to be the high male response rate. However, if you are interested in patients that present to the GP clinic, this may in fact be a limitation and point to your survey capturing a different population to the one you are interested in.

Conclusion

"GP provision of demonstrably-effective brief referral interventions to structured weight loss support [8] is likely to be acceptable to these patients, to augment their current weight management activities and to optimise limited GP time and resources." Your data did not explore what patient preferences would be in relation to the support provided by their GP. This conclusion is an overreach based on the collected data.

References


"GP weight loss support was acceptable and useful but underutilised, indicating that screening and brief referral interventions to structured programmes have the potential to augment obese
patients' current weight management activities and meet key support needs whilst optimising limited primary care resources." In this conclusion, "GP weight loss support" is considered by the research team to mean "brief interventions". Do you have evidence in the data that this is what the patients also mean? Or are they thinking about a different strategy from their GP?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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I am a clinician-researcher in the area of obesity management in primary care. I have no financial conflicts of interest to declare.

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