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Weight-related conversations with patients: reducing stigma and promoting healthful change.

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Weight-related conversations with patients: reducing stigma and promoting healthful change.

Short title: Reducing stigma in weight-related conversations in primary care

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Abstract

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Key words

Brief interventions; weight management; People First; weight stigma; language

Key points

1. Brief interventions about weight management are recommended in primary care although many healthcare staff fear raising the issue of weight for a variety of reasons.
2. Care is needed in discussing weight since it is a sensitive personal issue which is highly stigmatised.
3. Asking permission to weigh and talk about weight, and using People First language are recommended strategies.

4. To encourage uptake of local weight management services, key information should be provided. This includes the number of appointments, that the service is free and its specific name and location.
5. Patients' wishes not to discuss their weight should be respected, acknowledged and recorded.

Introduction

Primary care is the first port of call for most patients, with approximately 33.6 million primary care network and GP appointments delivered in England in July 2025 alone (RCGP, 2025). Nurses are crucial to this, delivering 19.4% of these appointments (NHS Digital, 2025). Research shows that patients have high levels of trust in primary care staff (Ipsos, 2024), and primary care represents an ideal opportunity to carry out both prevention and clinical management work, since the average number of annual visits per patient to the GP surgery is 6 (Booth et al, 2015). This is reflected in national guidance, which advocates that these contacts are used to carry out brief opportunistic interventions, in order to offer advice and treatment (Department of Health and Social Care, 2020; NICE, 2014). Interventions are needed because of the increasing prevalence of chronic diseases like cardiovascular disease and type 2 diabetes. Cardiovascular disease affects approximately 7 million adults in the UK (NHS England, 2025), while 3.6 million adults are affected by diagnosed and undiagnosed type 2 diabetes mellitus (OHID, 2025). Obesity is arguably both a disease in its own right (RCP, 2019) and a major risk factor for other chronic disease – in addition to cardiovascular disease and type 2 diabetes, it increases the risk of hypertension, sleep apnoea, some cancers, osteoarthritis and others (Pi-Sunyer, 2009; Jiang et al, 2016; Kyrgiou et al, 2017; Vekic et al, 2019). Obesity is defined as BMI $\geq 30\text{kg/m}^2$ ($\geq 27.4\text{kg/m}^2$ in some ethnic groups), while overweight is classified as

BMI 25.0-29.9kg/m² (23.0-27.4kg/m² in some ethnic groups) (NICE, 2025). Obesity and overweight combined now affect 64.5% of the adult population in England (OHID, 2024). Of even greater concern are the increasing proportions of children affected: 22.0% of Reception aged children (4-5 years) and 35.9% of Year 6 children (10-11 years) were classed as living with overweight and obesity combined in 2023/24 (NHS Digital, 2024). In both adults and children, some groups are more affected than others. Factors such as deprivation, age, gender, ethnicity, disability and education affect the likelihood of developing obesity (Stiebahl, 2025). This means that health risks are likely to be greater in some groups than others.

Why are overweight and obesity issues that need to be raised?

Excess weight is multifactorial. In 2007, a major and highly influential report outlined the multiple factors (including biological, social, psychological and environmental) which influence the risk of developing overweight and obesity, mapping the complexity of their inter-relationships (Butland et al, 2007). While many of these factors cannot be altered, modifiable lifestyle factors include diet and physical activity (Johns et al, 2014). Given the multiple appointments with the local GP practice that most individuals have (RCGP, 2025; NHS Digital, 2025), this offers multiple opportunities for primary care staff including practice nurses to raise the issue of weight and other lifestyle risk factors, within the context of a brief intervention. Research shows that patients themselves are generally positive about weight being addressed, finding it appropriate (Potter et al, 2001; Aveyard et al, 2016). Despite this, research has shown that only 3% of those with obesity are referred by GPs for

weight loss (Booth et al, 2015) and this is declining with obesity prevalence frequently underestimated (Fitzpatrick and Stevens, 2017).

Primary care staff are reluctant to raise the issue

GPs and other primary care staff are often reluctant to raise the issue. There are several reasons given for this. One is concern that doing so will open a 'Pandora's box' (Michie, 2007) or take more time than is available (Hiddink et al, 1995; Foster et al, 2003; Blackburn et al, 2015). Time is a major pressure in primary care; a recent survey of GPs found that 62% of respondents (N=2190) felt they did not have enough time in appointments to build the patient relationships they needed to deliver quality care (RCGP, 2024). Another is the belief that lifestyle interventions are not effective (Tremblett et al, 2022). Some staff feel that their patients cannot or will not make necessary changes (Epstein and Ogden, 2005; Barry et al, 2009; Robinson, 2017), that weight management is not a priority for primary care and that they do not have a major role to play in weight management, or that other interventions such as smoking cessation take precedence (Warr et al, 2021). Nurses are more likely than GPs to see weight management as part of their responsibility within primary care (Blackburn et al, 2015). Still others feel that they do not have the skills needed for difficult conversations (Warr et al, 2021), and are not sure whether and how to bring up the subject of weight (Michie, 2007).

While there is evidence that patients would like to talk about weight within primary care (Malterud & Ulriksen, 2011; Heintze et al, 2011), they are clear that this needs to be done with care (Talbot et al, 2021), since negative feelings can occur (Merrill and Grassley, 2008; Malterud and Ulriksen, 2011). Weight is a highly stigmatised

issue, and those living with overweight or obesity frequently experience weight-related stigma, even within the healthcare setting (Puhl and Brownell, 2001; Puhl and Suh, 2015; WHO, 2017; APPG, 2018). Stigmatising attitudes towards patients with overweight or obesity have been demonstrated in a range of primary care staff including nurses (Swift et al, 2013), doctors (Swift et al, 2013; Puhl and Brownell, 2006) and dietitians (Brown and Flint, 2024). Beliefs that overweight and obesity are lifestyle choices or that patients will not make healthful lifestyle changes are stigmatising, as they fail to recognise the complex and multifactorial nature of the disease (Butland et al, 2007). Failing to engage with obesity may indicate clinical stigma, the belief that obesity is self-imposed rather than a disease in its own right (Busetto et al, 2022).

Stigma harms patients

Those experiencing weight-related stigma either explicitly (through words and actions) or implicitly (through unspoken attitudes and non-verbal communications for example) can internalise it (Latner et al, 2014). Common stereotypes, for example that people with obesity are assumed to be lazy, greedy, uneducated or lack willpower (Puhl and Brownell, 2001; Puhl and Heuer, 2009) can therefore be internalised by the individual. Apart from damaging self-esteem and mental health, this can have wider health impacts, for example disordered eating or avoidance of healthcare appointments (Drury and Louis, 2002). The possibility of harming relationships with patients or giving offence inadvertently is a real concern to healthcare staff and is another reason given for avoiding mentioning weight (Mercer & Tessier, 2001; Alexander et al, 2007). However, NOT mentioning weight can

confuse patients, possibly leading them to believe that healthcare staff do not care about their weight until they develop a disease or that their weight status is not viewed as an appropriate health topic, and is instead seen as a lifestyle choice (Talbot et al, 2021), which is itself stigmatising.

What helps with talking about weight?

So how can primary care staff, including practice nurses, talk about weight in a sensitive and empathetic way? What is likely to be most helpful to patients?

Guidance recommends that brief interventions are structured, for example using the 3A's - Ask, Advise and Assist (PHE, 2017) or the 5A's – Ask, Assess, Advise, Agree, Assist (Jay et al, 2010). Although evidence for their use specifically in weight management is limited (Alexander et al, 2011), they may still be helpful for healthcare staff. A respectful approach tailored to the individual is also recommended (OHID, 2021). How this may be done in practice is critical, and specific strategies to use are often lacking.

Language matters

We know that the language used around body weight matters (Albury et al, 2020).

This extends beyond the verbal to include the non-verbal and environmental messages given to patients. Ensuring that images used in healthcare settings, seating and medical equipment are suitable for a range of body sizes all help to reduce potential stigma (Albury et al, 2020). The tone taken from the beginning and throughout weight-related consultations can help minimise risk of stigma and facilitate helpful conversations. Specific words e.g. 'obese' and 'morbidly obese' are

commonly used by healthcare professionals but can be perceived negatively by people with obesity (Ward et al, 2009; Gray et al, 2011). An expert group of people living with obesity suggested that the terms ‘being overweight’ or ‘carrying too much weight’ were generally acceptable, but only when permission for the conversation had been sought (Albury et al, 2020). People First language is advocated by many patient and professional groups (World Obesity Federation, nd; Obesity Action Coalition, nd; ECPO, 2019; EASO, 2024) – for example ‘with’ or ‘living with’ obesity/overweight, rather than ‘being’ overweight/obese (see Table 1 for some useful resources).

Asking permission

Asking permission to weigh patients (PHE et al, 2017) and talk about weight are important first steps (Pryke, 2023), ideally using an open-ended question which allows the individual to share what they think about their weight (Albury et al, 2020). At the same time, requesting to weigh patients is a personal and sensitive issue for many and a sensitive ‘delicate’ approach is needed (Ross et al, 2024). Conversations about weight need to be contextualised within the understanding that obesity is a chronic relapsing condition, not a lifestyle choice and that the patient is not to blame for their condition (Albury et al, 2020). All communications should occur in a non-judgemental and empathetic way, which also includes accepting the patients right not to discuss weight (Albury et al, 2020). This should be recorded in the patient records (PHE, 2017). Individual patient goals may not centre around weight loss, and this should also be explored and recorded. Table 2 outlines some useful sentences and phrases which can be adapted for use.

A personalised approach

Commonly, advice given about weight in primary care is general and non-specific and while this may be less challenging for healthcare practitioners, it may be unhelpful to patients (Tremblett et al, 2023). Tailoring and personalising the conversation to the individual has been shown to be helpful (Albury et al, 2025). Sensitively offered personalised recommendations are less likely to result in a negative response from patients (Tremblett et al, 2022). Analysis of 226 audio-recorded conversations between GPs and their patients about weight indicated that particular patient responses to an offer of referral to commercial weight management services were significantly more likely to result in actual attendance at the services (Albury et al, 2018). Responses prefaced by 'oh' and very positive responses marked those more likely to take up the offer, and recognising and making the referral could have reduced the time taken by an average of 31 seconds per consultation (Albury et al, 2018). By contrast, 'yes' or 'yeah' did not necessarily indicate that the patient had positively received the information/offer, nor was it linked with increased likelihood that the patient would attend the service – rather it acknowledged the information/offer (Albury et al, 2018). Another approach shown to increase the likelihood that patients would accept the offer of a referral was a positive approach, focusing on the benefits of weight loss, rather than the harms of excess weight (Albury et al, 2023). Stating that there is evidence for the efficacy of these programmes, that a referral can be offered and giving information about it also appear to be important. Qualitative data show that helping patients understand what the referral involves reduced misunderstandings. Specifically, the information given should relate to a specific branded service (prefaced with 'like' to show that there are

other options) and they should be described as weight management ‘services’ or ‘programmes’, which sounds professional. Clarifying that they are local and free, and identifying the number of visits available with the referral are all elements which help to ensure conversations are both clear and time-effective (Albury et al, 2021). This requires knowledge of the local weight management pathways and service options available (Albury et al, 2020). Finally, actually making the referral to weight management services has been shown to be more effective than simply offering advice (Aveyard et al, 2016). Table 3 summarises these steps.

In Conclusion

Weight-related conversations are an important part of primary care work, since excess weight affects risk of many other conditions and obesity is arguably itself a disease. While patients are generally positive about and may even expect these conversations, primary care clinicians are often reluctant to initiate them for a variety of reasons. Structured brief interventions which are personalised to the patient and specific in relation to the information given have been shown to be helpful. In addition, the language, images and environmental cues given to patients need to be non-stigmatising.

Table 1: Helpful resources

- *Let's talk about weight* (PHE, 2017):
https://assets.publishing.service.gov.uk/media/5b8d54d2e5274a0bd7d11928/weight_management_toolkit_Let_s_talk_about_weight.pdf
- *World Obesity image bank*: <https://www.worldobesity.org/resources/image-bank>
- *The do's and don't when talking about obesity* (World Obesity Federation, nd):
https://www.worldobesity.org/downloads/healthy_voices_downloads/HV_Language_guidelines.pdf

Table 2: Examples of useful sentences and phrases derived from the literature

Topic	Phrase	Reference
Asking permission to weigh	‘While you’re here can I check your weight?’	PHE, 2017
Ask permission to talk about weight	‘Would you mind if we spoke about your weight?’	Albury et al, 2020
Acknowledge patients’ wishes not to talk about weight/accept a referral	‘Okay, that’s fine; I understand that you think attending a programme might be too time-consuming. I know it can be hard to lose weight, but it is important and I’m keen to support you in doing this’	PHE, 2017
Acknowledge efforts, regardless of their effects on weight	‘It’s fantastic that you’ve taken up swimming. Don’t worry that your weight hasn’t come down yet, the benefit to your health goes beyond weight loss’	Albury et al, 2020
Link back to the earlier conversation/topics	‘You said you’d like to lose some weight because you’re feeling quite breathless’	Albury et al, 2020
Give specific information about the weight management service referral – number of appointments,	‘Which means you get given 12 free sessions at [named commercial weight management programme], which I think is in [location]	Albury et al, 2018

free to patient, name of service, call it a 'service' or a 'programme'		
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Table 3: Route map to support helpful weight-related conversations in primary care

- Deal with the presenting issue first
- Ask permission to weigh the patient
- Ask permission before raising the issue of weight as a conversation
- Use non-stigmatising People First language
- Link weight to the presenting issue
- Tailor and personalise to the individual (e.g. by referring back to subjects discussed).
- Do not make assumptions about what the patient knows, doesn't know or has already tried – ask.
- Acknowledge all efforts, even if weight loss does not occur. Patient goals may not relate to weight loss, and this should be explored and acknowledged.
- If the patient does not wish to continue the weight conversation, acknowledge this but leave the door open to future conversations. Record the decision within the medical notes.
- Focus on the benefits of weight loss, rather than the harms associated with excess weight.
- State that there is evidence that these lifestyle programmes are effective.
- State that a referral to the service is available.
- Provide information about the referral. This should include using a recognisable brand name, calling them weight management 'services' or 'programmes', clarifying that they are free and local and stating the number of visits to the services that are available (Albury et al, 2021).

- Offer a referral. If accepted, make the referral – this increases the likelihood of uptake.

CPD questions.

1. In what way/s can your working environment be altered to ensure it promotes a non-stigmatising attitude towards weight?
2. What are the local options available to patients in your area requiring weight management support? What are the referral criteria for each? What specific information would you be able to give to your patients about the options relevant to them, if you were referring them into the services?
3. How can you introduce weight (both weighing and talking about weight) with your patients in a way that is both comfortable for you and non-stigmatising?
4. Reflecting back on weight-related conversations with patients which have not gone well, what do you now think you would do differently in future?

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Table 1: Helpful resources

- *Let's talk about weight* (PHE, 2017):
https://assets.publishing.service.gov.uk/media/5b8d54d2e5274a0bd7d11928/weight_management_toolkit_Let_s_talk_about_weight.pdf
- *World Obesity image bank*: <https://www.worldobesity.org/resources/image-bank>
- *The do's and don't when talking about obesity* (World Obesity Federation, nd):
https://www.worldobesity.org/downloads/healthy_voices_downloads/HV_Language_guidelines.pdf

Table 2: Examples of useful sentences and phrases derived from the literature

Topic	Phrase	Reference
Asking permission to weigh	'While you're here can I check your weight?'	PHE, 2017
Ask permission to talk about weight	'Would you mind if we spoke about your weight?'	Albury et al, 2020
Acknowledge patients' wishes not to talk about weight/accept a referral	'Okay, that's fine; I understand that you think attending a programme might be too time-consuming. I know it can be hard to lose weight, but it is important and I'm keen to support you in doing this'	PHE, 2017
Acknowledge efforts, regardless of their effects on weight	'It's fantastic that you've taken up swimming. Don't worry that your weight hasn't come down yet, the benefit to your health goes beyond weight loss'	Albury et al, 2020
Link back to the earlier conversation/topics	'You said you'd like to lose some weight because you're feeling quite breathless'	Albury et al, 2020
Give specific information about the weight management service referral – number of appointments,	'Which means you get given 12 free sessions at [named commercial weight management programme], which I think is in [location]'	Albury et al, 2018

free to patient, name of service, call it a 'service' or a 'programme'		
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Table 3: Route map to support helpful weight-related conversations in primary care

- Deal with the presenting issue first
- Ask permission to weigh the patient
- Ask permission before raising the issue of weight as a conversation
- Use non-stigmatising People First language
- Link weight to the presenting issue
- Tailor and personalise to the individual (e.g. by referring back to subjects discussed).
- Do not make assumptions about what the patient knows, doesn't know or has already tried – ask.
- Acknowledge all efforts, even if weight loss does not occur. Patient goals may not relate to weight loss, and this should be explored and acknowledged.
- If the patient does not wish to continue the weight conversation, acknowledge this but leave the door open to future conversations. Record the decision within the medical notes.
- Focus on the benefits of weight loss, rather than the harms associated with excess weight.
- State that there is evidence that these lifestyle programmes are effective.
- State that a referral to the service is available.
- Provide information about the referral. This should include using a recognisable brand name, calling them weight management 'services' or 'programmes', clarifying that they are free and local and stating the number of visits to the services that are available (Albury et al, 2021).

- Offer a referral. If accepted, make the referral – this increases the likelihood of uptake.