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We aimed to describe the current state of specialist obesity services for adults with clinically severe obesity in public hospitals in Australia, and to analyse the gap in resources based on expert consensus. We conducted two surveys to collect information about current and required specialist obesity services and resources using open-ended questionnaires. Organisational level data was sought from clinician expert representatives of specialist obesity services across Australia in 2017. Fifteen of 16 representatives of current services in New South Wales ($n=8$), Queensland ($n=1$), Victoria ($n=2$), South Australia ($n=3$), and the Australian Capital Territory ($n=1$) provided data. The composition of services varied substantially between hospitals, and patient access to services and effective treatments were limited by strict entry criteria (e.g. BMI 40 kg/m² or higher with specific complication/s), prolonged wait times, geographical location (major cities only), and out-of-pocket costs. Of these services, 47% had a multidisciplinary team (MDT), 53% had an exercise physiologist/physiotherapist, 53% had a bariatric surgeon, and 33% had pharmacotherapy resources. Key gaps included staffing components of the MDT (psychologist, exercise physiologist/physiotherapist) and access to publicly funded weight loss pharmacotherapy and bariatric surgery. There was consensus on the need for significant improvements in staff, physical infrastructure, access to services, education/training in obesity medicine, and targeted research funding. Based on the small number of existing, often under-resourced specialist obesity services that are located only in a few major cities, the vast majority of Australians with clinically severe obesity cannot access the specialist evidence based treatments needed.

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Breaking the silence: the critical role of the GP and practice nurse in talking to patients about their weight

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Background: General Practitioners and Practice Nurses are well positioned to play a vital role in addressing Australia's obesity

epidemic. However, many report low confidence when discussing or advising patients about weight management.

Training sessions that *LiveLighter* offers to GP's and Practice Nurses entitled "Talking to Patients about Weight" were evaluated. *LiveLighter* also examined perceptions of those who are overweight or obese about discussing their weight with health professionals.

Key findings from the survey and feedback from training are discussed.

Methods: Evaluation from *LiveLighter* one day face-to-face training sessions to GP's and Practice Nurses was analysed over a twelve month period. *LiveLighter* commissioned the Heart Foundation to conduct an online survey on 2,012 Australian adults aged 25–49 years.

Results: Doctors (34%) were the second most important source of information about weight and diet. Most people (77%) reported they felt either very comfortable or comfortable about speaking to a health professional about their weight.

Only 30% of survey participants report being advised by a health professional that they are overweight or should lose weight. Of those advised to lose weight 86% people acted on it.

Of the professionals who attended the *LiveLighter* training sessions 98% found it relevant to their work. Valued aspects of training were; Motivational Interviewing, The 5A's framework and *LiveLighter* resources and tools. Barriers to incorporating the training into their routine were lack of time and the need for practice.

Conclusion: This survey demonstrated the majority of respondents felt comfortable talking to a health professional about their weight and were highly likely to act on it if advised. GP's and Practice Nurses report low confidence when talking to patients about their weight. Training for GP's and Practice Nurses can improve confidence in this area.

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Assessing for obstructive sleep apnoea in a severely obese population in the ACT



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Background: Obesity is the main driver for Obstructive Sleep Apnoea (OSA), with the incidence of OSA in severely obese patients reported to be as high as 78% [1]. OSA can negatively impact health therefore timely diagnosis and appropriate management are crucial. The ACT Health Obesity Management Service (OMS) routinely assess for sleep-related symptoms and refer for polysomnography (PSG) when medically indicated. This study quantifies PSG referrals and new OSA diagnoses, reviews Epworth Sleepiness Scale (ESS) scores and compares with previous OMS data [2].

Methodology: A retrospective chart audit was performed on new patients who attended OMS from July 2016 to June 2017. Pre-existing OMS patients were excluded. Demographic and anthropometric data were collated along with PSG referrals and OSA diagnoses. Periodic ESS scores were reviewed and descriptive analyses were performed.

Results: Of 162 patients, 43 (26.5%) had pre-existing OSA. 60 patients (37.0%) were referred for PSG based on clinical suspicion. 7/60 (11.7%) declined PSG. 46/60 (77.0%) were diagnosed with OSA (13 = mild, 15 = moderate, 18 = severe). Concomitant Obesity



Hypoventilation Syndrome (OHS) was detected in 8/46 (17.4%). Ventilation therapy was commenced in 36/46 (78.3%) including 5 patients who dis-engaged from OMS but continued OSA treatment. Despite clinical recommendation, 10 patients subsequently ceased ventilation therapy. Median ESS score pre-PSG was 7/24 (IQR 4–11) and at 12 months was 6/24 (IQR 4–9). Compared to previous data, PSG referrals increased (11.0% to 37.0%) whilst OSA diagnoses slightly decreased (86.4% to 77.0%).

Conclusions: The increased number of PSG referrals suggests that OMS now has a higher level of suspicion for co-morbid OSA. The high incidence of OSA diagnoses following referral to OMS suggests that severely obese patients should be screened for sleep-related symptoms in other healthcare settings. Future studies should focus on PSG referral thresholds and cost-effectiveness, and correlations between ESS scores, OSA treatment and concurrent weight loss.

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Program characteristics and patient outcomes: An update from the ACT health obesity management service



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Background: The ACT Health Obesity Management Service (OMS) has been providing comprehensive management of adults with severe obesity since 2014 [1]. The OMS offers medically-led allied health support and intensive interventions including Very Low Energy Diets (VLEDs), pharmacotherapy and bariatric surgery. Mandatory group education sessions prior to individual case management were introduced in 2016. This study aims to determine current program characteristics and patient outcomes and to compare with previously reported OMS data [2].

Methodology: A retrospective chart audit was performed on new OMS patients who presented between July 2016 and June 2017. Inclusion criteria comprised patients who underwent an initial medical review. Existing OMS patients and those who did not attend an initial medical review were excluded. Patient demographics, service engagement and anthropometric data were collated through to June 2018.

Results: 162 patients were identified. Mean age was 45.1 years (range 17–72). Females outnumbered males (73.5%). Median weight was 135.5 kg (IQR 121.8–150.8). Median BMI was 48.5 kg/m² (IQR 43.3–53.5). 59 patients (36.4%) discontinued after initial medical review. Reasons for attrition included not meeting OMS eligibility criteria, self-discharge and non-engagement. Of those who engaged with the program ($n = 103$), median weight change was -4.0 kg (IQR -9.6 – 0.0) and median percentage weight change was -3.1% (IQR -7.0 – 0.0). 27 patients (26.2%) completed

VLED, 16 (15.5%) trialled one or more medications and three (2.9%) underwent privately funded bariatric surgery. A total of 37 patients (35.9%) achieved clinically significant weight loss ($\geq 5\%$ reduction in weight) compared to 20.4% observed in a previous OMS study [2].

Conclusions: Favourable differences were observed in all outcomes when compared to previously reportedly OMS data [2]. Recent changes in OMS service provision including mandatory education sessions and greater utilisation of intensive interventions may account for the increased proportion of patients achieving clinically significant weight loss.

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Electroacupuncture combined with mindfulness meditation for weight management: a randomised sham controlled trial protocol



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Background: Electroacupuncture (EA) has been used in clinical practice for weight reduction [1] and mindfulness meditation (MM) can potentially change eating behaviours in weight-loss management [2]. However, there are no published studies on the use of the combined therapy (EA + MM). This study aims to clinically evaluate the add-on effect of EA with MM for weight management.

Methods: This is a 3-armed randomised sham controlled trial. We target a sample size of 165 adults aged 18–60, with BMI between 25–39.99 and no severe medical complications. This trial consists of a 2-week run-in period, 12 weekly treatment sessions and an 8 week follow-up period. Participants will be randomised into one of the three groups: (i) EA + MM group, (ii) sham EA + MM group, and (iii) EA only group. EA treatment involves in needling 8 acupuncture points and allow for 30 min electrostimulation with dense-disperse wave at a frequency of 33–100 Hz and 48 mA peak current intensity. Sham EA represents needling to 8 non-acupuncture points which is approximately 1 cm away from the acupuncture points, with sham electrostimulation which has no actual current going through the body but presents the same as the real electrostimulation. MM involves in self-practising a 10 mins pre-recorded MM instruction after EA or sham EA treatment, daily practice is also required. Outcome measurements, including body weight, BMI, Waist and hip ratio, psychological influence to eating behaviour and weight related quality of life, will be measured at baseline, every 3 weeks during treatment period and 3 more during follow-up period.

Conclusion: This study provides a new approach for weight management with multi-disciplinary components. We can assess the add-on effect of these co-interventions and the feasibility of the treatment protocol by evaluating the change of weight-related measurements.