or reported successful WL (69% vs. 53%). Half of HCPs reported not discussing weight issues with PwO because of lack of appointment time. Of PwO who discussed weight with HCPs, 24% are scheduled for follow-up appointments to discuss weight. Most PwO reported they would keep the appointment and would trust HCPs' weight management advice. Despite recent treatment developments, clinical discussions about WL focused more on healthy eating and physical activity and less on behavioural modifications and medical options like specialist visits, medications or surgery. Eighty per cent of PwO wanting to lose weight would commit to general improvements in eating habits and physical activity increases; 40% would commit to prescription WL medication.

Conclusions: HCPs can activate PwO using simple solutions: initiating discussions instead of waiting for patients to do so, scheduling follow-up appointments and formally diagnosing obesity. HCPs can improve dialogue by comprehensively discussing all treatment modalities and setting goals according to obesity guidelines.

https://doi.org/10.1016/j.orcp.2018.11.043

39

Real-world clinical effectiveness of liraglutide 3.0 mg for weight management in Canada

Samantha Hocking[1,*], Sean Wharton[2], Aiden Liu[3], Arash Pakseresht[3], Emil Nortoft[4], Christiane Haase[4], Johanna Mancini[5], Sarah Power[5], Sarah VanderLelie[2], Rebecca Christensen[2]

[1] *The Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, University of Sydney, Sydney, NSW, Australia*
[2] *Wharton Medical Clinic, Burlington, ON, Canada*
[3] *Novo Nordisk Canada Inc, Mississauga, ON, Canada*
[4] *Novo Nordisk A/S, Soeborg, Denmark*
[5] *IQVIA, Montreal, QC, Canada*

Objectives: Real-world clinical effectiveness of liraglutide 3.0 mg, in combination with diet and exercise, was investigated at 4 and 6 months post-initiation. Changes in absolute and percentage body weight, and in cardiometabolic markers, were examined from baseline.

Methods: Using a database of de-identified electronic medical records from six Canadian weight management clinics, a cohort of liraglutide 3.0 mg initiators during 2015–2016 was identified. Post-initiation values at 4 and 6 months were compared to respective baseline values using a paired *t*-test.

Results: The full cohort comprised 311 subjects, with 210 subjects in the ≥4-month and 167 subjects in the ≥6-month persistence groups. For all subjects, average age was 49.7 years and subjects were predominantly white (77.5%) and female (83.0%). Average BMI was 40.7 kg/m^2, weight was 114.8 kg. At baseline, 74.9%, 19.9% and 5.1% of subjects had normoglycaemia, prediabetes, and diabetes, respectively. Average baseline values for HbA1c and blood pressure were 5.8% and 127/77 mmHg. There was a significant change in body weight 6 months after initiation of treatment in persistent subjects (≥6-month: −8.1 kg, $P < 0.001$). Weight loss was also significant for subjects persistent on treatment for ≥4 months (−6.9 kg, $p < 0.001$) and in all subjects, regardless of persistence (−7.5 kg, $p < 0.001$). Percentage change in body weight from baseline for the ≥6-month group was −7.1%, with 63.4% and 35.2% of subjects having lost ≥5% and >10% body weight, respectively. Overall percentage change in body weight was also observed in the ≥4-month group (−6.2%) and in all subjects (−6.6%). For the ≥6-month treatment group, there was a statistically significant change in HbA1c (−0.35%, $p < 0.001$) and SBP (−3.0 mmHg, $p < 0.01$), but not DBP (0.1 mmHg, $p = 0.90$).

Conclusions: In a real-world setting, liraglutide 3.0 mg, when combined with diet and exercise, was associated with clinically meaningful weight loss and with improvements in cardiometabolic markers.

https://doi.org/10.1016/j.orcp.2018.11.044

40

Comparison of clinicians' views for managing children with obesity in the primary, secondary and tertiary settings

Jennifer Cohen*, Annie M. Brennan, Shirley Alexander, Jo Henderson, Christie Graham, Louise A. Baur

Introduction: In Australia, approximately one quarter of school-aged children are overweight or have obesity. Early identification and treatment of children with obesity is important for improving outcomes. Healthcare professionals have a pivotal role in early identification and treatment. The aim of this study was to compare perceptions of the assessment and management of children between primary, secondary and tertiary care clinicians across two health districts in Western Sydney and the Sydney Children's Hospitals Network.

Methods: Participants were 304 clinicians (medical, nursing and allied health workers) in primary, secondary and tertiary paediatric level services. An online questionnaire was developed to capture the training, assessment and management approaches and barriers to managing paediatric patients with obesity. Chi-squared tests and logistic regressions were used to examine the difference in responses between primary, secondary and tertiary practitioners.

Results: Overall, clinicians had low rates of training in obesity (48%), did not routinely measure tandem heights and weights (80%), and did not refer children to other services. Only 25% of clinicians frequently referred children to weight management services (most frequently the Dietitian) and very few (7%) frequently referred patients to a free, community-based intervention for children. When comparing across healthcare settings, those in secondary level services had higher rates of training (70%) and more frequently initiated treatment for obesity.

Conclusion: Frequencies of clinicians who routinely identify and initiate treatment for a child with obesity are low among health professionals in primary, secondary and tertiary healthcare settings, with some exceptions for secondary care clinicians, who were more frequently trained and more often initiated treatment. This suggests that more health professional training may be a key factor in increasing healthcare for obesity.

https://doi.org/10.1016/j.orcp.2018.11.045