Weight management in general practice: Piloting the Counterweight Program in Australia

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Introduction

NHMRC’s clinical practice guidelines position weight management as part of routine preventative care. Developed through Robert Gordon University in the UK, the Counterweight Program provides a structured, evidence-based model for obesity management delivered by practice nurses. To ensure sustainable delivery, an adequate funding model is required. A pilot study explored the feasibility and acceptability of Counterweight and a Medicare-based funding model to Australian general practices and patients.

Practice nurses received 16 hours of interactive online training

Two nurses from each general practice were trained to deliver Counterweight. Nurse feedback regarding the online training has been positive. Real-time interaction between Counterweight dietitians and nurses created an online classroom environment.

Patient screening and recruitment was done by practice nurses

Patient recruitment to the pilot study (n=63) was most successful using opportunistic recruitment by nurses and GPs. Prior to enrolment, patients were screened by body mass index (BMI > 25kg/m²) and readiness to engage in behaviour change.

Patients received six education sessions over three months

Patients received six education sessions delivered fortnightly over three months. The sessions included healthy lifestyle information incorporating behaviour modification techniques. Practice payments were offered for each session, mimicking a Medicare service payment. 59% of enrolled patients attended all six education sessions (three month attendance), compared with 55% in both the UK (n=1906) and Scottish (n=6715) evaluations.

Follow up visits at six, nine and twelve months support weight maintenance

Three follow up visits provide ongoing support to patients throughout the first year of lifestyle change.

Program delivery beyond the pilot study

All practices are interested in continuing program delivery beyond the pilot study. However, inadequate funding mechanisms remain a barrier. The Northern Health Network, previously the Northern Adelaide Medicare Local, have been a vital collaborator in the pilot study. They continue to support the practices with ongoing delivery of Counterweight.

References


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Follow up visits at six, nine and twelve months support weight maintenance

Three follow up visits provide ongoing support to patients throughout the first year of lifestyle change. In the pilot study, delivery of the six education sessions is now complete. Most patients are awaiting delivery of the first follow up visit at six months. Baseline and follow up data is being extracted from patient’s medical records. Feasibility and acceptability is being evaluated via interviews with practice nurses, GPs, practice managers and patients.

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The Counterweight Program

The Counterweight Program aims to achieve a 5 to 10% weight loss for overweight and obese patients, with a focus on health benefits and sustainable changes. It is accompanied by structured, well-developed resource materials. Counterweight was previously evaluated in the UK (2000-05) and Scotland (2006-08). Three general practices have been recruited to a South Australian pilot study.

Exemplar quotations

I did [other courses] on the internet but it was not like that. Not where you’re in a classroom but in your own office at home and you’re part of a group of individuals who are doing the same. (Nurse 1)

I’d say to them, “Look the doctor’s ready for you to do this but are you ready for it?” If you haven’t got that full commitment and that’s been forced, then sometimes it doesn’t really work well. (Nurse 2)