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Review: Barriers to physical activity in obese adults: A rapid evidence assessment

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The obesity pandemic

Obesity is clearly a major public health problem in developed nations, but also impacts on the health of developing countries, as they adopt lifestyle practices of the former. Physical activity, or lack of it, contributes heavily to the problem, especially in relation to childhood obesity; the latter not helped by the increasing use of computer games, structured as opposed to free play (ingrained from nursery school, under the health and safety banner), and reduction in school sporting activity.

As the reviewed article points out, the obese patient presents major difficulties in attempting to increase their physical activity as a result of barriers to change (perceived or otherwise) clearly identified in this rapid evidence assessment. The authors quite rightly divide the barriers into physical, psychosocial and external in nature, and importantly make the statement that ‘it is important to treat each person as an individual and identify the barriers perceived by them, in order to provide targeted support to overcome these barriers’.

It is thus illogical to have a ‘one suit fits all’ attitude towards the management of obesity, this being the current attitude of government and public health within the UK: a holistic approach to managing the obesity pandemic must be the mainstay of treatment. Governments must look to their own barriers to change in the face of failing strategies in obesity management. The nursing profession, by the nature of its educational preparation and approach to patient care, is ideally suited in leading such an approach. To some extent the de-medicalisation of obesity, without challenging the medical consequences of being overweight or obese, is required to ensure a more listening population; in other words, a change to the current public health messages.

The authors make the point that increasing physical activity may not be the mainstay in inducing weight loss, but is extremely important in improving the health of the individual by improving metabolic health and mental health and ensuring that weight loss by other means (usually dietary) is maintained over time, providing the perceived barriers to physical activity are identified and managed appropriately. A major strength of this review is the use of mixed methods to identify barriers, perceived or otherwise, by patients attempting to increase their

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activity levels to deal with personal weight issues. Using such techniques, namely both qualitative and quantitative assessments – an underlying strength in nursing research, cultural and psychosocial barriers are more likely to be identified than when the more common quantitative assessments alone are examined; the former being just as important as the latter.

In dealing with obesity it is important that all members of the healthcare team approach the problem with an understanding of the inherent bias against obesity, and strive to counter this by dealing with the patient as an individual – approaching the problem from a holistic basis and understanding the varying issues that can lead to the obese phenotype, not the least of which is the inherited aspects of body weight and shape, neatly honed by the micro- and macro-environment in which the individual is immersed. Such individual assessments, based on barriers to change, should not be limited to physical activity, but also include other aspects linked to the development of the obese phenotype, particularly diet.

The current UK and other ‘Western’ governments’ attitudes to ‘healthy eating’ may also require some challenge. Barriers to change, in relation to current healthy eating guidelines, need to be investigated within governments and public health authorities. The point of inflection on the obesity/time curve occurred at the time of change in Western food policy to a diet extremely high in carbohydrates. Such a change was directed against the increasing prevalence of coronary heart disease, not obesity. The low fat hypothesis has been perpetuated despite recent evidence to the contrary, with no evidence of the effect of high fat diets on obesity prevalence, this latter argument being nicely presented by Richard Smith in his *BMJ* editorial of December 2014 (Smith, 2014).

The authors are to be congratulated on neatly identifying and classifying the barriers to change in an obese population when dealing with increasing physical activity and importantly highlighting the need for individual management. The use of qualitative research is particularly important, especially as this is one of the major strengths within nursing research and one from which others in the healthcare professions can learn.

Reference

Smith R (2014) Editorial. *BMJ* 349: g7654.

John Broom is director of the Centre for Obesity Research and Education at Robert Gordon University (2003–) and until his retirement from clinical work (2009) was consultant in chemical pathology and metabolic medicine, NHS Grampian and clinical professor of metabolic medicine at Aberdeen University.