

Pharmacist interventions for obesity



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Abstract

This essay aims to determine how different models of health promotion can be used to improve effectiveness of pharmacist-led campaign in reducing obesity in socioeconomically deprived areas. The health belief, changes of stage and ecological approaches models are some models discussed in this brief. These models are suggested to be effective in underpinning pharmacist-led campaigns for obesity in the community. This essay also discusses the impact of obesity on individuals and the community and its prevalence in socio-economically deprived groups. Challenges associated with uptake of healthy behaviour are discussed along with possible interventions for obesity. It is suggested that a multi-faceted, community based intervention will likely lead to a successful campaign against obesity.

Introduction

Blenkinsopp et al. (2000) explain that health promotion is aimed at maintaining and enhancing good health in order to prevent ill health. Health promotion encompasses different issues and activities that influence the health outcomes of individuals and society. Health promotion involves the creation and implementation of health and social care policies that are deemed to prevent diseases and promote the physical, social and mental health of the people. Blenkinsopp et al. (2000) observe that pharmacists are perceived to have crucial roles as health promoters in the community. Since health promotion incorporates a range of actions that are aimed in promoting health, it is essential to understand the role of pharmacists in

promoting health. In this essay, a focus is made on health promotion for individuals suffering from obesity in socioeconomically deprived areas. A discussion on the different models of health promotion will also be done. The first part of this brief discusses models of health promotion while the second part critically analyses how these models can be used to underpin pharmacist-led campaigns in reducing obesity. The last part of this essay will summarise the key points raised in this essay.

Models of Health Promotion

Blenkinsopp et al. (2003) argue that, in the past, perspectives of pharmacists on ill-health takes the biomedical model approach to health. This model considers ill health as a biomedical problem (Goodson, 2009) and hence, technologies and medicines are used to cure the disease. Pharmacists are regarded as ‘experts’ in terms of their knowledge on a health condition and its cure. Hence, when the biomedical model is used, pharmacists’ response to a health-related query likely takes the disease-oriented approach to medical treatment and referral. This approach limits the care and interventions for the patients. Bond (2000) observes that while not necessarily inappropriate for pharmacy practice, the biomedical approach results to ‘medicalisation’ of health.

This means that health and illness are both determined biologically. It should be noted that the primary function of pharmacists is to dispense medications. Hence, when making health-related advice to patients, this often involves information on medications appropriate to the health conditions of the patient. However, the role of pharmacists in providing

medicines has expanded to include advice on the therapeutic uses of medications and information on how to maintain optimal health (Levin et al., 2008). Taylor et al. (2004) also reiterates that pharmacists are beginning to promote health through patient education that supports positive behaviour and actions related to health.

This new approach is consistent with health models for individuals such as health belief model and stages of change. The health belief model teaches that individuals have to acknowledge the perceived threat and severity of the disease and how positive health behaviour can give them benefits (Naidoo and Wills, 2009). The benefits of the new behaviour should outweigh perceived barriers to the physical activity behaviours (Naidoo and Wills, 2009). This model requires that individuals have cues to action to help them adapt a new behaviour and gain self-efficacy. The latter is important since individuals suffering from chronic conditions need to develop self-efficacy to help them manage their condition and prevent complications (Lubkin and Larsen, 2011). It is well established that obesity, as a chronic condition, is a risk factor for development of type 2 diabetes, hypertension, cardiovascular diseases, orthopaedic abnormalities and some form of cancer (Department of Health, 2009). When individuals receive sufficient patient education on obesity and the risks associated with this condition, it is believed that they will take actions to manage the condition.

While the health belief model has gained success in helping individuals take positive actions regarding their health, Naidoo and Wills (2009) emphasises that patient education alone or informing them on the severity and their susceptibility of the disease may not be sufficient in changing or sustaining

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behaviour. Although individuals are informed on the benefits of the health behaviour, there is still a need to consider how environmental factors help shape health behaviour. It should be considered that obesity is a multifactorial problem and environmental factors play crucial roles in its development.

Public Health England (2014) notes that in the last 25 years, the prevalence of obesity has more than doubled. This rapid increase in overweight and obesity prevalence shows that in 2010, only 30.9% of the men in the UK have basal metabolic index (BMI) within the healthy range (Public Health England, 2014). In contrast, the proportion of men with healthy BMI in 1993 was 41.0%. Amongst women, proportion of women with healthy BMI in 1993 was 49.5% but this dropped to 40.5% in 2010. It has been shown that almost a third or 26.1% of UK's population is obese. If current trends are not addressed, it is projected that by 2050, 60% of adults will be obese (Public Health England, 2014). The effects of obesity are well established not only on the health of individuals but also on the cost of care and management of complications arising from this condition (Public Health England).

Managing obesity at the individual level is necessary to help individuals adopt a healthier lifestyle. It has been shown that a diet rich in fruits and vegetables (Department of Health, 2011) and engagement in structured physical activities (De Silva-Sanigorski, 2011) improve health outcomes of obese or overweight individuals. The stages of change model (Goodson, 2009) could be used to promote health amongst this group. This model states that adoption of healthy behaviours such as engagement in regular physical activity or consumption of healthier food requires eliminating

unhealthy ones. The readiness of an individual is crucial on whether people will progress through the five levels of stage of change model. These levels include pre-contemplation, contemplation followed by preparation, action and maintenance (Goodson, 2009). Different strategies are suggested for each level to assist an individual progress to the succeeding stage.

It has been shown that prevalence of obesity is highest amongst those living in deprived areas in the UK and those with low socio-economic status (Department of Health, 2010, 2009). Families with ethnic minority origins are also at increased risk of obesity compared to the general white population in the country (Department of Health, 2010, 2009). This presents a challenge for healthcare practitioners since individuals living in poverty belong to the vulnerable groups (Lubkin and Larsen, 2011). It is suggested that development of obesity amongst this group could be related to their diet. Energy-dense food is cheaper compared to the recommended fruits and vegetables. In recent years, the Department of Health (2011) has promoted consumption of 5 different types of fruits and vegetables each day. However, the cost of maintaining this type of diet is high when compared to buying energy-dense food. The problem of obesity also has the greatest impact on children from low-income families. Research by Jones et al. (2010) has shown a strong link between exposures to commercials of junk foods with poor eating habits. It is noteworthy that many children in low-income families are exposed to long hours of television compared to children born to more affluent families (Adams et al., 2012).

The multi-factorial nature of obesity suggests that management of this condition should also take a holistic approach and should not only be limited

to health promotion models designed to promote individual health. Hence, identifying different models appropriate for communities would also be necessary to address obesity amongst socio-economically deprived families. One of models that also address factors present in the community environment of the individual is the ecological approaches model (Goodson, 2009). Family, workplace, community, economics, beliefs and traditions and the social and physical environments all influence the health of an individual (Naidoo and Wills, 2009). The levels of influence in the ecological approaches model are described as intrapersonal, interpersonal, institutional, community and public policy. Addressing obesity amongst socio-economically deprived individuals through the ecological approaches model will ensure that each level of influence is recognised and addressed.

Pharmacist-led Campaigns in Reducing Obesity

The health belief, stages of change and the ecological approaches models can all be used to underpin pharmacist-led campaigns in reducing obesity for communities that are socio-economically deprived. Blenkinsopp et al. (2003) state that community pharmacists have a pivotal role in articulating the needs of individuals with specific health conditions in their communities. Pharmacists can lobby at local and national levels and act as supporters of local groups who work for health improvement. However, the work of the pharmacists can also be influenced by their own beliefs, perceptions and practices. Blenkinsopp et al. (2003) emphasise that when working in communities with deprived individuals, the pharmacists should also consider how their own socioeconomic status influence the type of care they provide to the service users. They should also consider whether differences in socio-

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economic status have an impact on the care received the patients. There should also be a consideration if there are differences in the culture, educational level and vocabulary of service users and pharmacists.

Differences might influence the quality of care received by the patients; for instance, differences in culture could easily lead to miscommunication and poor quality of care (Taylor et al., 2004).

Bond (2000) expresses the need for pharmacists to examine the needs of each service user and how they can empower individuals to seek for healthcare services and meet their own needs. In community settings, it is essential to increase the self-efficacy of service users. Self-efficacy is described as the belief of an individual that they are capable of attaining specific goals through modifying their behaviour and adopting specific behaviours (Lubkin and Larsen, 2011). In relation to addressing obesity amongst socio-economically deprived individuals, pharmacists can use the different models to help individuals identify their needs and allow them to gain self-efficacy. For example, pharmacists can use the health belief model to educate individuals on the consequences of obesity. On the other hand, the stages of change model can be utilised to help individuals change their eating behaviour and improve their physical activities.

Uptake of behaviours such as healthy eating and increasing physical activities are not always optimal despite concerted efforts of communities and policymakers (Reilly et al., 2006). It is suggested that changing one's behaviour require holistic and multifaceted interventions aimed at increasing self-efficacy of families and allowing them to take positive actions (Naidoo and Wills, 2009). There is evidence (Tucker et al., 2006; Barkin et al., 2012; <https://assignbuster.com/pharmacist-interventions-for-obesity/>

Davison et al., 2013; Zhou et al., 2014) that multifaceted community-based interventions aimed at families are more likely to improve behaviour and reduce incidence of obesity than single interventions. Community-based interventions can be supported with the ecological approaches model. This model recognises that one's family, community, the environment, policies and other environment-related factors influence the health of the individuals. To date, the Department of Health (2010) through its Healthy Lives, Healthy People policy reiterates the importance of maintaining an active and healthy lifestyle to prevent obesity. This policy allows local communities to take responsibility and be accountable for the health of its community members.

Pharmacists are not only limited to dispensing advice on medications for obesity but to also facilitate a healthier lifestyle. This could be done through collaboration with other healthcare professionals in the community (Goodson, 2009). A multidisciplinary approach to health has been suggested to be effective in promoting positive health outcomes of service users (Zhou et al., 2014). As discussed in this essay, pharmacists can facilitate the access of service users to activities and programmes designed to prevent obesity amongst members in the community. Finally, pharmacists have integral roles in health promotion and are not limited to dispensing medications or provide counselling on pharmacologic therapies. Their roles have expanded to include providing patients with holistic interventions and facilitating uptake of health and social care services designed to manage and prevent obesity in socio-economically deprived individuals.

Conclusion

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In conclusion, pharmacists can use the different health promotion models to address obesity amongst individuals with lower socioeconomic status. The use of these models will help pharmacists provide holistic interventions to this group and address their individual needs. The different health promotion models discussed in this essay shows that it is crucial to allow service users gain self-efficacy. This will empower them to take positive actions regarding their health. Finally, it is suggested that a multi-faceted, community based intervention will likely lead to a successful campaign against obesity.

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