

Models of health for obesity intervention



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Introduction

Public health has been a topic of government debates. It is an increasing issue that is provoking a lot of publicity. Strategies are being implemented as well as policies in order to tackle the ever increasing problem of obesity which is clearly a public health issue. A case study from the Nuffield Council on Bioethics (2007) showed that the United Kingdom has the highest prevalence of obesity in Europe. Due to the NMC confidentiality clause in accordance with The Nursing and Midwifery Council (2008) Code of Conduct, nurses must respect people's right to confidentiality. Therefore for the purpose of this essay the patient's name has been changed and any personal or identifiable information has also been altered so as to protect his privacy and dignity. This essay aims to discuss and explore policies, biopsychosocial model and contribution of therapies to health and wellbeing with reference to Troy (see appendix 1)

Public health

Public health refers to the methods of preventing disease, prolonging life and promoting health through organised efforts and informed choices of society, organisations, public and private, communities and individuals (WHO, 2013). It is concerned with threats to health based on population health analysis. The population in question can be as small as a handful of people, or as large as all the inhabitants of the United Kingdom. The dimensions of health can encompass “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2013). Sim & McKee (2011) suggest that Public health incorporates the interdisciplinary approaches of epidemiology, biostatistics and health services. The focus of <https://assignbuster.com/models-of-health-for-obesity-intervention/>

public health intervention is to improve health and quality of life through prevention and treatment of disease and other physical and mental health conditions. This is done through surveillance of cases and health indicators, and through promotion of healthy behaviors. The range of public health interventions in order to reduce food related ill health is potentially considerable and this includes; presenting on an individual basis, health education and promotion, composition regulation in food, accurate food information labels and product traceability just to name a few. From 2004, the United Kingdom has put together a number of initiatives that are aimed at tackling obesity with recognition of the need for policy change as well as individual behavior change and personal attitude towards food.

Policy

Due to the alarming statistics on obesity in the United Kingdom, the government has a policy to try and tackle the rising problem. According to the Policy, figures show that 61.9% of adults and 28% of children aged between 2 and 15 are overweight or obese. People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers (Department Of Health, 2013). Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health. This being the case of Troy as he suffers from type 2 diabetes due to his weight, has mental health and has never found work. It is costing the Government 5million pounds to obesity related illnesses.

The policy has an action plan to reduce these statistics by 2020. The government want people to eat and drink more healthily while being more

active. It is giving people advice on a healthy diet and physical activity through the change4Life programme. The programme promotes healthy life styles. The moto is ' Eat Well, Move More and Live Longer'. Change4Life is a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. It is the marketing component of the Government's response to the rise in obesity (Nhs, 2013).

Improving labelling on food and drink will help people make healthy choices. The policy states that a system for labelling on the packages that makes it clear what is in food and drink, is important. The consistent system combines red, amber, green colour-coding and nutritional information to show how much fat, saturated fat, salt and sugar, and calories are in food products. Also encouraging businesses on the high street to include calorie information on their menus so that people can make healthy choices. By giving people guidance on how much physical activity they should be doing, the policy seeks to help individuals as well as professional to understand how to reduce the risk of ill health associated with inactivity and sedentary behaviors.

As much as it is an individual's choice on when and what they eat, the government want businesses to take responsibilities of the products that they are selling by making it easier for everyone make healthier choices for both staff and customers. The ' Responsibility Deal has 4 networks' include; alcohol, food, health at work and physical activity which all have collective pledges that businesses are encouraged to sign up to. The actions to help people eat more healthily include; reducing ingredients like salt, sugar and fat that can be harmful if people eat too much of them. Also encourage

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people to eat more fruit and vegetable to help reach their '5 A DAY'. Lastly putting calorie information on menus and helping people to eat fewer calories by changing the portion size or the recipe of a product (Department Of Health, 2013). The policy asks the local councils to get involved in combating obesity and encourage healthier lives by making sure that the right services are in place. An example of this is recreational areas in the neighborhoods have outdoor gym facilities.

Biopsychosocial model

Biopsychosocial model, traditionally considered appropriate with regards to obesity, as all elements of the model are relevant. This model shows disease arising from the overlap of components. In applying this model to obesity research, biologic systems are viewed in isolation, not taking into account their interaction with the environment and behaviours until one is obese. There are several factors that could lead one to be overweight or obese and the biopsychosocial model can be used to understand these factors. One of them is biological factors which include genetic susceptibility, increased number of adipose cells formed during childhood, hormonal imbalance such thyroxine produced by the thyroid gland, and several more (Marieb & Hoehn, 2010). Although strides have been made exploring the pathophysiology of obesity, treatment and prevention have focused mainly on two components, the psychological and the social. The psychological aspects include eating behaviours, activity habits and health awareness or knowledge. Troy suffers from depression this could be a factor to consider as a reason why he is obese.

Taylor (2012) recognises that people that eat while depressed or stressed are more likely to consume sweet and high-fat foods. Troy has accustomed himself to bad eating behaviour. Most take away food have high volumes of sugar, fat and salt, which are triggers of weight gain. He may not be aware of the implications of his weight increase. As a student nurse, I feel talking to Troy and making him aware of his weight problems may be ideal. Giving him healthier options when he asks me order him a take away and advising him to eat more of the reduced sugar, fat and salt food. Troy has a high craving for sweet fizzy drinks, telling him of the alternative drinks such as sugar free or sweeteners would be ideal thus empowering him to make a choice.

The social aspect of the model include socioeconomic, neighbourhood, schools and food policy. When it comes to obesity there are a great variety of social variables that contribute to one being overweight and obese. For instant today we are bombarded with advertisements for fast food restaurants and high calorie pre-packaged foods or microwave food. The media plays a big role in changing our attitude and behaviour toward food by using persuasive messages and images. A study by Taylor (2012) shows that socioeconomic factors contribute to one's attitude towards food. The study revealed that that people of low socioeconomic status tend to be more overweight than people with high socioeconomic status. An explanation for this could be the fact that food that contain high-fat and processed foods are cheaper than nutritious and fresh foods such as vegetables and fish. Troy lives in poor estate and relies on the benefit system for his income. This in not much so he tend to buy the cheaper and faster foods. Also social and family interaction could affect one to become obese as eating habits can be

influence by others around the house. Other social factors could be educational level, employment and cultural influences. Advising Troy to cook his own meals when he is at home and educating him on the difference between fresh cooked meals that contain low fat, sugar and salt versus Fast food would be in his best interest. He lives alone so giving himself more time outdoors and engaging in activities, like going out for walks or even light exercise as a starting point. Understanding the reasons for obesity is important but more important is to find ways to stop and prevent it. Health promotion is any effort that encourages people to engage in healthy behaviour's such as having a healthy diet and maintaining a healthy weight (Schneider, Gruman & Coutts, 2005).

Behavioral treatment

Behavioral treatment is an approach used to help individuals develop a set of skills to achieve a healthier weight. This treatment is used in people who suffer from eating disorders and those who are overweight or obese. It does more than helping people to decide what to change but also helps them identify how to change. The behavior change process is facilitated through the use of self-monitoring, goal setting, and problem solving. Studies suggest that behavioral treatment produces weight loss of 8-10% during the first 6 months of treatment. Structured approaches such as meal replacements and food provision have been shown to increase the magnitude of weight loss (Foster, 2002). Stuart (1967) suggests that behavioral treatment of obesity developed from the belief that obesity is the result of maladaptive eating and exercise habits, which could be corrected by the application of learning principles.

Behavioral treatment is based primarily on principles of classical conditioning, which suggest that eating is often prompted by antecedent events, for example cues, that become strongly linked to food intake. According to Brownell (2000) Behavioral treatment helps patients identify cues that trigger inappropriate eating behaviors and help them learn new responses to these cues. Treatment also seeks to reinforce the adoption of positive eating behaviors. This treatment also incorporates cognitive therapy due to the fact that, in cognitive therapy ones thoughts or cognitions directly affect feelings and behaviors (Beck, 1976). Negative thoughts are predominantly associated with negative outcomes. When one over indulges in food and they are dieting, they tend to think they have messed up their dieting schedule therefore proceed to eat even more secondary to feelings of failure and hopelessness. Beck (1976) in his book on Cognitive Behavior therapy mentions that cognitive therapy patients learn to set realistic goals for weight and behavior change, enabling them to realistically evaluate their progress in modifying eating and activity habits, and to correct negative thoughts that occur when they do not meet their goals. Fairburn, C. G, & Wilson G. T. (1993) agree with Beck (1967) that Cognitive interventions for weight management are based on those developed for the treatments of depression, anxiety, and bulimia nervosa. Programmes such as Weight Watchers can be incorporated in Behavioral Therapy as Weight Watchers meetings promotes goal setting and advices on low calorie food intake.

Conclusion

Arguably, although the policy set by Department of Health on obesity seeks to promote programmes like change4 life which supports eating five

vegetable or fruit a day, it does not completely tackle the issue of affordability. Fresh vegetable, fruit and fish is expensive meaning those who have low income cannot afford these foods. It then means it comes back to the fact of them not affording the healthier food so they opt for cheaper processed food. A lot of literature that has been written on the subject matter, obesity, is from the United States of America because they are a nation who are also trying to tackle obesity. They have much a bigger issue of obesity and I believe as a nation we can learn a lot from them.

In the case of Troy, Behavioral therapy would be ideal as it involves cognitive therapy, so he can talk about his problem and set realistic goals for himself helping and improving his quality of life. The best interventions have been in the fields of dietary management and behavioural change.

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Appendix 1

During one of my placements in a hospital situated in the North of England, a young Troy man aged 24 was admitted to Psychiatric Intensive Care Unit (PICU) presenting with Psychotic episode and hallucinations. He lives alone in a one bed council flat, has never worked and receives Benefits. He has a long history of drug and alcohol misuse, although he has been drug free for over 6 months. Troy weighs 26 stone and has been known to the service for self-harming and depression from the age of 14. As his treatment has progressed, it has become clear to me that he has other issues like bad eating habits. His mother from a very young age, feed Troy with a lot of fast food as she herself suffered from Clinical depression. They lived in a poor estate up the age of 8 when he was put into care because his mother was unable to cope and neglected him and his siblings. He has very little contact with his family except his grandparents who regularly visit him. Now at his

later stage in life, Troy likes to eat take away and drinks a lot of sugary fizzy drinks.

His weight has become an issue on the ward as he has found the single beds too small and he complained of the blankets being too small. The consultant had been concerned about his weight and suggested that some of the psychotic medication he is taking may be contributing to his weight gain as they tend to trigger a lot of cravings. He has diagnosed with type 2 diabetes while admitted on the ward.

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