

## Background

In the UK obesity rates nearly doubled between 1993 and 2011, from 13% to 24% in men and from 16% to 26% in women. Obesity is a complex health concern which incorporates maladaptive eating behaviours including binge eating and comfort eating. The maladaptive behaviour can also be a symptom of depression and/or anxiety.

NICE guidelines for Obesity include the following components in the treatment of obesity :

- self-monitoring of behaviour and progress
- stimulus control
- goal setting;
- slowing rate of eating;
- ensuring social support;
- problem solving;
- assertiveness;
- cognitive restructuring ;
- reinforcement of changes;
- relapse prevention and strategies for dealing with weight regain.

## Aims of the Cognitive Behavioural Therapist in the Changes Weight Management Service

- To contribute to the primary aim of weight loss for each patient and enable individuals to make changes to achieve a positive health impact.
- To assess patients psychological health status prior to undergoing bariatric surgery.
- To provide therapeutic support within one to one sessions with clients following assessment in order to treat maladaptive eating behaviours and co-morbid mental health problems if related to Obesity and disordered eating
- For CBT to be an integral aspect of the weight management team and to ensure clients and the team have direct access to psychological advice and referral pathways.
- To refer patients to other Mental Health and Eating Disorder services as required

## Bariatric surgery

NICE guidelines recommend bariatric surgery as the option of choice for adults with a BMI of more than 50 kg/m<sup>2</sup> when other interventions have not been effective. Options include gastric band, bypass, sleeve gastrectomy and duodenal switch.

Surgery requires lifestyle changes and psychological considerations to be addressed prior to and after surgery.

CBT provide a preoperative assessment, including a risk-benefit analysis that includes preventing complications of obesity, and specialist assessment for eating disorder(s). Treatment sessions may be offered to address any issues identified.

CBT attend the multi-disciplinary bariatric panel meeting alongside a dietitian, physio, GP with specialist in obesity and a Consultant Endocrinologist, where decisions about patients' suitability for surgery are made and patients are referred to the surgical provider if appropriate.

## Future Service Developments:

- Skills workshops for patients on Body Image, Mindful Eating and Relapse Prevention
- Bariatric research—the impact of bariatric surgery on the health and eating of the family.

## Further reading:

“Overcoming Weight Problems: A Self Help Guide Using Cognitive Behavioural Techniques” – Jeremy Gauntlett-Gilbert and Clare Grace  
“The Beck Diet Solution – Weight Loss Workbook”, Judith S Beck  
“Overcoming Binge Eating”, Dr Christopher Fairburn

## Contact Details

Prescot Primary Care Resource Centre  
Sewell Street  
Prescot, Merseyside  
L34 1ND  
Phone: 0151 2904335  
Fax: 0151 2904334  
E-mail: ruth.lawrence@5bp.nhs.uk