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Role of Multidisciplinary Team and Its Clinical Perspective in Obesity Treatment: Challenges, Gaps and Promising Opportunities: Short Discussion

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Abstract

This communication has been done on the challenges, gaps and promising opportunities that are faced by intervention policies in providing obesity treatment. Globally, obesity is considered as a growing health concern and its crisis has also attacked the Middle East and surrounding regions. Trend of obesity is dramatically increasing in the Middle East and many parts of the region are facing alarming and escalating burden of disease. Remarkable transition in the lifestyle and the diet pattern along with the collaboration of genetic factors and unfavorable environmental conditions has created a perfect storm that has made the Gulf Countries and Jordanian population extremely susceptible to obesity. Despite the need of hard-hitting approach for treating and managing obesity, the government policies and interventions across the region are uneven. Gaps in the government policies are needed to be bridged for the smooth and effective functioning of weight loss interventions. Awareness programmes and elementary education about nutritional benefits should be in place, pose ban and taxes on supply of junk and sugar based drinks in school and nearby areas, involvement of core team of nurses, dietitians and physicians for weight loss intervention programmes, physical activity for minimum 30 minutes should be made compulsory in school curriculum. This study provides valuable information about the aspects that should be taken into consideration by the Middle East authorities for making best use of weight loss interventions.

Keywords: Obesity; Middle east; Policies; Management; Interventions

Introduction

Obesity is defined as a chronic disease caused by the accumulation or deposition of excessive fat in the body. This deposition of extra fat is due to the imbalance in the cycle between energy intake and energy expenditure in the body. The World Health Organization defines obesity in relation with body mass index (BMI). As per WHO guidelines, patients with BMI of 30 Kg/m^2 or more than that are categorized as obese patients [1]. This growing health problem of obesity has reached crisis levels in many parts of the Middle East region. Moreover, Jordan is ranked as fifth among the fattest countries in the world [2].

Striking improvements in the living standards among the inhabitants of this region have worsened the problem. Researchers in their studies reported that over a period of time, there is a dramatic change in the living pattern among the people of the Middle East. People have become more dependent on technologies and have acquired sedentary mode of life style [3,4].

Moreover, this increased weight is responsible for the development of various health problems such as diabetes, hypertension, cardiovascular diseases CVDs, cancers, sleep and breathing disorders [5,6].

Increased magnitude of disease in whole world is matter of concern. Presently, existing modalities including multidisciplinary treatments such as lifestyle, behavioral, pharmacotherapy, medical and surgical interventions are successful and proficient against this serious outbreak in terms of anthropometric, cardio metabolic, psychological and other related social parameters [7,8].

Despite, the need of hard-hitting approach to manage obesity, the government policies across the region are running unevenly. However, health care policies to prevent and manage obesity are still in budding phase in many areas of the Middle East region. Moreover, many intensive interventions including weight loss programme and bariatric surgery are still missing. In this discussion paper we highlighted the challenges that are faced by the patients in using health care interventions, gaps in the existing health policies and promising prospective in advancing obesity treatment. In this article, we underpin the challenges and the hurdles faced by the patients in access to the treatment, threats involved in the treatment procedures, responsiveness to treatment and importance of multidisciplinary care team in the Middle East region [9].

Considering obesity as a chronic disease, it sparks the need of appropriate screening and treatment programme among the inhabitants of the Middle East region. The initial step in treating obesity is to identify obese individuals who may get benefit from the therapeutic intervention. Obesity treatment guidelines and American Heart Association (AHA), American College of Cardiology (ACC) and The Obesity Society (TOA) established BMI and WHR as measures for screening obesity. Recommended guidelines confirm that present BMI and WHR cut point status of an individual are reasonable indicators for screening individuals who may have elevated weight issues. Several systematic reviews suggested that individuals with BMI>25 kg/m^2 have an increased risk of developing cardiovascular diseases and those who have BMI greater than 30 kg/m^2 are at higher risk of mortality from all these reasons [10].

However, the major concern in the region is that people don't see obesity as a disease. In Jordan, people look down on obesity as a symptom of diabetes or hypertension. The Saudi people consider obesity as a cosmetic trouble rather than a serious health issue. This

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nature of not accepting obesity as a serious health issue is ultimately making obesity treatment as more challenging task. Looking at the dire health outcomes and increased prevalence of obesity in the Middle East calls for urgent and mandatory action by the government and the health care providers to start up weight management programmes for health betterment. International and National guidance identifies the significance of prevention of chronic diseases. These basis and reasons, motivated health care organizations to understand the need of educating people about obesity and its health hazards, need of developing interventions to lose weight. It's a need of hour to provide individualized obesity treatment by enhancing and spreading awareness regarding weight loss interventions and medication. Obesity treatment and management requires the need of having wide range of interventions to cope up with this uncontrolled epidemic [4].

Obesity Treatment

Globally, three major interventions that are used by health care providers in treating obesity in patients are: lifestyle intervention, bariatric surgery and pharmacotherapy. Out of all these three interventions the most effective and harmless is lifestyle intervention [11].

Lifestyle intervention is purely based on alterations and modifications in our daily regime. It involves the intake of low-calorie diet, increased physical activity and a structured behavioral change programme. Physical intervention involves self maintenance behavior such as keeping an eye on food intake, calorie intake and proportion intake, high intensity physical activity (30 minutes daily exercise) by a professional trainer. Basic core element of lifestyle intervention is that calorie intake should be proportional to the calorie expenditure. Lifestyle intervention aim of losing 5-10 kg of initial weight over a period of six months' time under the guidance of professional trainer. Implementation of lifestyle intervention helps in minimizing the effect of obesity and it also helps in preventing the manifestation of other associated health issues [12,13].

However, efficacy of this intervention becomes underlined due to several barriers faced by obese people such as cost, time and availability of treatment. All these hurdles keep these effective interventions out of reach of normal person who could get benefited from these therapies. A study was conducted in the Middle East by a group of researchers, in their study they described that apart from above pinned barriers, some people are finding it hard to alter their long way carried lifestyle habits. They are finding difficulty in sustaining self-regulation practice for behavioral change, some are facing barrier in lacking control over their eating patterns, taste and their choice of food. Researchers postulated the fact that internal will is a common enabler of healthy diet. This behavioral change needs to come from inner side. Lifestyle intervention target cannot be fulfilled by forceful eating of healthy food.

Bariatric surgery

This Weight loss intervention is critical aspect in weight management programme. It helps people to lose weight who faced failure from other interventions in the Middle East region, intensive weight loss intervention i.e., bariatric surgery is not completely bloomed up and people are unable to make proper use of this surgery. Jordan has become a centre for the bariatric surgery and has also cached attention from the patients of Middle East in recent years. Due to this, government is facing difficulty to confront the disease at mass level [14].

Moreover, extensive cost of surgery is also creating a barrier for people to readily access this intervention. Increased morbidity due to obesity, recalls government and health care professionals to rethink and reconsider the significance of health care coverage and insurance to public. Health care insurance assist obese individual to make use of available weight loss interventions. This aspect is of key importance to minimize the burden of obesity.

Willingness to participate: Saha et al. carried out a research on the immigrants of the Middle East and it was reported in their study that willingness to participate in lifestyle intervention is a significant factor that is affected by the education level and economic level of a patient. Most people with low education status and low economic status have zero willingness to participate in the weight loss intervention programmes [15].

Similar studies were carried out by several researchers in other countries also reported the same criteria, that willingness to participate factor is affected by the educational status of an individual. In a study carried out by Fu et al., on obese women reported that women with high education levels have greater willingness to pay for weight reduction therapy [16]. Another study conducted by Rome and associates documented the same findings that willingness to pay for health improvements is directly influenced by higher education levels and monetary status [17].

Several researchers and experts in their studies reported the key aspects to link the policy gaps. Policy makers need to recognize and fulfil these gaps to acknowledge the complexity of obesity. Bridging up off these gaps makes more promising use of these health care interventions. Following are the gaps that need to be looked upon by government:

Lack of rudimentary education about health and nutrition at primary and secondary education levels: Stott and his associates postulated in their study that diet of youngsters usually lack nutritional quality and they also lack in their physical activity levels to sustain healthy bodies [18].

Government in the Middle East and other regions must make sure that health education about healthy eating should be encouraged in the schools and colleges. Awareness about healthy eating helps in changing dietary habits which in turn change the whole lifestyle. Many authors documented in their report that urbanization in the Middle East region had a great impact on nutrition transition, lifestyle, drastic shift towards modern technologies leading to sedentary mode of lifestyle. Nutrition transition is directly associated with the increased incidence of obesity in the Middle East region.

Thaher et al. in their recent report suggested that female adolescents in Jordan have high prevalence of overweight and obesity and the women in this area have poor knowledge about the risk factors of the disease. It's a need of hour that government should make use of higher platforms mass and media to promote awareness about healthy eating, risk factors of obesity, benefit of physical work to combat with the growing incidence of obesity in the Middle East It's a true saying "Only Educated Women Can Make Family Educated and Strong Nation" [19].

Regulatory policies by government to pose ban on sugar and aerated drinks in school and nearby surroundings: The intake of sugar sweetened drinks are major risk factors for the increased obesity rates in Children. A report by WHO (2013) stated that nutrition based programmes in school, ban of selling fast food and sugar-based drinks in school and nearby surroundings helps in improving the dietary habits of adolescents in the Middle East region. The Economist Intelligence Unit also reported the similar findings on posing ban on consumption

of sugar and aerated drinks in the Middle East region. They stated in their report that government should pose ban on selling of sugar-based beverages, synthetic juices etc. in school canteens. Moreover, nutrition-based education should be made as an essential component of study programme in schools. This will not only help in improvising the nutritional habits among children but will also make children aware about the harmful effects of consuming this sweet poison [20].

Singh and fellow researchers carried out a systematic review on the consumption of sugar, sweetened beverages and fruit juices at the global, regional and national level. The researchers highlighted in their review that gaps in the nutritional examination and inspection is creating a great impact on the global health status and the targeting policies. Moreover, the government should pose taxes on the sale of unhealthy food in schools. In Jordan, the health kitchen project was launched to improve standard of meals in school for better eating habits among children [21].

Latest report by WHO in 2016 pinned the same aspect that awareness among children about physical activity in day to day life and ban on the supply of fast foods and aerated drinks within and surrounding of school and college premises is significant and rudimentary aspect in linking up the gaps that government is facing in eradicating the devastating effect of obesity in region [22].

Involvement of core team involving physicians and dietitians in treating obese people: Several health care professionals and expertise with the hands-on different approaches and strategies are required in the Middle East country to overcome the burden of obesity. Yumuk et al. in their study mentioned that qualitative assessment of diet by qualified dietitians is significant aspect in the weight loss programme. Physicians can help obese patients to understand the importance of physical activity with calorie reduction. Balance between calorie intake and calories output is an important aspect. Government should ensure that an allied team of professionals should be appointed to fulfil the gap in present scenario health care policies [23].

Several other researchers also agree and end up their note on the similar fact that complications like obesity requires multi component and multidisciplinary approach for its treatment and it is based on four major components (patient, practitioner, process and environmental factors). The team of allied group of psychologists, dietitians, exercise physiologists and general practitioners should be involved to bridge the gap in government policies [24,25].

Conclusion

In this study, we sought to recognize those factors that are barriers to the weight management policies in the Middle East. Several social and physical barriers, gaps and loops in available government policies were identified and steps were discussed that should be taken in account by the health authorities to bridge these gaps. Moreover, organized supervision and assessment should be made as regular feature to evaluate the advancement of policies and to guide further efforts. Multifactorial approaches are compulsory to create efficient policies. The Health authorities should keep an eye on executed policies to have a regular check on gaps and to identify unintended consequences.

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