Literature review of nursing practice in managing obesity in primary care: developments in the UK
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CRD summary
This review assessed interventions to improve nursing practice in obesity management in the UK. The authors concluded that primary care nursing has the potential to assist obesity management but that patient outcomes remain unclear. Poor reporting of multiple aspects of the review, including the synthesis of effectiveness data, mean it is difficult to be confident of the reliability of these conclusions.

Authors' objectives
To review primary care nursing practice in obesity management in the UK.

Searching
CINAHL, MEDLINE, AMED, EMBASE, ASSIA, PsycINFO and the British Nursing Index were searched from inception to December 2005; the search terms were reported. Obesity journals were handsearched and the references of identified papers were checked. Previous reviews were also consulted. Only studies reported in English were eligible for inclusion.

Study selection
Empirical studies of primary care nursing practice in relation to obesity management in adults were eligible for inclusion. Only studies conducted in the UK were eligible. The included studies were either purely descriptive or provided evaluation of an intervention. These evaluations were randomised controlled trials (RCTs), and surveys with before-and-after designs. The interventions evaluated in these studies were mainly focused on nurse education and included leaflets and seminars, dietician-led training and nutrition training. An obesity management intervention was also assessed. The outcomes assessed in the included studies were nurses' attitudes to training, beliefs, knowledge and confidence, outcomes related to practice development and implementation, patient perceptions of interventions and patient weight loss.

The authors did not report how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors stated that validity was assessed by drawing on methods appropriate to qualitative or quantitative research designs, but did not provide further details or report how many reviewers performed the validity assessment.

Data extraction
The data were summarised in several matrices. An iterative process was used to compare key findings and formulate themes and generalisations.

The authors did not state how many reviewers performed the data extraction.

Methods of synthesis
The studies were combined in a brief narrative, supported by evidence tables. An iterative process was used to compare key findings and formulate themes and generalisations.

Results of the review
Eleven studies were included in the review, but six of these did not report the effectiveness of an intervention and were outside the scope of this abstract. Thus, this abstract is limited to the five included evaluations of interventions. One study was an RCT; the others were before-and-after studies, controlled trials, surveys and qualitative evaluations.
A large cluster-randomised RCT found no statistically significant difference in patient weight loss between groups; indeed, the intervention group showed a non significant weight increase. A large before-and-after study found that 33.7% of patients achieved a 5% weight loss at 12 months, with a mean weight loss in all patients of 3.2 kg. Follow-up data were available on only 282 patients out of an initial total of 1,256.

Three studies used educational interventions for nurses and were reported to contribute to improvements in practitioner knowledge and style of practice, but did not improve patient outcomes or change beliefs.

Two studies reported that nurses did not believe that changes in their practice as a result of the intervention had led to a change in patient outcome.

Authors’ conclusions
Primary care nursing has the potential to help patients manage obesity, but caution is required as patient outcomes remain unclear.

CRD commentary
The review question and the inclusion criteria were framed very broadly, which may have increased the potential for reviewer bias and error in the selection of studies for the review. The authors searched a number of relevant databases and other sources, which increases the chance that most relevant studies would be included in the review. Given the restriction of the review scope to UK practice, the decision to limit inclusion to studies reported in English is unlikely to have introduced bias. The authors did not report using methods designed to reduce reviewer bias and error at any stage of the review process. They reported undertaking a validity assessment, but did not provide a systematic summary of either the criteria employed or the results of the assessment. The decision to adopt a narrative synthesis was clearly correct in view of the considerable clinical and methodological heterogeneity between the studies. However, the section devoted to patient and nurse outcomes was very brief and it is difficult to clearly assess the results of the review. As a result of the poor reporting of most aspects of the review, it is difficult to be confident of the reliability of the authors’ conclusions, despite their caution.

Implications of the review for practice and research
Practice: The authors stated that nurses’ roles should initially be focused on those obese patients with co-morbidities who are at higher risk, and that a multidisciplinary approach with specialist support for a generalist approach is required.

Research: The authors stated that further surveys with robust representational sampling are required to elucidate developing practice in obesity management. Clinical trials to assess the effectiveness of interventions in improving patient outcomes are also needed. Such studies should assess disease risk reduction, patient satisfaction and quality of life, as well as weight loss.

Funding
Not stated.

Bibliographic details

PubMedID
17394536

DOI
10.1111/j.1365-2702.2006.01862.x

Indexing Status
Subject indexing assigned by NLM
MeSH
Great Britain; Humans; Obesity /epidemiology /nursing; Primary Health Care

AccessionNumber
12008009472

Date bibliographic record published
09/08/2008

Date abstract record published
23/12/2008

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.