ISSN 2664-3987 (Print) & ISSN 2664-6722 (Online)
South Asian Research Journal of Medical Sciences
Abbreviated Key Title: South Asian Res J Med Sci

| Volume-7 | Issue-6 | Nov-Dec -2025 | **DOI: https://doi.org/10.36346/sarjms.2025.v07i06.004**

Review Article

Practical Approach to Obesity Management in Primary Care: Lessons from Clinical Experience in Canada

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Article History
Received: 02.10.2025
Accepted: 24.12.2025
Published: 29.12.2025

Abstract: Obesity is one of the most common and complex chronic conditions encountered in primary care. Its management extends beyond diet and exercise and requires sensitive communication, multidisciplinary collaboration, and system-level support. Drawing on clinical experience in a Canadian primary care setting, this article discusses practical strategies for obesity management, the role of Primary Care Networks (PCNs), challenges related to medication coverage, and approaches to addressing obesity with patients while minimizing stigma.

Keywords: Obesity, Primary Care Networks (PCNs), Diet, Exercise, Medication Coverage.

INTRODUCTION

In community family practice in Canada, obesity is frequently an underlying contributor to conditions such as type 2 diabetes, hypertension, dyslipidemia, osteoarthritis, and sleep apnea. Despite its prevalence, obesity remains one of the most difficult issues to address in routine consultations. Time limitations, patient sensitivity, previous failed attempts, and social stigma often make these discussions challenging for both physicians and patients.

Initial Assessment

Assessment typically began with routine measurement of body mass index (BMI) and waist circumference during annual or chronic disease visits. Baseline laboratory investigations such as HbA1c, lipid profile, liver enzymes, and thyroid function tests were commonly used to assess metabolic risk. Equally important was assessing the patient's readiness to change, as motivation varied widely and often influenced outcomes more than BMI alone.

Addressing Obesity without Stigma

One of the most important lessons from practice was learning how to raise the topic of weight in a respectful and non-judgmental manner. Rather than focusing on weight itself, discussions were framed around overall health, energy levels, mobility, and control of chronic conditions. Asking permission before initiating the conversation helped reduce defensiveness and build trust.

Using person-first language and avoiding blame were essential in minimizing stigma. Acknowledging the biological, psychological, and social drivers of obesity helped patients feel supported rather than judged.

Lifestyle Modification

Lifestyle interventions focused on achievable, sustainable changes rather than rigid programs. Common strategies included reducing sugar-sweetened beverages, improving portion control, increasing daily walking, and addressing sleep and stress. Follow-up visits every four to six weeks allowed for reinforcement, problem-solving, and gradual progress.

Pharmacological Management and Coverage Challenges

Pharmacotherapy was considered for patients with a BMI ≥30 kg/m², or ≥27 kg/m² with comorbidities, when lifestyle measures alone were insufficient. Medications such as orlistat, GLP-1 receptor agonists (liraglutide and semaglutide), and bupropion/naltrexone (Contrave) were discussed based on patient profile and preferences.

A significant challenge in Canada was limited medication coverage. Many effective agents were not covered by provincial health plans and required private insurance or out-of-pocket payment.

Role of the Primary Care Network (PCN)

Primary Care Networks played a central role in supporting obesity management by providing access to dietitians, nurses, pharmacists, mental health therapists, and exercise specialists. This team-based model improved patient engagement and sustainability of care.

Follow-Up and Maintenance

A realistic goal of 5–10% weight loss over six months was emphasized. Long-term success depended on continuity of care, ongoing encouragement, and flexibility when setbacks occurred.

Key Lessons from Practice

- Addressing obesity requires empathy, patience, and repeated supportive conversations.
- Reducing stigma improves patient engagement.
- Medication access significantly influences outcomes.
- PCNs enhance obesity care through multidisciplinary support.

CONCLUSION

Obesity management in primary care is complex and requires sensitive communication, realistic goals, and strong system support. Experience from Canadian practice highlights the importance of multidisciplinary care models in achieving meaningful outcomes.

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