



Obesity: an expanding challenge to the medical profession

W29, 30 August 2011 09:00 - 12:00

Start	End	Topic	Speakers
09:00	09:05	Welcome and Introduction	<ul style="list-style-type: none"> Jean Hay-Smith
09:05	10:00	The Big Picture- rates, risks, research and reality	<ul style="list-style-type: none"> Jennifer Logue
10:00	10:30	Exercise, diet and intuitive eating interventions for obesity in pregnancy: could these reduce the risk of long-term sequelae such as incontinence and pelvic organ prolapse?	<ul style="list-style-type: none"> Jean Hay-Smith
10:30	11:00	Break	None
11:00	11:45	Obesity and Urinary Incontinence: Challenges to the Practitioner	<ul style="list-style-type: none"> Wael Agur
11:45	12:00	Discussion	All

Aims of course/workshop

- 1.To present a complete overview of obesity - epidemiology, incidence, causes and consequences.
- 2.To present an overview of the evidence regarding dieting and exercise approaches used in the treatment of obesity, discuss the theoretical underpinnings of non-dieting approaches, and consider whether pregnancy offers a teachable moment to address obesity issues for some women.
- 3.To present the current evidence for the implications of obesity and its clinical challenges in urogynaecology and the management of urinary incontinence in women.
4. To facilitate a lively and wide ranging discussion on the implications of obesity within Women's Health.

Educational Objectives

Obesity is increasingly becoming a worldwide problem. In Scotland 61.8 are classified as overweight or obese, with a cost to the health services estimated to be £171 million in 2001(SIGN Guideline 115).The Foresight Report 2007 states that if the current trend continues, 50 women will be obese by 2050, and that in 2002, the cost of treating obesity was £45.8 - £49 million reaching a total of £945 - £1,075 million for treating the extended consequences of obesity. It becomes essential that health professionals involved with adults who are obese fully understand the clinical implications. This workshop will provide delegates with accurate and up to date information about obesity and enable them to appreciate and address relevant causal factors as well as the implications and challenges within the obstetric,gynaecological and urinary incontinence fields. In addition to the most widely known interventions (such as surgery, medication, dieting and exercise) the workshop will introduce participants to the growing body of evidence regarding non-dieting approaches, such as those based on intuitive eating and mindfulness. Delegates will additionally understand how to tailor the treatment they provide to suit such patients.

Obesity in pregnancy

Worldwide obesity has more than doubled since 1980 (1). Excess weight gain in pregnancy is associated with a persistent increase in body mass index (BMI) (2). In addition to longer term persistent weight gain, excess weight gain in pregnancy is associated with poor pregnancy outcomes for both mother and child such as fetal macrosomia, low birth weight, preterm birth, increased caesarean delivery, preeclampsia, and gestational diabetes (3). It has been hypothesised that pregnancy may be a 'teachable moment' for weight control and obesity prevention (4). However, to date, typical antenatal interventions, which include a combination of dieting and exercise, have not been shown to improve maternal and infant health outcomes for overweight and obese women (5). There is growing evidence to show that 'Intuitive Eating' (a hunger based approach to eating) is associated with lower BMI scores (6). As traditional dieting approaches have had no positive effect on worldwide obesity, or obesity in pregnancy, we suggest that interventions based on intuitive eating may have value.

1. Obesity and overweight [database on the Internet]. World Health Organisation. 2011 [cited 7 June 2011]. Available from: <http://www.who.int/mediacentre/factsheets/fs311/en/index.html#>.
2. Vesco KKMDMPH, Dietz PMDMPH, Rizzo JMPA, Stevens VJP, Perrin NAP, Bachman DJMS, et al. Excessive Gestational Weight Gain and Postpartum Weight Retention Among Obese Women. *Obstetrics & Gynecology*. 2009;114(5):1069-75.
3. Smith SA, Hulsey T, Goodnight W. Effects of obesity on pregnancy. *J Obstet Gynecol Neonatal Nurs*. 2008 Mar-Apr;37(2):176-84.
4. Phelan S. Pregnancy: a "teachable moment" for weight control and obesity prevention. *American Journal of Obstetrics and Gynecology*. 2002(2):135.e1-.e8.
5. Dodd JM, Grivell RM, Crowther CA, Robinson JS. Antenatal interventions for overweight or obese pregnant women: a systematic review of randomised trials. *BJOG*. 2010 Oct;117(11):1316-26.
6. Smith T, Hawks SR. Intuitive eating, diet composition, and the meaning of food in healthy weight promotion. *Research Quarterly for Exercise and Sport*. 2006 Mar;77(1):A32-A.