



Fit For Purpose?

A systematic audit of height, weight and waist circumference in patients' charts in a tertiary teaching hospital

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Background

Definitions of Overweight, Obesity and Morbid Obesity

Overweight: if weight is greater than what is generally considered healthy for a given height¹

Obesity: a disease... ‘excess body fat has accrued to an extent that health is adversely affected’²

Morbid Obesity: an abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight³

1 World Health Organisation. (1998). Obesity – preventing and managing the global epidemic

2 Centers for Disease Control and Prevention. Defining overweight and obesity

3 National Institutes of Health

Measurement of obesity

- Self-reported measurement
 - SLAN 1998, 2002, 2007^{1,2,3}
- Direct measurement
 - Irish National Nutrition Survey 1990⁴
 - North/South Ireland Food Consumption Survey 2001⁵

1 The National Health and Lifestyle Surveys, Survey of Lifestyle, Attitudes and Nutrition, NUI Galway 1998

2 The National Health and Lifestyle Surveys, Survey of Lifestyle, Attitudes and Nutrition, NUI Galway & UCD Dublin 2002

3 The National Health and Lifestyle Surveys, Survey of Lifestyle, Attitudes and Nutrition in Ireland, DOHC Dublin 2008

4 Irish Nutrition and Dietetic Institute, Dublin 1990

5 Irish Universities Nutrition Alliance, Food Safety Promotion Board, 2001

Prevalence of obesity in Ireland: SLAN results

Figure 53: Self-reported BMI distributions for men, by year

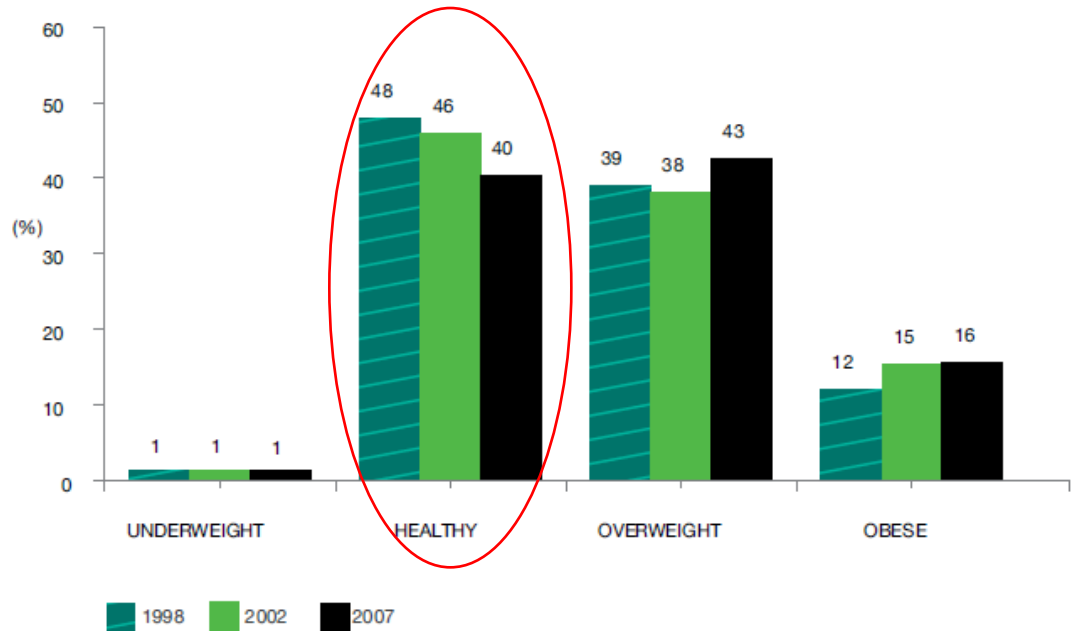
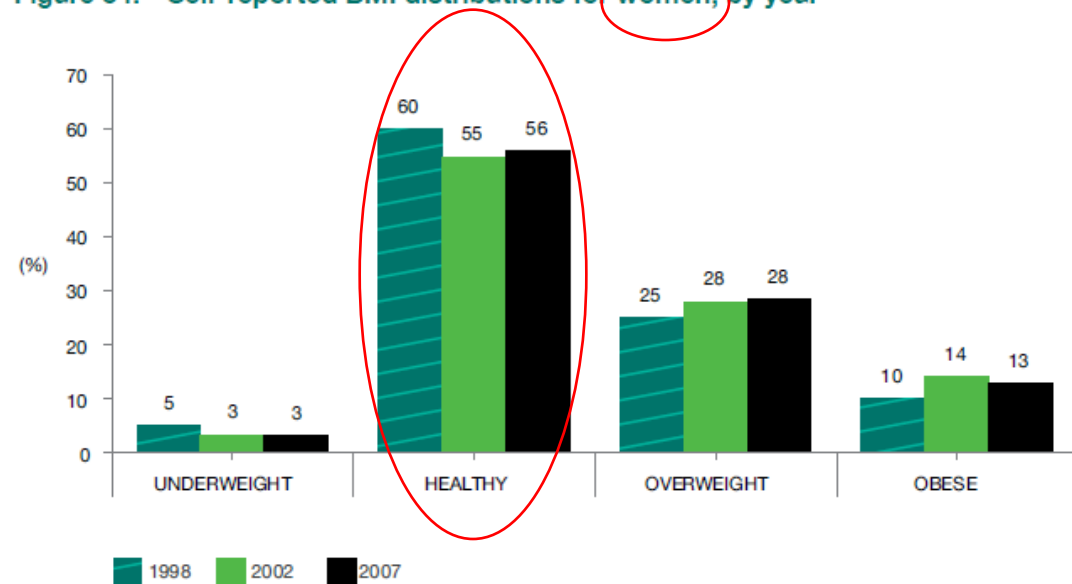


Figure 54: Self-reported BMI distributions for women, by year



Prevalence of obesity in Ireland: North/South survey

- 39% Irish adults overweight
- 18% Irish adults obese
- Higher rate of overweight & obesity in men

National Taskforce on Obesity

- 2005 Report:
 - measurement of height, weight, waist circumference and BMI should be part of clinical practice¹
- 2009 Follow-up report:
 - no evidence of systematic compliance apart from in specialist clinics²

1 Obesity the Policy Challenges – the Report of the National Taskforce on Obesity. 2005

2 Report of Inter-sectoral Group on the Implementation of the Recommendations of the National Task Force on Obesity. April 2009
DoHC

Aims

Determine if out-patient clinics are recording basic anthropometric measurements:

- Height
- Weight
- BMI
- Waist circumference

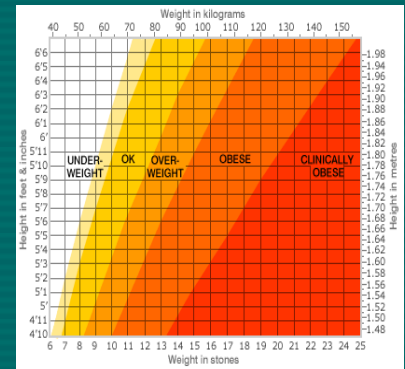
Methodology

- Systematic audit over 1 week
- Stratified random sample of 27 out-patient clinics (515 charts)
- Each clinic audited for equipment for recording:
 - Weighing scales
 - Stadiometer
 - BMI chart
 - Measuring tape

- Healthcare records:
 - Height, weight, BMI and waist circumference
(on day of audit, or during the preceding year)
 - Age & sex
 - Thickness of chart

Results

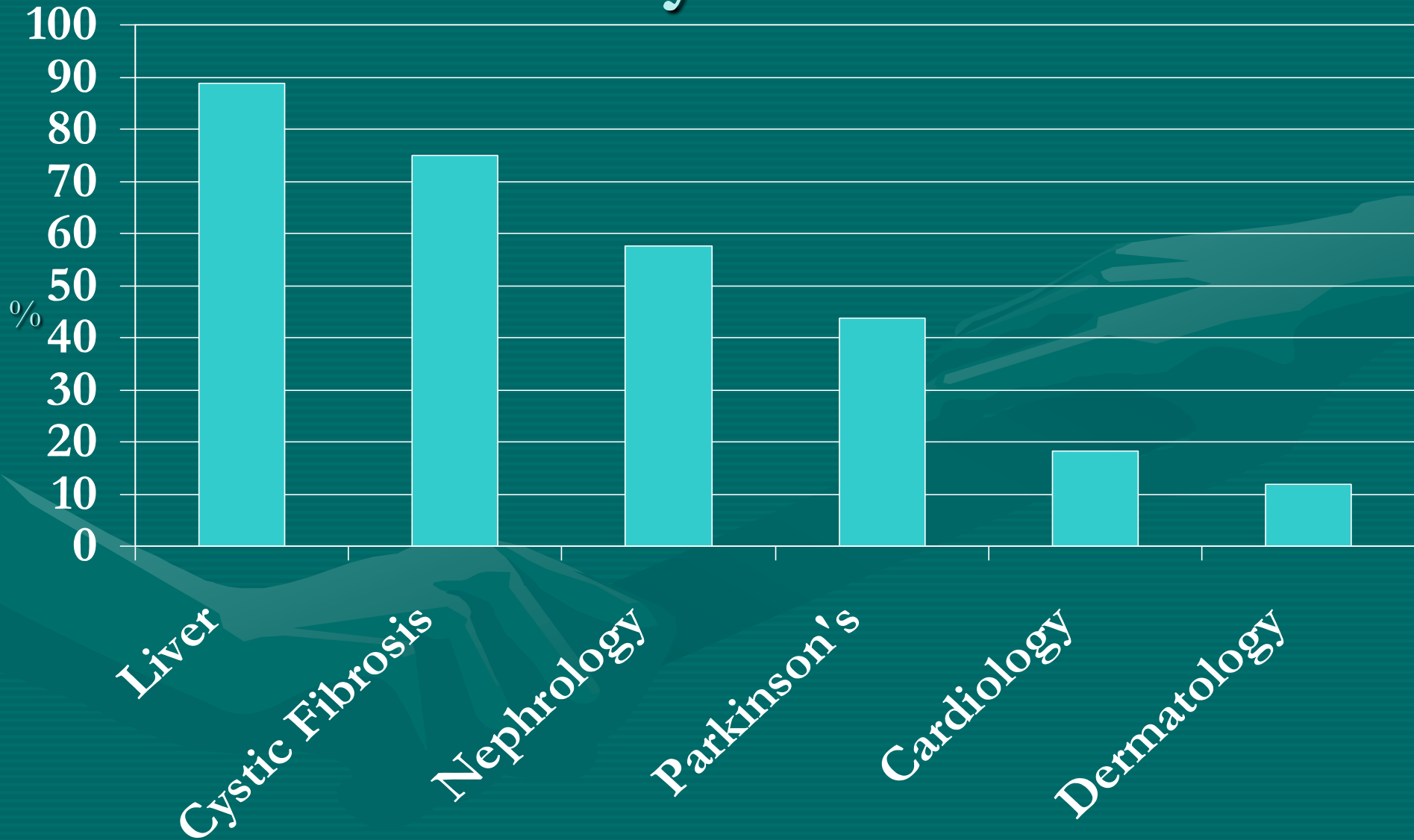
- All clinics had scales
- All but one had stadiometers with annual calibration
- 88% had a measuring tape
- 7% had a BMI chart



Proportion of 515 charts with measurements recorded

	Audit period		Preceding year	
	%	N	%	N
Weight	14.5	75	29	151
Height	4	20	3.6	19
BMI	0	0	1.3	7
Waist circumference	0	0	0.38	2

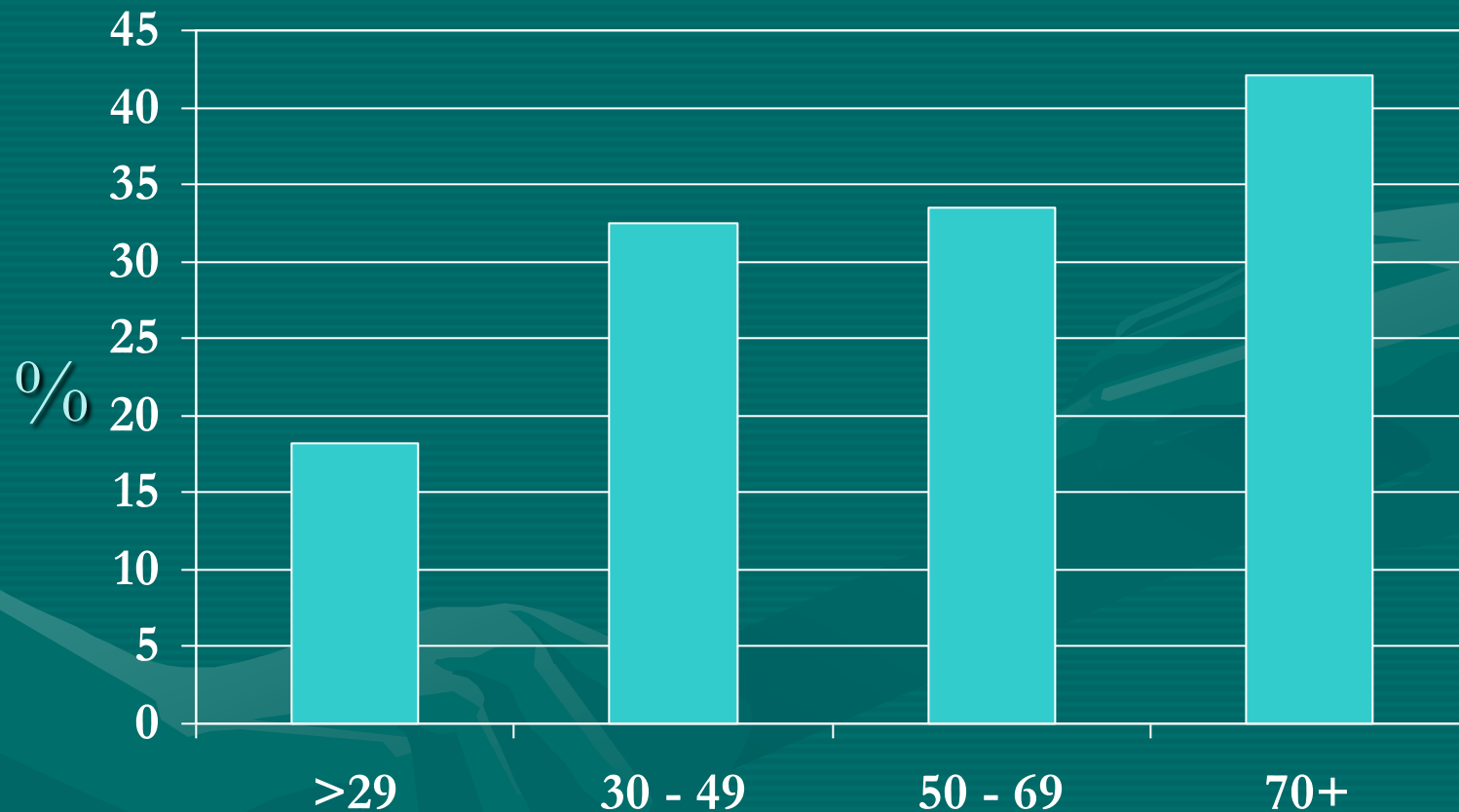
Percentage of patients weighed on day of audit



Clinics that did not weigh

- Rheumatology
- Gynaecology
- Pain Clinic
- Radiotherapy / Oncology
- Medical
- Ear, Nose & Throat
- Hand Clinic
- General Surgery
- Urology
- Orthopaedic
- Lung Fibrosis
- Surgical
- Trauma
- Psychiatry
- Cardiology (different consultant)

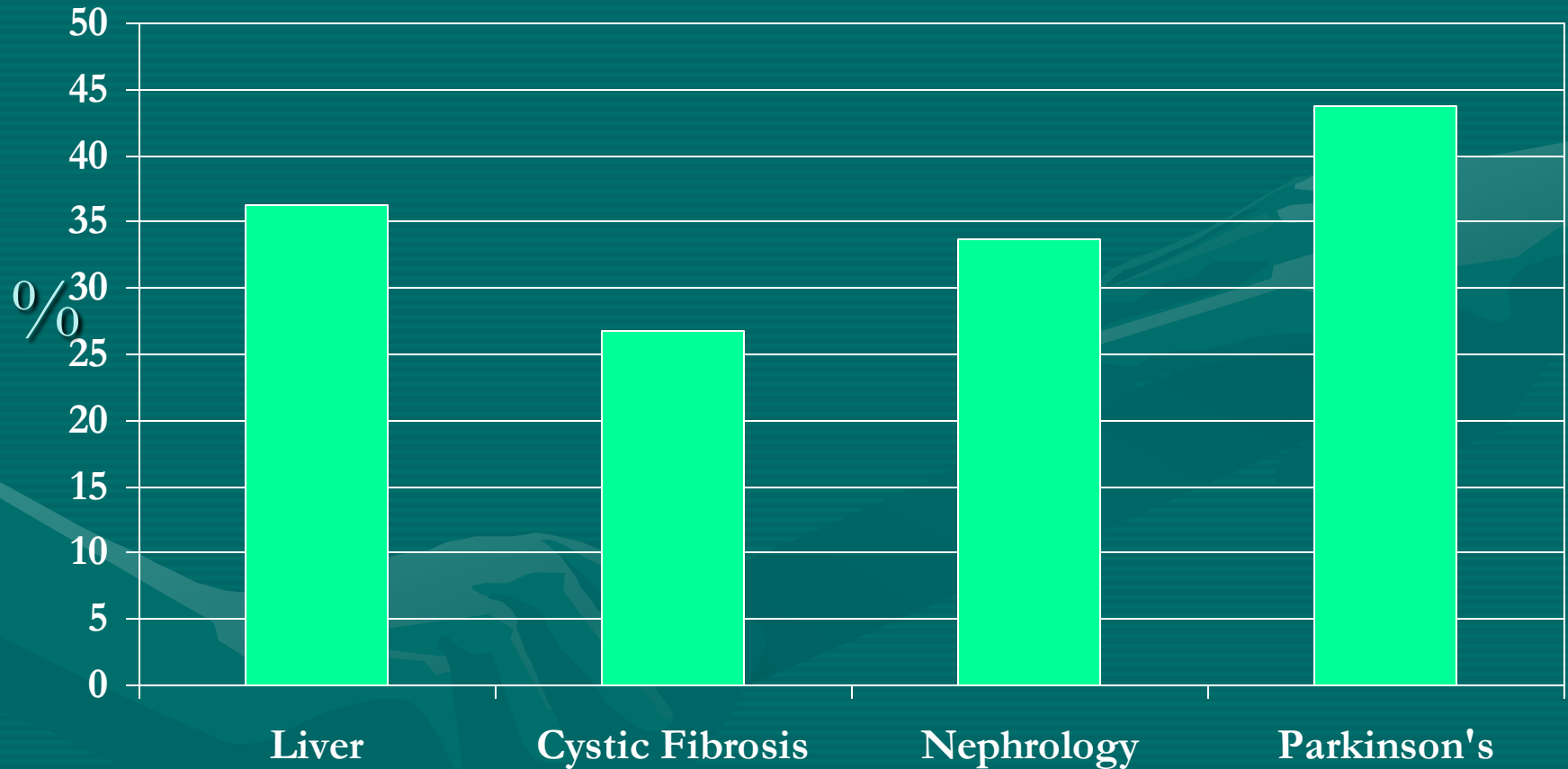
Percentage of patients weighed according to age



Age

$p = 0.011$

% patients over 49 years



High weighing clinics

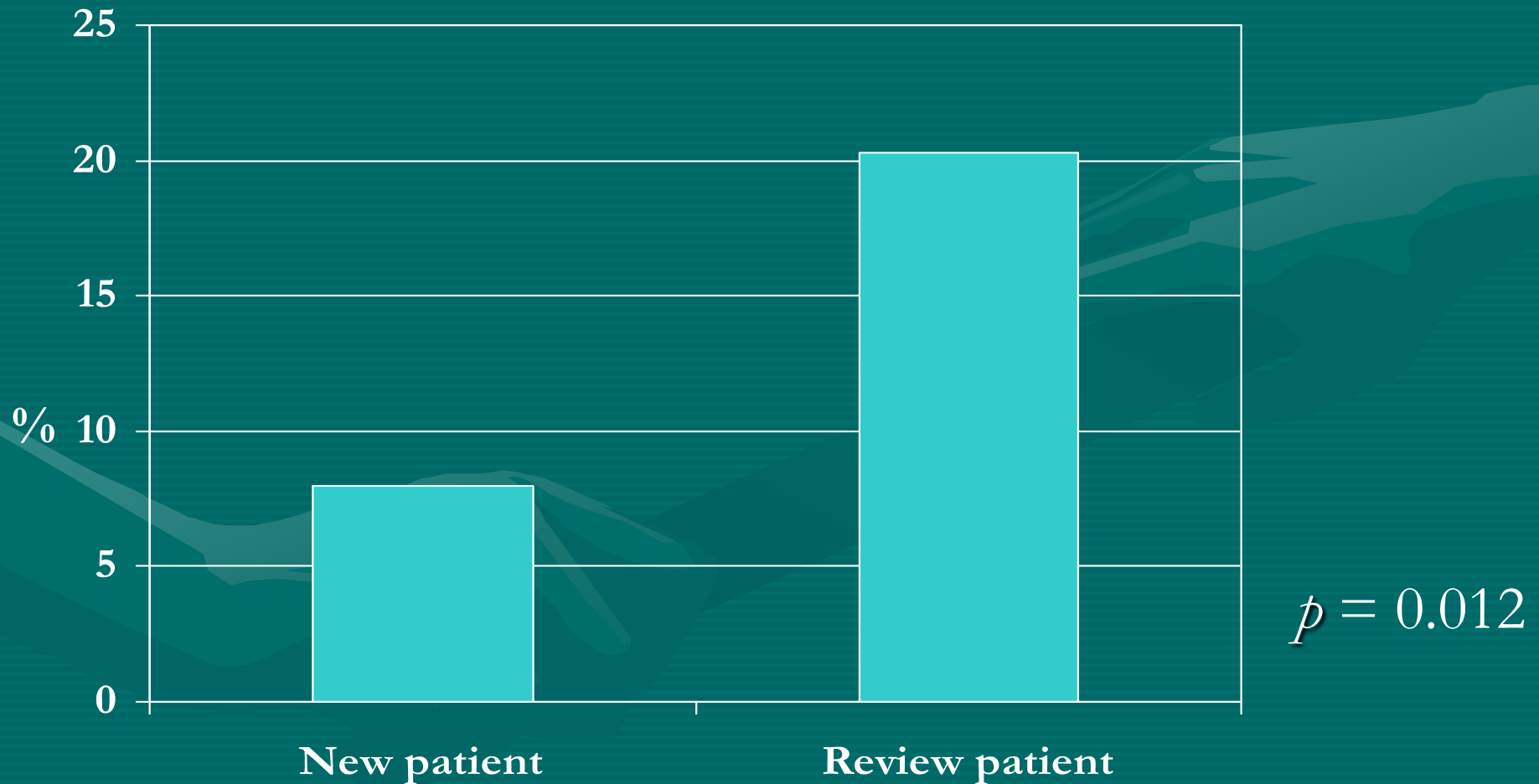
No significant difference in proportion weighed:

Female = 36.5%

Male = 30.6%

$p = 0.160$

Percentage of new and review patients weighed



Thickness of chart and likelihood of being weighed!



Chart thickness (mm)	% patients with weight measured
5 - 19.99	22.3
20 - 39.99	44.6
40 - 59.99	48.3
60+	61.5 $p = 0.000$

Conclusion

- Equipment available in all clinics
- Basic anthropometric measurements not routinely taken
- When taken, used for clinical purposes
- Missed surveillance opportunity

Purposes for anthropometric measurement:

- Surveillance
- Clinical intervention:
 - Condition exacerbated by obesity – weight management incorporated into treatment
 - Condition unrelated to obesity - provides opportunity for brief intervention

Implications

- Measurements not being recorded in this teaching hospital which has Obesity Task Force representation
- Unlikely that other hospitals doing more
- Clinical need to disseminate message
 - Within hospital
 - Within broader healthcare community
- Peer publish this data

Acknowledgments

- Ambulatory Day Care Centre
- Medical Records

St. Vincent's University Hospital

A faint, semi-transparent image of two hands shaking is visible in the background, centered horizontally and vertically. The hands are rendered in a light teal color, matching the background. The image is slightly blurred and has a low opacity, serving as a subtle visual element.