



# The role of a FCD in Obesity management

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# First Contact Professionals Roadmap

## Overweight and Obesity

- Demonstrate in-depth knowledge of the multifactorial causes of overweight and obesity
- Critically understand the role that diet and lifestyle plays in managing overweight and obesity
- Synthesise knowledge of current pharmacology treatments for obesity, for example, use of weight-loss medication and the impact of weight gaining drugs such as antidepressants, antipsychotic medication and insulin.
- Synthesise knowledge of treatments that help with weight loss in those with overweight and obesity and Type 2 diabetes (including SGLT2 inhibitors and GLP1 analogues).

### **Core clinical skills**

### **Indicative presentations**

### **Key clinical investigations / referrals (may include but not be limited to)**

• Identify disordered eating and refer to specialist services

• Acute presentations

• Cardiovascular risk factors

# University of Hertfordshire- History taking

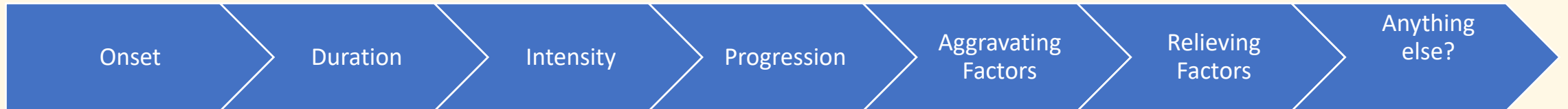
- Patient Profile
- Presenting Complaint (PC)
- History of Presenting Complaint (HPC)
- Past Medical/Surgical History
- Drug History
- Family History
- Social/Economic History
- Systems review
- Summary
- Recommendations/Intervention



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# PC and HPC

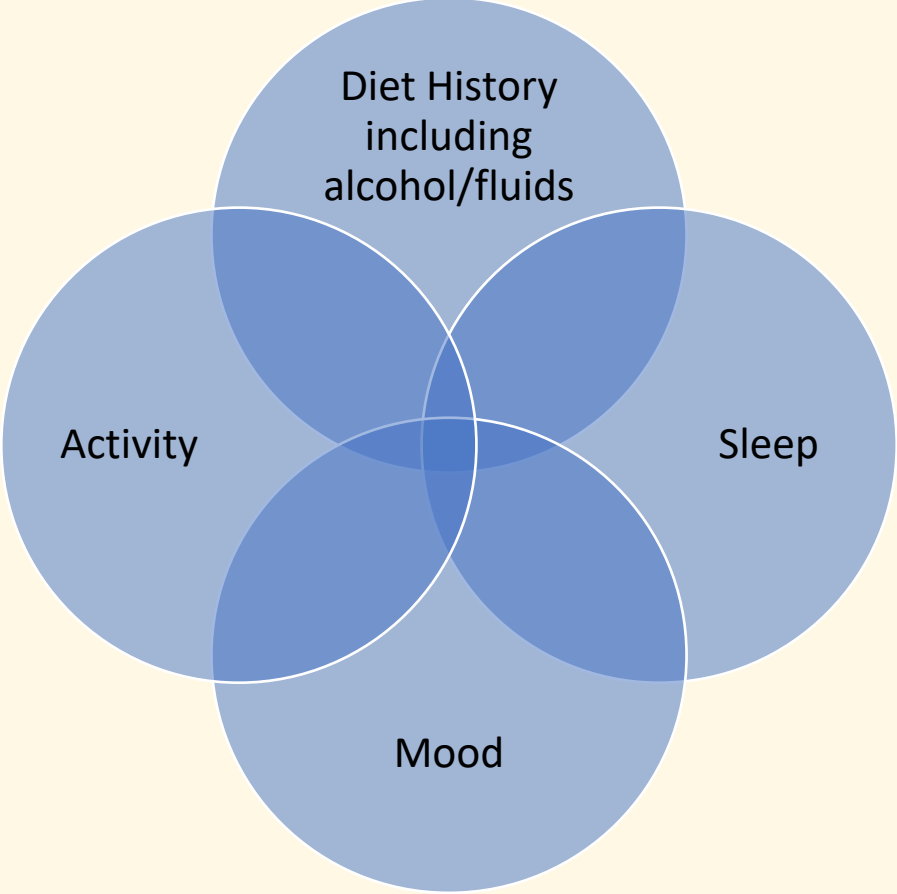
- What led up to the appointment today?
- We have xxx mins today, how did you want to use that time?
- ICE; Ideas, concerns, expectations
- What words are you most comfortable with?
  
- ODIPARA/Weight History



# Medical/Surgical/Drug/Family History

- Recent state of health
- Weight related co-morbidities
- Previous surgery/Awaiting surgery (?BMI targets)
- Menstrual cycle/Pregnancy
- Allergies
- Ability to be active
- Medications, including private prescriptions (!)
- Family background
- Support

# Social/Economic History



# Systemic review

- **Respiratory**- SOB, chest pain, orthopnoea, sleep apnoea
- **Cardiovascular**- SOB, chest pain, xanthelasma, palpitations
- **Gastrointestinal**- nausea, vomiting, dysphagia, indigestion, change in bowel habits, abdo pain, bloating
- **Nervous System**- Headache, seizures, vision changes, numbness, sleep, gait, mood
- **Genitourinary**- menstrual problems, nocturia, prostatism, polyuria
- **Musculoskeletal**- joint pain, swelling,

# Clinical Examination

- Recent weight/height/BMI
- Waist to height ratio for BMI<35 (NICE, 2025)
- Blood pressure/Pulse
- QRISK3
- Blood tests- FBC, TFT, HbA1c, LFT, U+E's, Chol, Vitamin D, ferritin, B12, folate, selenium, zinc....
- Binge Eating Disorder Screening questionnaire
- PHQ 2 / GAD 2
- Epworth sleepiness questionnaire





# Nutrition and Dietetic Diagnosis (NDD)

- PASS statement
- Excess weight related to low mood/emotional eating evidenced by PHQ-2
- Weight gain related to reduced physical activity evidenced by patient history

# Potential interventions

- Digital weight management
- Tier 3 weight management
- Diabetes Prevention Programme
- Orlistat?
- Tier 2 services
- iAPT referral
- Sleepio app
- Social Prescriber
- NHS website/App
- We are undefeatable
- Exercise on referral
- Time restricted eating
- Dry January app
- Mindful eating
- Emotional eating resources
- Not the right time
- VLCD

# Making referrals, follow up and Safety netting

Have you got all the information needed to make the referral

- May need to book blood test and request via ICE
- Record BP

Does the patient need to see another clinician? Physio, Nurse, GP, Pharmacist, OT, Paramedic...

Are there other tests that would be helpful related to other symptoms?  
ECG, Stool test- book follow up

Any concerning features to look out for?