

Health Behaviour and Weight Management Role Statement

Developed by members of the Health Behaviour and Weight Management Interest Group

INTRODUCTION

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition-related matters.

APDs have university training accredited by Dietitians Australia (DA), undertake ongoing professional development and commit to evidence-based practice. They comply with the [DA Code of Professional Conduct and Statement of Ethical Practice](#) and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

PURPOSE OF THIS ROLE STATEMENT

- To define the role an APD may fulfil when working in the area of health behaviour and weight management
- To promote the knowledge and expertise of an APD, broadly and in the area of health behaviour and weight management and beyond [National Competency Standards](#)
- To advocate for dietetic services

KNOWLEDGE AND SKILLS IN THIS AREA OF PRACTICE

Entry level dietetic competencies ensure all APDs can conduct assessments, diagnose nutritional issues, and develop, monitor and evaluate interventions. Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support to continue seeing the patient or refer the patient on.

The following is a list of skills and knowledge required to work in the health behaviour and weight management area:

Skills:

- Employ a person-centred counselling approach that includes a non-judgemental attitude towards the eating habits and weight of the person
- Identify and address maladaptive eating and health-related behaviours (e.g. disordered eating and/or exercise patterns) and refer on as required
- Identify suitable dietary interventions based on individualised needs: preferences, eating styles, comorbidities, social, economic and physical environments
- Support individuals to make manageable dietary changes to reduce energy density and improve nutritional quality
- Use recognised behavioural change techniques to support sustainable dietary modifications including but not limited to cognitive behavioural approaches and motivational interviewing
- Identify barriers to behaviour change and health care, including but not limited to anxiety, depression, stigma, shame and marginalisation

Knowledge:

- The nutritional, biological, psychological behavioural, social, economic and cultural drivers of an individual's relationship with food, body eating and weight change
- Understanding of weight bias, stigma, body image concerns and trauma and their impact on the individual
- How to navigate conversations about weight concerns and weight loss
- The benefits and detriments of weight loss and benefit of nutritional and lifestyle changes on health outcomes
- Different weight management options including but not limited to behaviour therapy, dietary manipulation, exercise, meal replacements, VLED, pharmacotherapy and bariatric surgery
- Self-regulation techniques and strategies (i.e. stress management) that may support dietary adherence, long-term health behaviour change and weight loss maintenance
- Behaviour change techniques including but not limited to Motivational Interviewing, Cognitive Behavioural Therapy, Acceptance and Commitment Therapy

Activities entry level APDs would conduct:

- Conduct assessments which include appropriate anthropometry, medical, social, psychological, dietary, exercise and weight histories
- Determine realistic nutrition, behavioural and weight goals in collaboration with the individual
- Provide individualised meal plans/ideas with a focus on general, mindful and healthy eating, with a specific focus on ways to reduce energy intake, control portions, and optimise the individual's nutrient profile and health
- Use targeted dietary approaches (i.e. Very Low Energy Diets <800 calories)
- Work as part of a multidisciplinary team including but not limited to the referring clinician, an exercise physiologist and a psychologist

Activities APDs working at a higher level would conduct:

- Provide dietetic consultations for complex individuals with multiple comorbidities and psychopathology
- Provide nutrition assessment and management of children and adolescents or bariatric surgery candidates
- Implement behaviour change strategies as qualified

Practitioners should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

APPENDIX 1

Background

Over 67% of our nation are currently overweight or obese.¹ Obesity is known to affect every system in the body and with this comes a great health burden.² There are many drivers of obesity that interact to affect weight.^{3,4} Recognising and understanding these interactions is critical for the success of any intervention. To date the evidence still favours creating an energy deficit in order to lose weight.⁵ There are different approaches to achieving an energy deficit, whilst maintaining an adequate nutritional intake, without any of these models being superior.⁵ A skilfully delivered dietetic service will assist the individual to recognise which model might be best suited to their needs and individual circumstances and ensure its nutritional adequacy.

Weight concern is not limited to those of a larger size or those experiencing a medical or health condition. Weight concern spans all ages and stages of life, size of body, genders, cultural and other backgrounds. Weight concerns can negatively impact on a person's quality of life and should be considered in the treatment of people seeking weight loss.

The total care of an individual with higher weight and related health issues is best achieved through team-based care.⁶ With each professional an integral skill set is added which improves the likelihood of better health outcomes.⁴ For example, in addition to the support provided by the medical and health team, the treating physician may prescribe pharmacotherapy, when appropriate. Bariatric surgery has also proven successful in helping some individuals achieve significant weight loss and this option may be recommended as a treatment option by the medical team.⁷ This option is not appropriate for all but is a consideration in the treatment of individuals with a high BMI and multiple comorbidities who struggle with other treatment options.

Benefits of APD involvement in weight management:

- Assessing and managing nutrient adequacy of individuals
- Providing individualised nutritional and behaviour change support
- Motivating and supporting individuals in their health journey i.e. helping individuals increase their skills around food, its purchasing, preparation and intake while considering other life factors
- Assessing for present and/or risk of disordered eating, body image disturbances, and eating disorders and making appropriate referrals for ongoing treatment

Outcomes:

- Providing a non-judgemental respectful platform to management weight concerns
- Successful weight loss and sustained weight loss maintenance
- Improved health and biochemical markers and a reduction in risk factors
- A well-informed patient
- Improved quality of life and wellbeing
- Moving the patient away from maladaptive eating habits towards sustainable healthy eating patterns.

Consequences of no APD involvement:

- Escalation of body concerns and maladaptive eating habits

- Paternal, maternal and intergenerational obesity
- Weight loss at any cost, i.e. the consumption of diets lacking nutritional adequacy
- Lack of identification and resolution of disordered eating behaviour
- Maintenance of inappropriate and potentially dangerous diets
- Poor health outcomes can occur post bariatric surgery when recommended dietary guidelines are not followed
- Ongoing weight gain and increased risk of associated comorbidities

REFERENCES

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