

Fact Sheet 1

Needs and considerations of obese and bariatric people in aged care

Definition

Bariatrics is the branch of medicine that deals with the prevention, cause and treatment of obesity. The term “Bariatric” has come to be used to describe obese and severely obese people, regardless of whether or not they are receiving treatment for their obesity.

In order to assist with the identification and subsequent management of obese and bariatric clients, the following definition is proposed:

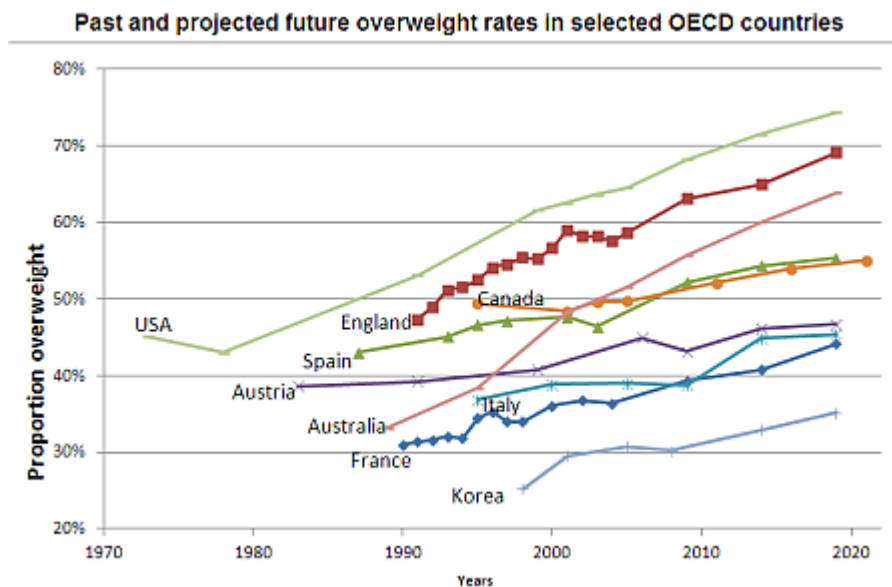
Person who fits two (2) or more of the following criteria:

- Weighs ≥ 120 kgs
- BMI (Body Mass Index) ≥ 35 (BMI = weight (kg) / height (m)²)
- Seated hip width >20 ” (51 cms)

The purpose of setting these criteria is to ensure appropriate planning and provision of quality client care in a safe work environment for staff and in a safe and dignified manner for clients. In the Aged Care setting, a client can be a resident in either an Aged Care facility or in the community.

Big Australia – Where are we now?

Across OECD (Organisation for Economic Co-operation and Development) countries, one in 2 adults is currently overweight (BMI ≥ 25) and 1 in 6 is obese (BMI ≥ 30). The proportion of overweight people is projected by the OECD to rise a further 15% during the next 10 years.



Source: www.oecd.org/health/fitnotfat

In keeping with this world-wide trend, Australians are getting heavier. Soberingly, they have been doing so at a faster rate than **any other OECD country** in the last 20 years.

53.6% of Australian adults were overweight in 2005. The percentage of the Australian population that will be overweight is predicted to grow to 73% by 2025 (Australian Bureau of Statistics 2009).

In 2008, the Baker IDI Heart and Diabetes Institute reported that overall, almost 4 million adult Australians were obese and that among middle-aged Australians, around 7 out of 10 men and 6 out of 10 women aged between 45 and 64 years were overweight or obese¹.

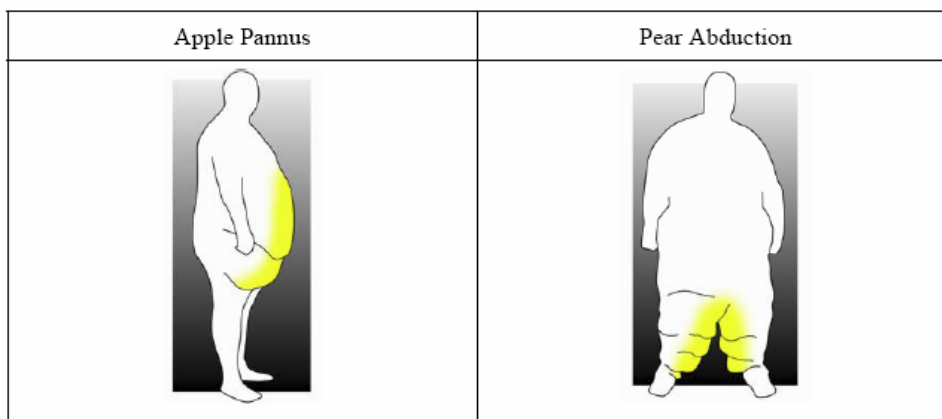
This does, and will continue to, impose a huge burden on the health care system, as expenditure for an obese person is at least 25% higher than that for someone of “normal” weight.

Profile of Bariatric body types

Bariatric people demonstrate a large variety of body shapes, in addition to differences in BMI. Defined body types are based on waist to hip ratio and are usually classified into 4 main bariatric body types, namely:

1. anasarca: severe generalised oedema
2. apple
 - apple ascites: weight carried high; abdomen may be rigid
 - apple pannus: weight carried high; abdomen mobile (apron) and hanging down
 - apple android: fat stored around the waist
3. pear
 - pear abducted: weight carried below waist; tissue bulk between knees
 - pear adducted: weight carried below waist; tissue bulk on outside of thighs
 - pear gynoid: fat stored around hips
4. bulbous gluteal region or buttock ‘shelf’

Each of these different body types will require different equipment and handling methods and have particular mobility issues and problems.



From Hignett et al (2007)

Common Health Issues affecting Obese/Bariatric Clients (Co-morbidities)

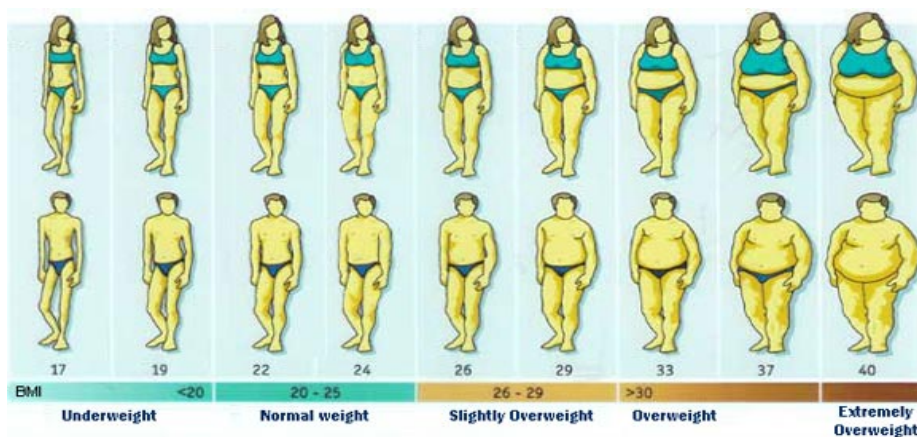
Bariatric clients are increasingly over-represented in the use of Healthcare services, as obesity carries with it the risk of other health issues and chronic diseases, including:

- Cardiovascular disease (eg Heart disease; stroke; high blood pressure)
- Diabetes
- High cholesterol
- Gall bladder problems
- Kidney failure

¹ Stewart, S., Tikellis, G., Carrington, M., Walker, K., & O'Dea, K. (2008). *Australia's future "Fat Bomb": A report on the long-term consequences of Australia's expanding waistline on cardiovascular disease*. Melbourne: Baker IDI Heart and Diabetes Institute.

- Osteoarthritis and other musculoskeletal disorders
- Sleep apnoea and respiratory problems, including asthma
- Some cancers (breast, colon, uterus, prostate)
- Skin breakdown
- Urinary incontinence
- Psychological issues

Classification BMI (kg/m ²)		Risk of Co-morbidities
Healthy Weight	18.6 - 24.9	Average
Overweight	25.0 - 29.9	Increased
Obese (Grade I)	30.0 - 34.9	Moderate
Obese (Grade II)	35.0 – 39.9	Severe
Obese (Grade III)	> 40	Very Severe



Source: <http://www.healthyweightforum.org/eng/calculators/bmi-visual-graph/>

The Bariatric Journey

The management of a bariatric client over his/her life expectancy has been described as a journey (Hignett et al. 2007). Key health-related stakeholders include ambulance and transport service providers, acute hospitals, Aged Care Facilities, community care service providers and the Funeral industry.

According to Hignett et al. (2007), throughout the bariatric journey, five themes emerge as generic risks:

- Patient factors
- Building (or vehicle) space and design (refer Fact Sheet 2)
- Equipment (manual handling and clinical) and furniture (refer Fact Sheet 6)
- Organisational and staff issues (refer Fact Sheet 4)
- Communication (refer Fact Sheet 5)

Needs of the Bariatric Client in Aged Care

Some considerations of the bariatric client include:

- They will be slower and hence take longer with their Activities of Daily Living
- They are likely to have increased levels of pain due to the presence of moderate to severe physical disabilities
- They may experience stress incontinence
- They are likely to have reduced function and poor balance
- They may suffer from depression and anxiety

The obese client will have additional or particular needs, compared with other clients, which must be addressed if they are to be managed in a dignified and respectful manner:

- Systems in place and adequate staffing for **safe** client management and staff safety
- Education and support regarding their mental, physical and social health issues
- Compassion and understanding from staff, carers, family and the general public
- Coordinated medical, dietary and psychological health care management
- The need to promote independence
- Appropriate design and access features to all facilities, including transport vehicles
- Access to affordable furniture and equipment appropriate to their weight, size and body shape
- Access to clothing and hygiene aids appropriate to their weight, size and body shape
- Acknowledgement of the client's need for close proximity and support of family, particularly in rural communities
- Active involvement in decision-making affecting their health and welfare
- Recognition of differing social needs for differing age groups, with age-specific resources available

References

1. Hignett, S., Chipchase, S., Tetley, A. & Griffiths, P. (2007). Risk Assessment and Process Planning for the Bariatric Patient Handling Pathways. *Health & Safety Executive*. Loughborough: Loughborough University. <http://www.hse.gov.uk/research/rrpdf/rr573.pdf>
2. Australian Safety & Compensation Council. (2009). *Manual handling risks associated with the care, treatment and transport of bariatric (severely obese) patients and clients in Australia*. (Research undertaken by S. Cowley & S. Leggett) Report available from: http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/314/ManualHandlingRisks_CareTreatmentTransportation_fBariatricSeverelyObesePatients_Australia_2009_PDF.pdf
3. Gallagher, S. (2005). Obesity and the Aging Adult: ideas for promoting patient safety and preventing caregiver injury. *Clinics in Geriatric Medicine*, 21,757-765
4. Queensland Government. (March 2010). (2nd ed.). *Think Smart. Patient Handling Better Practice Guidelines*. Index no. OHSMS 2-22-1#38. Inquiries for commercial use: ip_office@health.qld.gov.au (See Part B: Information Sheet - *Moving and handling the bariatric patient*)

For more information

- The Australian and New Zealand Obesity Society (formerly the Australasian Society for the Study of Obesity) (www.asso.org.au)
- VicBIG (www.vicbig.com)
- Australian Association for the Manual Handling of People (www.aamhp.org.au)
- Inquiry into obesity in Australia. House of Representatives Parliament of Australia
- <http://www.aph.gov.au/house/committee/haa/obesity/index.htm>
- Lapane, K.L. & Resnik, L. (2005). Obesity in Nursing Homes: An Escalating Problem. *Journal of the American Geriatrics Society*, 53,1386–1391 (USA data)

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It is intended for broad distribution and dissemination, in order to assist the Aged Care Industry to manage the burgeoning issue of the management of Bariatric clients in Aged Care. We trust you find it a useful reference.

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