

focus on

Serious Injury Care

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Understanding the needs of seriously injured patients with obesity

Obesity is fast becoming one of the greatest challenges facing Canada's health care system. Almost one-quarter (23.1%) of Canadians 18 and older are obese and more than one-third of people are overweight. The obesity rate has been rising for decades – almost doubling between 1978 and 2005 – but the health care system is only beginning to adapt to its challenges.

According to the World Health Organization, the main causes of obesity are reduced physical activity and increased intake of fatty, sugary foods. Obesity is measured using Body Mass Index, calculated by dividing weight in kilograms by the square of height in metres. Currently, a BMI between 25 and 29.9 is considered overweight, and 30 or higher is obese.

Obesity is linked to increased rates of chronic diseases, including Type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain types of cancer. People who are obese may also suffer from respiratory issues, osteoarthritis and skin disorders.

Less well known is the fact that obesity can also contribute to serious injuries. Obese people are more likely to fall because they cannot see their feet or judge the depth of stairs, or because poor circulation or diabetes causes sensation

deficits and they cannot feel their feet, says Mary Forhan, Assistant Clinical Professor at the School of Rehabilitation Sciences at McMaster University in Hamilton, and an occupational therapist who studies bariatrics, the branch of medicine concerned with obesity.

Research also shows that obese people are more likely to be seriously injured in motor vehicle accidents. Sleep apnea, a sleep disorder estimated to affect 40% of obese people and known to increase the risk of vehicle accidents, may be a factor. Another potential factor is that vehicles are designed for people of average weight and height.

Overweight patients are more likely to develop complications following trauma, including renal, pulmonary and thromboembolic problems, than patients who are not overweight.

Unfortunately, the health care system as a whole is inadequately prepared to serve obese people. Clinics often lack blood-pressure cuffs and gowns that are large enough. The discomfort and embarrassment lead many people to avoid seeing their doctors, which can make health problems worse, says Forhan.

Emergency services may not have suitable equipment to help overweight trauma victims. "When large people are injured,



Mary Forhan, Assistant Clinical Professor at the School of Rehabilitation Sciences at McMaster University.

even moving them out of the car and onto a stretcher, you need the right equipment. Gurneys, ambulances, air transport – those are all a problem," says Dr. Arya Sharma, Scientific Director of the Canadian Obesity Network, and Chair of Obesity Research and Management of the University of Alberta. "Diagnostic imaging can be limited due to the size of X-ray and tomographic machines."

Forhan adds that hospitals often need to rent bariatric equipment such as beds and wheelchairs. "The problem is that you never know when a patient with obesity is coming onto a medical unit. If you're not prepared, it puts patients at risk, and it puts staff at risk for injuries." Another

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challenge is a shortage of staff. It may take a team of care providers to lift, turn or move an obese patient.

The overall lack of resources is likely to interfere with the therapy and recovery of a seriously injured patient. Anna (not her real name), a discharge planner at a hospital in Ontario, says she routinely has trouble finding placements for obese patients at rehabilitation and complex continuing care centres due to a lack of appropriate equipment and services. “They end up in acute care for too long,” she points out.

One of the most challenging barriers to quality care for obese people is the discriminatory attitude held by many health professionals. Studies have shown that the majority of health care workers, including physicians and nurses, are biased against overweight patients. “They don’t like working with this population because they feel they’re lazy and not going to participate in their program,” says Dr. Valerie Taylor, a psychiatrist and Director of the Bariatric Mental Health Program at St. Joseph’s Hospital in Hamilton, and National Chair of Mental Health for the Canadian Obesity Network. “But obesity is not a lack of willpower or a personality trait – it’s a medical condition,” she explains.

Forhan adds that many professionals fear working with obese patients. “There’s so much stigma, but patients with obesity require the same level of compassion and ethical treatment with which we’d treat any patient.” Another problem is that obese people may feel that they are not entitled to good health care because of their weight, making care for traumatic injury even more challenging.

The damaging attitude of health professionals can also prevent obese people

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Bayshore Home Health – a leader in serious injury home care

Bayshore Home Health is a Canadian-owned company and has been a trusted provider of home and community care services since 1966. It operates more than 50 home care offices and 20 community care clinics nationally, and works with many organizations that deliver specialized home care services to clients with serious injuries, including workers’ compensation boards, auto insurers, rehabilitation service providers and government care agencies. To learn more about any of the services listed below, please call 1-866-265-1920.

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from accessing mental health care. People with weight problems are more likely to suffer from psychiatric illnesses, especially anxiety and depression, which may go undetected because of weight-based stereotypes. For example, if an obese patient is not participating fully in his physical rehabilitation program, health professionals may assume that he is being lazy or difficult. “There may be an underlying untreated depression impacting the patient’s mood, energy and ability to engage in rehab,” Taylor explains.

Conversely, doctors may incorrectly diagnose depression – and prescribe unnecessary medication – because they assume a person who is overweight must be depressed. “Clinicians need to be better at screening and treating mental illness in this patient group,” says Taylor.

The good news is that positive changes are happening. Forhan reports that some hospitals have a care plan that anticipates the needs of obese patients, including a specially trained transfer team, and there is growing awareness of the equipment needed to care for patients with dignity. One helpful approach is an equipment pool shared by multiple hospital units.

The Canadian Obesity Network, an organization for researchers, health professionals and other stakeholders interested in obesity, is developing resources for care providers, and it is holding a workshop in January to look at strategies for reducing weight bias in health care.

Forhan, Taylor and colleagues have launched Frustration Therapy (frustrationtherapy.ca), an evidence-based counselling program that helps individuals with weight problems and related psychological issues. Forhan herself is conducting a pilot study of a bariatric hospital room, complete with a bed, wheelchair and lift capable of supporting patients who weigh 300 pounds or more. “Having a suite set up is better for patient care than trying to scramble and pull things together. It’s about being proactive,” she says.

And, to start increasing obesity awareness across the health care spectrum, Forhan is collaborating with Suzanne Amodeo, a Business Development Manager at Bayshore Home Health, to organize workshops in Toronto and Hamilton for occupational therapists who prescribe equipment and accommodations for patients. There will also be workshops for Bayshore’s home care staff.

“As health professionals, we can minimize the stigma. We’re not here to judge. We’re here to help,” says Amodeo, who hopes to expand the workshop program next year. “Bayshore is working with hospitals so that patients have a smooth transition back to the community. It takes a team, and that’s why we host these events – to make sure we’re working together, understanding the challenges together, and finding solutions.”

For more information, please contact samodeo@bayshore.ca

References: Statistics Canada, World Health Organization, Heart & Stroke Foundation, Canadian Obesity Network