

OBESITY: PREVENTION & MANAGEMENT

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The Singapore Family Physician comes to you with a new dressing with the first issue of 2012. The new cover design reflects the ecological dynamism of the journal and the illustration indicates the key theme of the issue. The editorial team is expanding its pool of subeditors to expedite on the review of the invited articles as well as the original articles. You are invited to submit original articles – reviews, case studies, case reports, cross-sectional, and intervention studies. The editorial review team will give you constructive criticism where necessary to improve your manuscript. The instructions for authors who plan to submit to SFP have also been updated to tie in with the current trend of online article submission.

What is equally significant is our editorial effort in this first issue to transform the abstracts of all submitted articles into a format that allows them to be accessed via the Western Pacific Region Index Medicus (WPRIM), which is anchored by the World Health Organisation (WHO). This conversion is a tedious process but the Editorial team recognises the importance and relevance of indexing our publications, so that new information and knowledge pertaining to Family Medicine can be shared with our family physicians and primary care professionals in the Western Pacific region. This new endeavour will prepare the Editorial team to embark on the journey towards Pubmed indexing and ultimately bring the journal across the globe in the next few years.

The first issue of SFP in 2012 focuses on obesity prevention and control, which is an important area of health which affects an increasing proportion of the population in Singapore. The management of obesity is not rocket science to family physicians but nevertheless there are finer points to pay attention to. What is urgently needed are new approaches and method to nip this bulging problem early.

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Childhood obesity, persisting to after 3 years of age, or presence of obesity in at least one parent in children at every age predict adult obesity and contributes to morbidity and mortality in adulthood. Apart from excluding pathological causes and detect complications, family physicians need to introduce and inculcate healthy lifestyles amongst our young citizens: reduce energy-dense food, increase nutrient density and regular exercise regime in place of sedentary past-times.

Such evidence-based lifestyle interventions should continue to adulthood. It is never too late to start but to be sustainable; such interventions should be individualised to each person's needs and circumstances. Changing a person's behaviour is always arduous. However it can be facilitated by Motivational Interviewing (MI) which stresses on expressing empathy, developing discrepancy, rolling with resistance and supporting self-efficacy. Using open-ended questions, reflective listening and pulling change are essential skills in MI. In our practices, time is often a limiting factor to carry out MI. Brief strategies such as the Elicit-Provide-Elicit model can be used instead to provide patient with feedback and information about their health to facilitate their behaviour change.

The message to take on healthy lifestyles such as regular physical activity and having a healthy diet should be consistent from all healthcare professionals so that it can be uniformly assimilated and ingrained in our target population. To support such healthy lifestyles, the Health Promotion Board (HPB) has recently launched the National Physical Activity Guidelines, which recommend an accumulation of 150 minutes of moderate intensity physical activity per week. This amount of activities will result in remarkable benefits, with 20-50% reduction of premature death, decreases in incidences of cardiovascular complications such as stroke, colon and breast cancers, type2 diabetes, falls, depression and dementia. For ease of safe exercise prescription, family physicians can make use of the evidence-based tool introduced by HPB, the Physical Activity Advice Tool (PAAT).