

Condition Insight Report (CIR)

Obesity

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Overview

What is the condition usually called / any abbreviations used?

- Obesity

Brief overview of the condition

The term obese describes a person who has excess body fat.

The most widely used method to check if you're a healthy weight is body mass index (BMI). For most adults, if your BMI is:

30 to 39.9 – you're in the obese range

40 or above – you're in the severely obese range

BMI score has some limitations because it measures whether a person is carrying too much weight but not too much fat. But for most people, BMI is a useful indication.

Obesity is a complex issue with many causes. Obesity is caused when extra calories are stored in the body as fat.

Genetics can also be a cause of obesity for some people. Your genes can affect how your body uses food and stores fat.

There are also some underlying health conditions that can occasionally contribute to weight gain, such as an underactive thyroid gland, although these types of conditions do not usually cause weight problems if they're effectively controlled with medicines.

Some medicines can also make people more likely to put on weight, including steroids and some medicines for high blood pressure, diabetes or mental health conditions.

What is the generally preferred term for someone with this condition?

A person living with obesity.

Presenting Symptoms

Living with obesity can cause a number of further problems, including difficulties with daily activities and serious health conditions.

Day-to-day problems related to obesity include:

- breathlessness
- increased sweating
- difficulty doing physical activity
- often feeling very tired
- joint and back pain
- low confidence and self-esteem

The psychological problems associated with living with obesity can also affect your relationships with family and friends, and may lead to depression.

Living with obesity can also increase your risk of developing many potentially serious health conditions, including:

- type 2 diabetes
- high blood pressure
- high cholesterol and atherosclerosis, which can lead to coronary heart disease and stroke
- asthma
- metabolic syndrome, a combination of diabetes, high blood pressure and obesity
- several types of cancer, including bowel cancer, breast cancer and womb cancer
- gastro-oesophageal reflux disease (GORD), where stomach acid leaks out of the stomach and into the gullet
- gallstones
- reduced fertility
- osteoarthritis, a condition involving pain and stiffness in your joints
- sleep apnoea, a condition that causes interrupted breathing during sleep, which can lead to daytime sleepiness with an increased risk of road traffic accidents, as well as a greater risk of diabetes, high blood pressure and heart disease
- liver disease and kidney disease

Fluctuations



The cycle of fluctuation can be within a day, or over a longer period of time. Symptoms of this condition can change over time so it is worth exploring how their condition has changed in the last 12 months to get a clear indication of how their condition is changing. This will vary for individuals.

Think about exploring things like:

- Do their symptoms change and if so how often, to what degree, how long does this last, what is more frequent for them, how much difference is there?
- What level of pain/fatigue? Can they quantify this, do they use a scale and can they describe it? Can they share what a 'typical' day might be for them?
- How is breathlessness impacting them? Does this increase with minimal or excessive activity?
- How has the condition been over the past 12 months? What changes have they seen, over what period of time did they experience any deterioration, what has this meant for their functional ability now compared to previous?

Reliability

What specific areas should be covered to ensure a complete, reflective report?

SAFETY



Do they have any symptoms which could cause a safety consideration?

For any symptoms which are reported to have a safety implication get clear information about how they manage these risks for each activity it is relevant to.

TIMELY



For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

Fatigue can have an impact on some and can mean that some tasks take longer. Where this is reported, ensure to explore to what extent in all activities.

ACCEPTABLE
STANDARD



How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

Exploring HOW they complete the task in depth can help to draw out any compensation strategies which can then be explored further.
Exploring the extent of symptoms during an activity will help your consideration of whether this is acceptable whilst completing activities and the impact on daily life.

REPEATEDLY



Are they able to repeat a task as often as required? Is this the same every day?

With conditions where fatigue and breathlessness are present, repeatability is extremely important. How do they feel after completing an activity? How long does it take to recover? Could they move onto another activity? Could they repeat as many times as reasonably expected throughout the day?

Sensitivities

What areas might they find difficult to mention or perhaps understate the impact of?

Some people with obesity may downplay the impact it has while they try to remain strong and defiant in the face of their condition. They may also not see themselves as disabled.

Due to misinformation patients have often experienced prejudice and assumptions about, not only their condition, but themselves as people for having the condition. As a result, they may find it difficult to talk about their condition at all depending on the presentation of the assessor.

You should remember that many claimants diagnosed with this condition have made substantial adaptations to their lives and living environment and consequently feel passionate about this being explored appropriately during the assessment.

Customer Care

In general

- Keep an open mind. Listen to what they say
- Try not to jump to conclusions about how their obesity affects them
- Don't ask questions in different ways, unless the person clearly doesn't understand the first time
- Involve any companions as they can likely elucidate on the reality of what the claimant can actually achieve
- A warm and friendly welcome, and reassurance will hopefully make the experience less intimidating and more relaxed.
- Allow time for understanding of the questions and don't move on unless you are sure the person has nothing else to say.
- Avoid using stigmatising language or displaying judgemental attitudes



During face to face interactions

- Signpost individuals to toilets and exits
- Confirm they can get up and move around should they need to
- Offer them a short break if they need it



Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

Fatigue, pain and breathlessness may impact their physical ability to complete the task depending on the extent of their symptoms.

Remember in PIP...

Can someone prepare and cook a simple meal for one? How long can they stand in the kitchen? Does completing this activity increase breathlessness or fatigue? How do they feel after the activity? How long does it take to recover?

Activity 2: Taking nutrition

Consider if someone is taking nutrition reliably. Some people with obesity may have difficulties recognising if they are full and overeat.

Equally, they may have physical difficulties secondary to their condition.

Remember in PIP...

Can they chew, swallow, cut food and bring it to their mouth? Are they eating regularly? Do they need prompting throughout the duration of a meal to either eat less?

Activity 3: Managing therapy and monitoring a health condition

People with obesity may develop pressure sores due to their limited mobility. This will likely require management in the home environment which must be explored. They may also be receiving therapy in the home environment to aid with movement.

Remember in PIP...

If someone is having therapy in the home, do they require assistance? If so, how long does this take? Also, if they are taking medication, can they self manage this? Can they get it out of the packets and self-administer? If there is any at home physiotherapy, do they require assistance with this? Do they need any dressings to be changed regularly?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and bathing

A person's ability to wash and bathe may be impacted by fatigue, pain and breathlessness secondary to their obesity. They may be able to complete the activity, but it takes a significant amount of time, they need breaks and require a prolonged recovery.

Please also consider if they have limited mobility when getting in and out of a shower/bath.

Remember in PIP...

How do they get in and out of the bath? Do they have any aids? Can they wash their entire body? How long does it take and how do they feel after? Does this activity increase their symptoms? How long does it take to recover? Do they need assistance with upper or lower body?

Activity 5: Managing toileting needs and incontinence

If someone experiences breathlessness, pain, fatigue or mobility issues, they may have difficulties simply sitting and standing from the toilet and even cleaning themselves.

Remember in PIP...

You must explore how someone gets onto and off the toilet and how they clean themselves. Does doing this increase their symptoms?

Activity 6: Dressing and undressing

A person's ability to wash and bathe may be impacted by fatigue, pain and breathlessness secondary to their obesity. They may be able to complete the activity, but it takes a significant amount of time, they need breaks and require a prolonged recovery.

Remember in PIP...

How long does it take them? Can they dress upper and lower body? Does this increase symptoms? Do they require assistance or use any aids? Can they dress reliably whilst seated?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating verbally

Although obesity itself is unlikely to cause a functional restriction in this area, please consider any co-existing conditions that may impact their ability to communicate.

Remember in PIP...

The scope of the activity is the ability to express and understand verbal information. They must be able to do both. Can they speak on the phone? Can they express what they want to say?

Activity 8: Reading and understanding signs and symbols

Although obesity itself is unlikely to cause a functional restriction in this area, please consider any co-existing conditions that may impact their ability to read.

Remember in PIP...

A person needs to be able to read and understand what they have read. Complex written information is considered anything more than one sentence. What do they read? Can they read a text message?

Activity 9: Engaging with others face to face

Due to the restrictions many face with obesity it can cause social anxiety.

Many individuals feel a level of discrimination day to day which can impact their how they form relationships with others.

Remember in PIP...

If someone reports their obesity has impacted their mental health, does that impact their ability to engage? Who are they engaging with regularly? How do they engage with unfamiliar people? Do they experience anxiety? If so, how do they overcome this? Do they require specific support?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

Although obesity itself is unlikely to cause a functional restriction in this area, please consider any co-existing conditions that may impact their ability to make budgeting decisions.

Remember in PIP...

Can they manage their own finances? Can they do online banking or shopping? Could they understand change in a shop? If they have associated mental health conditions, does this impact their motivation to budget?

Activity 11: Planning and following a journey

People who have impairments secondary to their obesity may have difficulties with memory, organisation, attention and planning which may impact their ability to safely follow a journey.

Remember in PIP...

Can they do this activity safely? How do they manage familiar and unfamiliar journeys? How would they cope with a diversion? Can they use public transport? Also, do they have any associated anxiety secondary to their condition? If so, does this meet the threshold of OPD? If it does, can they manage any journeys alone? What symptoms do they experience? How do they overcome these? Could they go out on the majority of days with support?

Activity 12: Moving around

Consider any reported physical restrictions such as fatigue, breathlessness or pain. Explore how they manage such symptoms when walking, pace of walk, if they use a walking aid and if their gait has been impacted due to symptoms experienced as a result of obesity.

Remember in PIP...

Lived examples help to paint a clear picture of function to the Department. Are they wheelchair bound? If they can walk, where can they walk? How long does it take? Do they have falls? Can they repeat the distance? Do they use aids? Have they had falls? How do they feel after? Does their symptoms increase?

Additional reading or other resources

EXTERNAL

[Obesity – NHS](#)

[Obesity- Obesity UK](#)

[Obesity- Mayo Clinic –Symptoms & Causes](#)

Version control

Version	Date	Signed off by	Comments
1.0	14/02/2024	<i>Jade Mayfield</i>	New document