

## Sapiopsychosocial triage in obesity care

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### Abstract

With the increasing prevalence of obesity, a triage system is needed to prioritize access to obesity care services, as well as support efficient choice of education and counselling strategies. The sapiopsychosocial triage (SPST) system, based upon cognitive, psychological and social assessment of the person living with obesity, helps determine the style and strategy of obesity management. It can be used as a complement to the Edmonton Obesity Staging System. The SPST ensures person-centred delivery of chronic weight management, keeping the biopsychosocial triad of health in mind. It facilitates understanding of the myriad determinant causes and contributors, and dynamic confounders of weight gain. Thus, it serves as a learning and teaching tool for all health care professionals.

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### Introduction

Obesity is a complex syndrome, with multiple behavioural, psychological, social and environmental facets of causation, clinical presentation and confoundance.<sup>1</sup> These factors determine not only the nature and natural trajectory of obesity, but also the need or necessity to manage it. No intervention can be successful in chronic disease, without the active participation of the person living with disease, and their care givers. This participation hinges on motivation, opportunity and capability (MOC), which in turn, is influenced by a wide spectrum of factors.<sup>2</sup> With the increasing prevalence of obesity, there is high demand on health care service, which find it challenging to meet expectations of the public.

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### Need For Triage

A triage tool, designed to identify persons who merit priority treatment, may help handle this situation. Triage is meant to maximize the efficacy and efficiency of health care services, by assessing and analyzing claimants for care. Triage labels those who will benefit the most, while “excluding” those who will not be harmed if management is delayed.<sup>3</sup>

Obesity care is time-consuming, and interventions such as intensive behavioural therapy, dietary advice, supervised structured physical activity, medication counselling, and surgical procedures.<sup>4</sup> carry significant cost and time implications. It makes sense, therefore, to operate a triage system, which is able to pick up individuals who not only require immediate attention, but also are likely to respond better to it.

### Limitations Of Existing Tools

The Edmonton Obesity Staging System (EOSS)<sup>5</sup> lends itself to such a proposition, though partly. The EOSS stages obesity according to presence of medical, psychological and functional comorbidities, and provides a semi-quantitative way of measuring severity of obesity and its complications. The barophenotype construct,<sup>6</sup> while includes severity and style of obesity, also allows a structured description of the wide spectrum of the syndrome. Though both these models are fairly comprehensive, and address psychosocial domains of obesity, they do not provide an idea of how acceptable treatment will be to the person living with obesity. The 5A hierarchal rubric provides guidance in crafting an obesity-focused conversation, but does not facilitate triage.<sup>7</sup>

### Tridimensional Triage

To foster this, we propose a sapiopsychosocial triage (SPST) system (Table 1). All persons living with obesity who present to the health care system can be screened by the SPST. This helps classify persons into three: those who will benefit from early referral to specialized obesity clinics, those may continue under routine medical supervision, and those who require extra obesity-oriented health education and counselling.

The SPST is designed as a tridimensional framework, based on the sapiotype, psychetype and sociotype of the individual. Based on history taking and clinical

**Table-1:** Sapiopsychosocial triage for obesity care.

Type	Description	Facets of type
Sapiotype	Ability to self-manage and self-care	<ul style="list-style-type: none"> <li>• Educational (health) literacy and numeracy</li> <li>• Engagement with health care team</li> <li>• Energy and enthusiasm</li> </ul>
Psychotype	Attitude towards obesity as disease care team	<ul style="list-style-type: none"> <li>• Antagonism, avowed denial, or apathy</li> <li>• Acceptance and affability</li> <li>• "Actionist" and active</li> </ul>
Sociotype	Availability and accessibility of social support	<ul style="list-style-type: none"> <li>• Negativity</li> <li>• Neutrality</li> <li>• Nudging/ nagging positivity</li> </ul>

assessment, the person may be listed in any of three categories (Table 1). This allows an objective overview of the readiness of the person to receive obesity care, as well as a realistic anticipation of the expected results.

### Types Of Typing

Sapiotyping implies a characterization of the individual's ability to learn, and inculcate, the behaviours and choices required for self-care and self-management. Sapiotyping requires an understanding of the person, their expected intensity of engagement with the health care team, and the energy and enthusiasm that they exhibit towards chronic weight management. This overlaps with psychotyping, which classifies individuals according to their readiness of change. While some people may be overtly antagonistic or extremely apathic, others may be accepting of information. Others, described as active or 'actionist', solicit advice and proactively seek prescriptions for chronic weight management.<sup>8</sup>

Obesity is a social syndrome, and a "sickness" of society as well. The sapiopsychotyping is incomplete, therefore without social typing. This involves an analysis of the level of commitment and care offered by care givers in particular, and the community at large. Family and friends may exhibit a negative attitude towards weight-focussed therapy, may be neutral, or may actively "nudge" and/or "nag" the person towards successful weight loss.

### Strengthening Existing Standards

The SPST has relevance at the public health level, as well as value from a clinical perspective. SPST can be used by all health care providers, irrespective of whether they practice at a primary, secondary or tertiary level. It should be incorporated in all obesity care programmes, including behavioural, medical or surgical assessment of the urgency of obesity management.

In obesity, the SPST can be used along with the EOSS, to strengthen initial obesity treatment strategies (Table 2). Not only that, SPST can be used as a monitoring tool, to

**Table-2:** Sapiopsychosocial Scoring, Concordant With Edmonton Obesity Staging System.

Stage	Sapiotype	Psychotype	Sociotype	Suggested style of support
0	No contemplation about obesity			Support general health education
1	Poor health literacy/ numeracy	Antagonism towards obesity care/avowed denial	Negativity towards obesity care among social circle	Share information about benefit in graded manner in non-judgmental tone
2	Fair health literacy/numera cy	Apathy	Neutral social environment	As above; encourage "baro-buddy" building
3	Good health literacy/ numeracy	Affable acceptance of need for treatment	"Nudging" positive motivation by family and friends	As above; share info above available treatments
4	Excellent health literacy/ numeracy	Active "actionist" approach	"Nagging" positive motivation by family and friends	As above; arrange priority appointment with obesity specialist

pinpoint barrier as well as focus on building bridges, for care. Using SPST may help identify reasons for poor acceptance, adherence and persistence with therapy. This, in turn can lead to effective clinical conversations designed to motivate and maintain efforts at weight management.

### The Beginning Of A Journey

Similar tools have been proposed for use in diabetes as well.<sup>8,9</sup> These concepts serve as learning ladders and encouraging us to view chronic disease form a bio-psychosocial prism, and plan chronic disease care in a person-centred manner. SPST use needs to be studied, however, and its scoring system validated, in diverse settings. With such research, SPST will prove useful for clinicians who work to manage obesity, as well as for the persons and society whom they seek to serve.

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