Obesity and cancer

New nationwide advertising campaign: 1–28 July

Find out what this means for you and your patients
Like smoking, obesity puts millions of adults at greater risk of cancer

As a pharmacist, you’ll be aware of the strong link between obesity and cancer. But did you know after smoking, overweight and obesity is the biggest preventable cause of cancer in the UK? In fact being overweight or obese trumps smoking as the leading cause of four different types of the disease.¹ Public awareness of the link is low. That’s why we are running a new national advertising campaign this July. You might find some of your patients come to you with questions.

Common FAQs

1 What cancer types does obesity cause?

Being overweight or obese increases the risk of 13 types of cancer including kidney, multiple myeloma, thyroid and gallbladder. It also causes two of the most common types of cancer, breast (post-menopausal) and bowel and two of the hardest to treat, pancreatic and oesophageal.²

Download your free infographic of the 13 types of cancer at po.st/obesityinfographic

2 How can obesity cause cancer?

Extra body fat doesn’t just sit in the body, it’s active, and can affect growth, metabolism and reproductive hormones. Researchers have identified three main ways obesity is linked to cancer. Extra body fat can lead to greater levels of:

• growth hormones such as insulin and insulin-like growth factor
• sex hormones like oestrogen
• and chronic inflammation.

And all of these factors can signal to our cells to divide more often, increasing the chance of cancer cells developing. But because extra body fat can affect so many different biological processes, and affects different people in different ways, untangling all the ways obesity is linked to cancer is an ongoing area of research.³,⁴,⁵

Watch Dr Dawn Harper’s video at po.st/drdawn

3 Does losing weight reduce cancer risk?

Keeping a healthy weight is the best thing people can do. But since many people will already be overweight or obese, you might have questions about the benefits of weight loss on cancer risk for these groups. It’s difficult to study, but research so far suggests that losing weight can help reduce cancer risk.⁶,⁷

Plus, the steps most people take to lose weight, like eating and drinking healthily, can also reduce cancer risk on their own. But losing weight and keeping it off isn’t easy, which is why many of your patients would benefit from your support, advice and help to access weight management services.

4 How can you help your patients lose weight?

A 2017 survey found that only 38% of UK adults who were obese and 12% who were overweight had been given any advice about weight loss by a health professional.⁸

Health professionals have reported a fear of damaging relationships as one of the main barriers. But in a 2016 study, 8 in 10 people who are overweight or obese thought it was appropriate and helpful for their GP to suggest that losing weight would be good for their health. There is also emerging evidence that having conversations with your patients about their weight could make a significant impact.⁹

While the study focused on GP intervention, application of the principles can also be considered in the pharmacy setting. As a pharmacist, you’re in a unique position to talk to customers about weight management to prevent ill-health.

It can be challenging, which is why PHE have put together a toolkit that provides practical advice and tools to support effective conversations.

5 Does losing weight on its own reduce cancer risk?

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Patients value your advice when discussing weight

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It can be challenging, which is why PHE have put together a toolkit that provides practical advice and tools to support effective conversations.

Ask patients if they would like to talk about their weight. It could be helpful to take the opportunity to talk about weight when a patient uses the pharmacy’s scales or during a medicines use review or NHS Health Checks in England.

Advise your patient on what support and services are available to them, based on their weight status.

It’s important for your pharmacy to become familiar with the availability of local services and whether they refer patients, as free services aren’t available in all areas. If the patient is not eligible or the service isn’t available, you could discuss online resources such as the NHS weight loss plan or self-referral to a local weight scheme, cookery classes and exercise groups.

Assist once you’ve discussed options with your patient, you should assist them by signposting them to their GP who can make a referral to a weight management service or provide other support. It can be helpful to add notes to a patient’s dispensing record to track conversations and intervention history.

The issue with bringing up weight is that it depends on so many different factors; how well you know the patient, what it is they’ve come in for, other co-morbidities they may have, psychological and social circumstances etc. In my experience, I find lower limb osteoarthritis and depression are appropriate cues for advising about weight.

For example, a patient of mine with depression has made excellent progress following referrals to a dietician and local exercise scheme run at a council leisure centre.”

Dr Ben Noble, GP Partner, Loughborough

Complete our CPD education on our health professional website cruk.org/weightandcancer, to help you have more effective conversations.
No single action alone will solve the overweight and obesity epidemic

Obesity is a complex issue with many causes\textsuperscript{10}, but one of the biggest influences is the obesogenic environment we live in making being healthy difficult\textsuperscript{11} – from junk food adverts and price promotions on unhealthy foods to the number of unhealthy takeaway outlets. Energy-dense food is easily available, often cheaper and more heavily marketed than healthy options and there are fewer opportunities to move in our everyday lives than ever before.

All these things nudge us towards eating unhealthily and make it very hard for most people to keep a healthy weight. Around one-in-three children are overweight or obese and unless action is taken this will only get worse.

That’s why, although personal choices are important, weight loss is not the sole responsibility of the individual. Governments can introduce policies that create supportive environments where healthy choices are easier for everyone. Bold initiatives to change our environment are needed fast if the Government is to meet its ambition to reduce childhood obesity by half by 2030, and to close the inequality gap.

We welcomed publication of Chapter Two of the UK Government’s Childhood Obesity Plan and the ensuing consultations on restricting children’s exposure to junk food advertising on TV and online, and to restricting price and location-based promotions for less healthy food and drink. The Government must now ensure that tackling overweight and obesity remains a key policy priority; and swiftly introduce the strongest proposed measures.

We are running a UK-wide advertising campaign this July in outdoor locations, national newspapers and social media; to raise awareness of the link between obesity and cancer, with the ultimate goal of encouraging policy change to help reduce obesity rates.

11 Swinburn et al. The global obesity pandemic: shaped by global drivers and local environments. 2011
The world around us affects how healthy we are

1. Confusing food labels
2. Tempting checkout deals
3. Bigger portions
4. Fast food on the go
5. Unavoidable unhealthy adverts
6. 2 for 1 deals
7. Moving less
8. More fat, sugar, and salt in food

The world we live in can make it harder to be healthy