



Is There a Role for Self-Referral in Pediatric Weight Management?



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INTRODUCTION

- Most Canadian paediatric weight management clinics (PWMCs) require referral from a healthcare provider (HCP)¹, which may interfere with timely access to care²
- Delays in access to specialist services may lead to worse clinical outcomes³. This is of concern for PWMCs, as engagement and outcomes are often already suboptimal⁴
- Attrition frequently occurs because youth and families are unmotivated to attend⁵, not ready to make changes⁶, or do not believe treatment is needed⁷
- Families' motivation and their concern about youth's weight may differ depending on whether treatment is self-initiated or HCP-initiated, which may impact their keenness to initiate and continue engaging in treatment

OBJECTIVE

To conduct a preliminary descriptive analysis of self-referred and HCP-referred youth enrolled in a real-world PWMC regarding baseline characteristics and ongoing engagement

METHOD



18 self-referred

- 55.6% male
- $M_{age} = 10.04$ ($SD = 2.87$)

120 HCP-referred

- 56.3% male
- $M_{age} = 11.61$ ($SD = 3.23$)

- Retrospective medical record review of youth who enrolled in a PWMC in Northwestern Ontario, Canada from November 2015 to January 2020
- Dataset created by expanding preexisting clinic database including youth's age, sex, BMI, and physical and mental health comorbidities
- Health-related quality of life measured via the PedsQL™ 4.0 Generic Core Scales⁸ and gathered from ancillary clinic database
- Engagement operationalized as the percentage of no-shows over time, as per attendance data in youth's Electronic Medical Records

Data Analyses

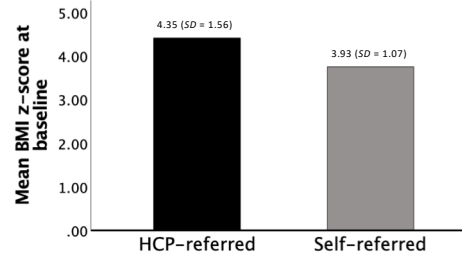
- Measures of central tendency were calculated using SPSS v. 26. Given the descriptive nature of the study, no formal statistical tests were performed

RESULTS

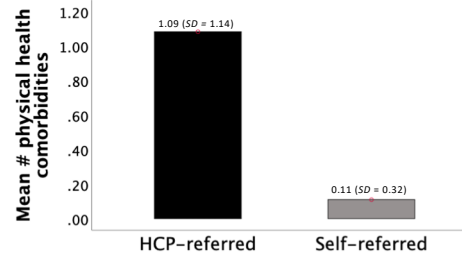
On average, the self-referred group was 1.6 years younger, had a BMI z-score 0.42 points lower, exhibited one less physical health comorbidity, scored almost 8 points higher on health-related quality of life, and missed approximately 10% fewer appointments compared to HCP-referred peers.



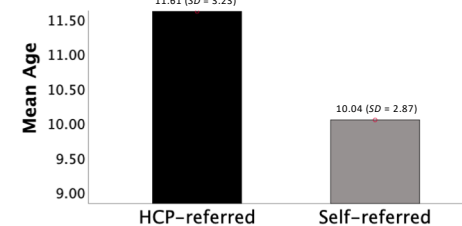
BMI z-score



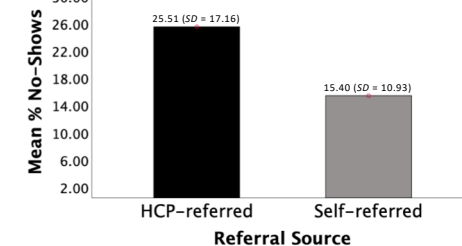
Physical Health Comorbidities



Age



No-Shows



CONCLUSION

- Results suggest self-referred youth initiated treatment earlier than HCP-referred youth, prior to further escalation of severity, and engaged more.
- Findings also illustrate potential patient characteristics and engagement across referral pathways that could have implications for the delivery of health services for managing pediatric obesity.
- Due to limitations, these findings are considered preliminary and require expansion with more balanced groups and greater sample sizes, inclusion of PWMCs located in other regions, robust, formal statistical analyses

PRACTICAL IMPLICATIONS



Including a self-referral pathway may allow earlier treatment initiation



PWMCs may need to take a more proactive, collaborative approach with community HCPs to hasten referrals



Enhancing HCPs' skill and self-efficacy discussing weight issues could be beneficial to encourage earlier referrals



Self-referrals' lower no-shows suggest emphasizing autonomy, such as via motivational interviewing, might reduce no-shows



Better engagement in self-referred youth might enhance their ability to profitably utilize services and reduce expenditures



Lower obesity severity and younger age in self-referrals at baseline might lead to better outcomes⁹; however, further research comparing outcomes is needed



Requiring HCP referral is a barrier for youth without a family doctor. While allowing nurses to refer can reduce this barrier¹⁰, access to nurses may also be limited in a region

In sum: Including a self-referral pathway seems to be a judicious, well-warranted use of resources that may equalize access to care for youth with analogous need for support and higher motivation to engage