

ROLE OF PRIMARY HEALTH CARE IN THE MANAGEMENT AND CONTROL OF OBESITY

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Abstract: The aim was to describe the role of primary health care in the attention to and control of obesity. An integrative literature review study was conducted. The descriptor obesity and primary care was used to search the databases Scientific Electronic Library Online, Latin American and Caribbean Health Sciences Literature, and Virtual Health Library; books and manuals from the Ministry of Health regarding the subject of study were also considered. The approach to obese patients is often permeated by stigma, over-medicalization, and excessive screenings not based on evidence. Three main practices were identified as strategies for caring for obese patients in primary health care, which are: not prescribing weight-loss medications in isolation without a robust therapeutic program including diet, physical activity, and behavioral change; not prescribing weight-loss medications for individuals with mild obesity without comorbidities; and not failing to perform evaluation and follow-up with a multidisciplinary team, including a nutritionist and psychologist, for obese individuals. Significant practices have been identified that can be carried out by professionals during the care of users with obesity, which can reverse the logic of excessive screening, requests for additional tests, overmedicalization, and stigmatization.

Keywords: obesity; comprehensiveness of care; primary health care.

INTRODUCTION

Obesity is a global problem. It is estimated that more than 600 million adults are obese (GBD, 2017). In Brazil, obesity prevalence increased by more than 60% between 2006 and 2018, rising from

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11.8% to 19.8% (BRASIL, 2019). Beyond its health consequences, obesity has a significant economic impact on individuals, families, countries, and healthcare systems. (GBD, 2017; González et al., 2017).

Several countries around the world have high-level evidence recommendations regarding therapeutic care for overweight and obese individuals. One study aimed to write and evaluate the quality of clinical guidelines for the treatment of obesity in adults in different countries. It identified 20 guidelines: nine from Europe, six from North America, three from Latin America, one from Asia, and one from Oceania (Reis; Passos; Santos, 2018).

However, the proper practice of nutritional therapies in primary and secondary care services that lead to satisfactory results remains incipient in different countries and contexts (Menezes et al., 2020). In Brazil, from the perspective of the health system and its guidelines, primary health care units (PHCUs) are fundamental spaces for addressing the challenges of obesity care. The primary health care (PHC) approach to obesity should include (but not be limited to) health promotion, food and nutritional surveillance, health education, and medical and interdisciplinary care (BRASIL, 2014; Beaglehole et al., 2008). Obesity care in Brazilian PHCs is a challenge and requires intersectoral actions, which must be continuously carried out by multidisciplinary teams (BRASIL, 2014).

Primary Health Care Units (UBS) are the preferred entry points to the Brazilian Unified Health System (SUS) and should coordinate the health care provided. In this scenario, care is mainly centered on the Family Health Strategy (ESF). The provision of prevention and care actions for people with obesity has been identified as one of the greatest health challenges for Brazil and other countries. The causes of obesity encompass a complex series of genetic, individual/behavioral, and environmental factors, in which the main element for the increase in the prevalence of obesity in populations is the increasingly obesogenic environment (Swinburn et al., 2019a), characterized as one that hinders the adoption and maintenance of healthy eating habits and the regular practice of physical activity (Swinburn et al., 2019b). In this context, the present study sought to understand the role of primary health care in the care and control of obesity.



MATERIALS AND METHODS

A theoretical-reflective study was conducted based on the concepts of health education and health promotion; that is, it proposes to consider the different dimensions that constitute it. To this end, Therrien's (2014) proposition was adopted. Regarding the pillars that constitute a research phenomenon: ontology, epistemology, and methodology.

The study was conducted by identifying the theme, guiding question, and research objective; establishing subject descriptors and databases, as well as inclusion and exclusion criteria; defining the information to be extracted and evaluating the included studies; and subsequently, interpreting the results and presenting the review and synthesis of knowledge.

The research was conducted in the second half of 2025 using the guiding question: What is the role of primary care?in the care and control of obesityThe following descriptors were used: obesity; comprehensiveness of care and primary health care, with the aid of Boolean operators to assist and refine the search for studies for analysis. The secondary databases used for the search were:Scientific Electronic Library Online (SCIELO), Catalog of Theses and Dissertations of the Coordination for the Improvement of Higher Education Personnel (CAPES) Commission, in addition to websites of agencies related to the subject of study.

The inclusion criteria were: publications addressing the analyzed theme, available online and with full text, in Portuguese, English, or Spanish, without a publication time limit. The exclusion criteria were: duplicate publications and works published solely in conference proceedings.

After analyzing the data from the selection and reading of the retrieved publications, thematic content analysis was conducted, according to Minayo, which is performed through three interdependent phases: pre-analysis, exploration of the material, and interpretation of the results (Minayo, 2014).



DISCUSSION

Obesity, a chronic, complex, and multifactorial disease, has reached epidemic proportions globally, representing one of the greatest public health challenges of the 21st century. Its impact transcends increased morbidity and mortality, burdening health systems and compromising quality of life. Given this complexity, effectively tackling obesity requires a strategic and coordinated approach, and it is in this context that Primary Health Care (PHC) assumes a central and irreplaceable role in the care and control of this condition (Ralston et al., 2018).

The primary health care model, characterized by being the first point of contact, longitudinality, comprehensiveness, and coordination of care, offers the ideal environment for implementing interventions that address the entire spectrum of disease: from universal prevention to the management of established cases, including early detection and coordination with specialized levels of care (Lopes et al., 2021).

The role of primary health care (PHC) begins before clinical diagnosis; the longitudinality and the bond established between health teams and the community allow PHC to be primarily responsible for promoting healthy lifestyle habits and for the primary prevention of excessive weight gain. This includes educational actions on adequate nutrition, regular physical activity, and awareness of environmental and social risk factors (social determinants of health) that influence obesity (Semlitsch et al., 2019).

Prevention interventions in primary health care are ideally community-based and family-oriented, integrating into individuals' routines and considering the cultural and socioeconomic particularities of each territory. Primary health care has the necessary reach to influence local policies and health-promoting environments (schools, workplaces, public spaces), acting on the macro-determinants of health (Bonilla et al., 2016).

Primary health care (PHC) is the gateway to the system and, consequently, the most appropriate place for population screening. Regular measurement of weight, height, and abdominal



circumference, and calculation of Body Mass Index (BMI), are simple and effective tools that allow for the early identification of individuals at risk or already with established obesity (Höfelmann; Braga, 2023).

The initial clinical management of obesity is also a fundamental responsibility of primary health care (PHC). Treatment in primary care focuses on intensive behavioral changes, involving individualized counseling on diet and exercise. The multidisciplinary PHC team (physicians, nurses, nutritionists, physical educators, community health workers) is essential to offer a holistic care plan that addresses not only the biological aspects but also the psychological and social aspects of diet and lifestyle. The approach in PHC should be marked by empathy and the fight against the stigma of obesity, promoting adherence and maintenance of long-term treatment (Schwenke et al., 2020).

Obesity often coexists with other chronic conditions, such as type 2 diabetes mellitus, hypertension, and dyslipidemia, forming what is known as metabolic syndrome. Primary health care (PHC) is the ideal level of care for the integrated management of these comorbidities. Therefore, obesity treatment in PHC is not isolated, but rather part of a comprehensive care plan for the individual's overall health (Jesus et al., 2022).

For more complex cases, such as severe obesity (BMI greater than or equal to 40 kg/m² or greater than or equal to 35 kg/m² with comorbidities) or treatment failure at the primary level, primary health care (PHC) plays a crucial role in coordinating care with secondary and tertiary care. This includes timely referral to specialists (endocrinologists, psychologists/psychiatrists) and, when indicated, to bariatric surgery. Pre- and post-operative follow-up of bariatric surgery is also a responsibility of PHC, ensuring nutritional follow-up, supplementation, and monitoring of long-term complications (NCD, 2024).

Expanding and improving the approach to overweight individuals in primary healthcare services impacts cost reduction for the Brazilian Unified Health System (SUS), as it decreases hospitalizations for conditions sensitive to primary care, especially chronic diseases. The preparedness and competence of healthcare teams in managing obesity also reduce referrals to specialized care,



resulting in fewer complications and shorter waiting times for treatment (Oliveira et al., 2023).

Despite its central role, primary health care faces challenges in addressing obesity, including time constraints in consultations, a lack of specific training for teams in nutritional and behavioral counseling, and a scarcity of resources for managing complex cases (such as access to anti-obesity medications or structured exercise programs). Overcoming these obstacles requires investment in continuing education for professionals, strengthening multidisciplinary teams, and integrating evidence-based clinical protocols. (Migowski; Costa, 2024).

CONCLUSION

The approach to obese patients is often permeated by stigma, overmedication, and excessive screening not based on evidence. Three main approaches were identified as strategies for serving obese patients in primary health care: not prescribing weight-loss medications in isolation without a robust therapeutic program including diet, physical activity, and behavioral change; not prescribing weight-loss medications to individuals with mild obesity without comorbidities; and ensuring that obese individuals receive multidisciplinary assessment and follow-up with a nutritionist and psychologist.

Primary Health Care is the key link in any effective obesity control strategy. Its ability to act preventively, detect obesity early, provide initial clinical management of comorbidities, and coordinate care with other levels of care makes it the cornerstone for transforming the trajectory of this disease. Success in combating obesity intrinsically depends on strengthening and valuing Primary Health Care as a robust, accessible, and patient-centered system.

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