**THE MAIN ACTIVITIES OF GENERAL PRACTITIONER IN THE TREATMENT OF OBESE PATIENTS**

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To date, public consciousness is still far from the idea that
thick people are sick and the cause of their illness, not in unrestrained predilection for food, but in complex metabolic disorders that lead to excessive accumulation of fat.

This, apparently, is one of the reasons that many medical workers do not consider obesity a serious disease and do not include in their tasks the implementation of measures aimed at the prevention and treatment of this disease. In addition, quite often, doctors are not aware of the causal relationship existing between obesity and hypertension, IHD and type 2 diabetes. By treating these diseases, they do not insist on correcting excess body weight, although this is known to be an essential component of treatment. Doctors not fully aware that the leading method of treating obesity is a combination of diet and exercise that require an accurate, well-thought-out and strictly individual dosing. Very often, when the doctor evinces a desire to lose weight, he does not give specific recommendations. Not fully recognized that the treatment of obesity, like any other chronic disease, should be continuous. That is, a set of measures aimed at actively reducing excess body weight in no case should result in the patient returning to a previous diet and lifestyle for him and his family. Since in that case if patient does not develop any low-fat nutrition skills, the end of dieting immediately leads to weight gain up to the initial or even higher level. Practical doctors are not fluent enough with such concepts as nutrient composition of food products, the body's need for energy depending on sex, age, type of human activity and other factors and so on. Very often doctors overestimate the role in the treatment of excess body weight of various types of medicines and, that is completely unreasonable, biologically active additives to food. It should be noted that with obesity, as can be, with no other disease, the diet is the only self-sufficient method of treatment. There are no medicines that without adequate nutrition correction would reliably restrain weight gain in persons prone to fatness or reduce the probability of a relapse of obesity after its successful treatment. Very often, doctors judge the effectiveness of one or another method of treatment only by the number of kilos dropped over a certain period of time. However, it makes sense to say this only if the treatment maximizes the life quality, is adequately tolerated and is safe for most patients. Awareness that obesity, like no other disease, has a clearly family character opens up new opportunities for medicine in the field of prevention and treatment. Accordingly, measures aimed at treating obesity in some family members at the same time will be measures to prevent the growth of excess body weight in other members of the family [1], [2], [3, P. 3-12], [4, P. 118].

**Conclusion:** Thus, in working with obese patients and their families, the general practitioner must take into account the following points: the main methods of treating obesity are a carefully planned combination of diet and exercise, drugs can only increase efficiency. In this case, doctors need more in-depth knowledge about the nutrient composition of foods and their body needs. The treatment of obesity is an essential component of the treatment of diseases, causally associated with it (arterial hypertension, insulin-independent diabetes mellitus, etc.). The activities aimed at both treating obesity and its prevention in one form or another must concern all members and be continuous.

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