



The importance of good dialogue between healthcare professionals and people with obesity

Abstract:

The ACTION study examined obesity-related perceptions, attitudes, and behaviours among people with obesity (PwO), health care providers (HCPs), and employer representatives (ERs) in USA. This report includes a cross-sectional investigation performed in PwO and HCPs from the ACTION study. The objectives were to identify the barriers that prevent an effective treatment, including perceptions that may contribute from PcO and PS. For this purpose a survey was conducted where attitudes, experiences and behaviour associated to the treatment were evaluated. The results show that only 45% of PcO are formally diagnosed of obesity. Only 24% have ulterior medical appointments. 52% of PS underline a lack of time to explain why they do not talk to patients about weight excess. Weight loss discussion between PwO and HCP's focused on healthy meals and physical activity rather than behaviour modification and medical alternatives. These results identify barriers that affect to the interaction between PcO and PS and potentially to the treatment of obesity.

Keywords:

- Obesity
- Treatment
- Efficacy
- Dialogue

Introduction

Despite the recognition of obesity as a chronic, progressive, and complex disease with a negative impact on individual health and quality of life, the efficiency of its long-term treatment is insufficient (1). The increase of awareness and knowledge of the pathology of this disease has provoked more recognition, nevertheless a strong stigma persists towards these patients on the part of the HP that treat them (2). The attitude towards the disease is changing but, hindering barriers still, prevent this treatment to be effective (3,4).

To overcome these, the ACTION study (Awareness, Care, and Treatment in Obesity Management) evaluated perceptions, attitudes, and behaviors of people with obesity (PcO), Health Personnel (PS) and employers, for the identification of barriers that prevent effectiveness of the obesity treatment. ACTION concluded that, by informing the PS about the real barriers of the PcO beyond weight loss, the latter reduced their reluctance to cover the problem (5).

The following study goal is to better understand the possible barriers identified by ACTION that prevent the PcO from receiving quality care, the perceptions that contribute to the effective treatment of the PcO and, the comparison of perceptions between PcO and PS. To this end, a 40-45-minute survey was conducted to evaluate attitudes, experiences and behaviors associated with the medical treatment of obesity performed by PcO (BMI ≥ 30 kg / m²) and the PS (primary care physicians and obesity specialists) in USA.

Materials and methods

The study cohort was a stratified cross-sectional sample of PcO (BMI ≥ 30 kg / m² reported by them) and PS, primary care physicians and obesity specialists (identified as obesity specialists or professionals with, at least, 50% of obese subjects between their patients). The survey lasted 40-45 minutes and the people filling the said survey, were recruited through an online panel. The tools used in the study as well as the survey, were approved by an Ethical Health Committee.

Statistical analysis:

A PcO sample was taken into account in regard to the person who filled the survey, in order to assess the demographic goals in terms of age, family income, ethnicity, race, Hispanic ascendants, gender, and US region, according to the US Census of 2010. The sample sizes presented are not considered. The descriptive statistics (% , others) are figures unless otherwise indicated. The statistical significance was established at $p < 0.05$ and bilateral tests were used.

Features of the sample:

Table 1 shows the characteristics of the 3,008 PcO and the 606 PS that completed the survey and were included in the analysis.

The effective weight loss was defined, and reached 10% of the body weight, maintained for, at least, a year; and, the active search for treatment, such as commitment to a plan to lose weight, effective and maintained loss or, having spoken about weight with a health professional in the last 6 months were determined.

Characteristics (not adjusted)	Total obesity (n=3008)		Total health professionals (n=606)
	Gender, N (%)	Male	1378 (46)
	Women	1630 (54)	301 (50)
Age (SD)	Average	54 (14)	Categorical ranges asked
BMI (SD), Kg/m²	Average	37 (6)	25 (5)
Specialty, N (%)	General practitioner (family)		298 (49)
	General medicine		49 (8)
	Internal Medicine		241 (40)
	Others (bariatric surgeons, endocrinology)		18 (3)

N=number, SD: Standard deviation

Table 1. Characteristics of people with obesity and health professionals.

Results

Responsibility for weight loss and diagnosis of obesity:

82% of PcOs thought they were "totally" responsible for losing weight, while 72% of health professionals assumed their responsibility to contribute to the weight loss effort of their obese patients. 55% of the PCOs reported having received a diagnosis of obesity; being more likely in those who sought treatment actively (n = 10455) or who reported an effective weight loss (n = 261) (57% vs. 51% and 69% vs. 53%, respectively; $p < 0.05$).

Weight control consultations:

71% (n = 2185) of the PCOs had consulted a health professional about their weight in the last 5 years, 24% said they had followed-up consultations, where 67% intended to maintain. 52% of the PS mentioned the lack of time during the consultation as a cause to not discuss the issue of weight with their patients. 45% thought there were more important issues to discuss, 27% believed that the patient was not motivated to lose weight, 26% was not interested in losing weight, and 22% had doubts about the emotional or psychological aspects of the patient.

Attitudes to conversations about weight control:

Most obese people felt comfortable talking about weight with their PS and trusted their recommendations. Only 17% felt that their PS had not listened to what they were saying and, 19% thought that they did not understand how difficult

it was to control it. The PcO who had experienced an effective weight loss, were significantly more likely to have a positive opinion about the conversations about weight control ($p < 0.05$) (Figure 1).

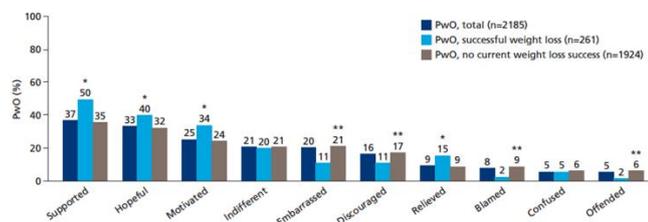


Figure 1. Patient feelings after the last conversation with their healthcare professional about weight

Conversations about obesity treatment:

Despite the recent emergence of new treatments, the clinical discussions on weight loss focused on how to eat healthy and perform physical activity, rather than on behavioral modifications and medical alternatives (Table 2).

STRATEGIES FOR WEIGHT LOSS	OBESE PERSONS WHO DETAILED IT (%)
Improvement of dietary habits and reduction of calories	77
Specific diet	23
Increased physical activity	79
Formal exercise program, gym, personal trainer	24
Dietary tracking (paper or APP)	37
Exercise tracking (paper or APP)	26
Dietitian consulting	25
Weight loss medication (prescription)	14
Specialty consulting	9
Weight loss surgery	13
Changes in lifestyle	10
Weight loss medication (not prescription)	5

Table 2. Treatments discussed with the healthcare professional

Discussion

The PcO is considered responsible for losing weight and they often does not recognize their disease. SPs feel responsible for helping their patients lose weight, although they stop prioritizing it due to the limited consultation time. Many PCOs feel supported, hopeful, and motivated after talking about weight loss, particularly those who have managed to lose it effectively. Also, being formally diagnosed with obesity is an important factor to achieve weight loss and, actively seeking treatment. The planning of post-consultation reviews is not frequently performed, potentially affecting the effectiveness and the therapeutic adherence.

Conclusions

The health professional has simple solutions to treat the obese individual: to initiate conversations about weight, recognize the patient's effort to lose weight, schedule follow-up visits or formally diagnose obesity.

Health professionals could also individualize discussions about weight management beyond diet and exercise, based on what they have discussed with their obese patients.

Conflict of interests

Javier Salvador has participated as a scientific advisor for Novo Nordisk and Lilly.

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