

Bridging gaps in obesity perception and obesity care

Ian D. Caterson
Assim A Alfadda
Pernille Auerbach
Walmir Coutinho
Ada Cuevas
Dror Dicker
Carly Hughes
Masato Iwabu
Jae-Heon Kang
Rita Nawar
Ricardo Reynoso
Nicolai Rhee
Georgia Rigas
Javier Salvador
Paolo Sbraccia
Verónica Vázquez-Velázquez
Jason C.G. Halford

Video Abstract

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Abstract

New findings from the ACTIONI-O study suggest that when it comes to tackling weight loss, people with obesity and healthcare professionals don't always see eye to eye. Reported misconceptions about the factors contributing to obesity and about patient attitudes suggest much room for improving communication and education. In what's considered the largest study of its type, researchers surveyed more than 14500 people with obesity and more than 2700 healthcare professionals treating patients with obesity in 11 countries. Surveys designed for each group asked about perceived attitudes, behaviors, and barriers to effective obesity care. For example, patients were asked whether they consider their weight loss completely their responsibility. While clinicians were asked, among other things, to rank criteria they consider in determining whether to spark a discussion with a patient about obesity, such as patient weight, BMI, or mental state. For the most part, both groups agreed that obesity is a disease, which—of course—is true. Obesity is a chronic disease determined by a variety of factors, including genetics and physical and social environment. As such, obesity care must go beyond the changes in diet and exercise that patients attempt on their own. Interestingly, more than 80% of people with obesity considered weight loss entirely their responsibility. That's the main reason why patients did not initiate a weight management conversation with healthcare professionals. The reason offered by clinicians: low patient motivation or patient disinterest. That big disconnect suggests a clear need for education on both sides of the examination table. Because, as other results of the survey indicate, people with obesity are actually motivated to engage in weight loss efforts and would like their doctor or specialist to initiate the conversation. The research team offers a few tips on how to get things going. Jointly agreeing that a patient has overweight or obesity is a good starting point. Discussing the genetic and biological contributors to obesity could help diminish self-blame and encourage a continued dialogue. And planning a follow-up appointment is important. Those and other strategies could go a long way toward jumpstarting treatment, before complications of obesity occur. More research is still needed to identify all the blind spots in how obesity and obesity care are perceived. But the overall picture painted by these results is concerning. Improving obesity care will require better education on the part of both patient and clinician as well as a more positive attitude among clinicians toward initiating discussions on weight and weight management.