Differences in attitudes, perceptions, and behaviors regarding obesity management among PCPs and weight loss specialists: Results of the national ACTION study

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Objective

- Compare the alignment between clinical practice guidelines for obesity management and the knowledge and understanding among primary care providers (PCPs) and those identifying as or defined in weight loss specialists (WLSs).
- Explore similarities and differences in perceptions, attitudes, and behaviors regarding obesity and its management between PCPs and WLSs in the ACTION (Awareness, Care, and Treatment in Obesity) longitudinal study.
- Identify opportunities for health care professionals (HCPs) to better support their treatment of patients with obesity.

Methods

The study consisted of a cross-sectional, US-based, stratified random sample of HCPs who see patients in need of weight management. Data were collected from October 2014 to November 2015.

- PCPs were those practicing in primary care (i.e., general practice, family practice, and internal medicine).
- WLSs were endocrinologists, bariatricians, or bariatric surgeons and either self-identified as an obesity/weight loss specialist and/or saw at least 50% of patients for obesity management.
- GSIs were selected to provide a balance of care in those practicing in primary care, endocrinology, bariatrics, or bariatric surgery and either self-identified as an obesity/weight loss specialist and/or saw at least 50% of patients for obesity management.
- The instrument assessed attitudes, experiences and behaviors associated with obesity treatment.
- Respondents were recruited through online panel. Study and survey instruments used were Institutional Review Board approved.
- Statistical significance was set at p < 0.05, using a 95% test.
- Statistical significance (95% confidence) is noted by capital letters displayed next to significant values, which identify the greater of the two values, while the lower references the comparison group.

Results

- Both PCPs and WLSs recognized that their patients were not happy with their current weight and that it was not easy for patients to lose weight. They also felt a responsibility to contribute to their patients’ weight loss efforts (Figure 2).
- Patients’ weight was considered related to overeating and lack of physical activity as well as lack of motivation, and the role of genetics was not viewed strongly by either PCPs or WLSs (Figure 2).
- Treatment options recommended by HCPs focused mainly on lifestyle changes; few recommended existing a diet plan, weight loss specialist, pharmacotherapy, or weight loss surgery (Figure 3).
- Both PCPs and WLSs attitudes were generally not consistent with the concept that obesity is a disease as reflected in the clinical guidelines, with at least one-third of HCPs agreeing that their patients’ weight is complexity within their own control (Figure 1).
- More than half of WLSs and two-thirds of PCPs acknowledged that they need more resources to better treat their patients who struggle with obesity (Figure 5). However, no more than about 3 in 10 PCPs and half of WLSs were aware of any one of the existing guidelines as of 2014 (Figure 4).

Discussion

- Although both PCPs and WLSs appear to understand the challenges faced by their patients in managing obesity and feel responsible for helping their patients, lack of resources or awareness of clinical guidelines may be preventing these HCPs from better supporting their patients with obesity.
- Both PCPs and WLSs reported attitudes and beliefs towards obesity that are inconsistent with management, treatment, and awareness of guidelines.
- HCPs need to focus their treatment on diet/healthy eating and exercise for their patients with obesity rather than using a more comprehensive obesity management including nutritionists, pharmacological therapy, or weight loss surgery.

Conclusion

- Lack of knowledge or understanding of clinical treatment guidelines may be a significant barrier to effective obesity management by PCPs and WLSs.
- Increased dissemination of the existing guidelines may help both PCPs and WLSs in better supporting their patients in need of obesity management.