The Importance of Good Dialogue Between Health Care Professionals and People With Obesity

Background
Despite the growing recognition of obesity as a disease, many people with obesity (PwO) do not actively seek care from health care professionals (HCPs). Understanding the challenges in managing obesity can help us better understand the communication between PwO and HCPs, and help to activate PwO and increase the chance for weight loss (WL) success.

The ACTION (Awareness, Communication in Obesity Management) study examined perceptions, attitudes, and behaviors related to obesity management among PwO and HCPs.

Objectives
• Gain a better understanding of the barriers that prevent PwO from receiving high-quality care
• Determine what HCPs believe they support with their current practice
• Generate insights that could help collaborative action to promote effective care for PwO
• Create systems for communication to help to make care Wax more accessible
• Compare perceptions, attitudes, and behaviors between PwO and HCPs

Study Design
This was a cross-sectional, US-based, stratified sample of people with obesity (PwO) and health care professionals (HCPs) who see patients in need of weight management.

PwO inclusion criteria included BMI ≥ 25 kg/m² based on self-reported height and weight, and HCPs included primary care physicians (PCPs) and obesity specialists, the latter defined as those identifying as such by specialty or title, such as weight management or bariatrics.

- Adult PwO (≥18, ≥60% of PCPs and 100% of obesity specialists) completed online surveys.
- The instrument assessed attitudes, experiences, and behaviors associated with medical and mental health services.
- Respondents were recruited through online panel. Study and survey instruments used were subjected to review by KJT Group, Inc., Honeoye Falls, NY, USA.

Statistical Analysis
- Respondent-level weights were applied to the sample to duplicate target demographics for age, household income, ethnicity, race, and geographic region, gender, and US Census Region on the 2010 US Census.
- Sample sizes presented are unweighted.
- Descriptive statistics (n, %, or weighted figures, unless otherwise noted).
- Statistical significance was set at p<0.05, using two-tailed tests. Incremental significance is noted by superscript B/C/D, and the more significant test is noted first in the table.

Sample Characteristics
Table 1. Characteristics of PwO (unweighted) n (%) and HCPs n (%) Sex, n (%) Male 1,376 (64) Female 709 (36) Age (at first, in yrs) 18 to 60 1,263 (57) 61 to 80 708 (33) BMI (at first, in kg/m²) Body mass index, mean 27 (4) 25 (0) Family Practice 288 (13) Internal Medicine 49 (2) Provider Specialty, n (%) Physical Medicine 241 (11) Other (Behavioral, Endocrinology, Bariatrics) 18 (1)

Table 2. Treatments Discussed with HCP (n=2,185) Treatment Discussed with HCP Physical therapy such as counseling or lifestyle modification 51% Meal/ nutrient tracking (on paper or an app) 56% Visiting a nutritionist / dietician 25% Exercise training (on paper or on app) 60% Weight loss surgery 12% Therapy such as counseling or lifestyle modification 28% Visiting a weight loss specialist or a weight loss clinic 10% Over-the-counter weight loss medication 18%

Follow-up Appointments for Weight Management
Most PwO (86%, n=2,677) report having scheduled follow-up visits specifically to discuss weight. Most HCPs reported they would keep the appointment.

Table 3. Agreement with Statements about Obesity
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Yes</th>
<th>No</th>
<th>Diff.</th>
<th>Statistically significant (p&lt;0.05)</th>
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| I feel comfortable talking to my [HCP] about my weight issues/concerns | 16% | 82% | -66% | Differences were statistically significant (p<0.05).
| I do not believe my weight is a significant issue to be discussed in the visit | 14% | 86% | -72% | Differences were statistically significant (p<0.05).
| My HCP listens carefully to what I have to say about my weight | 49% | 51% | -2% | Differences were not statistically significant (p>0.05).
| My HCP understands the difficulties of weight management | 52% | 48% | 4% | Differences were statistically significant (p<0.05).

Discussion
No one strategy is completely effective, and all strategies are likely to be required for successful treatment. It is important to tailor weight loss treatment to the individual patient. Therefore, the most effective treatment strategy is a combination of strategies.

Conclusions
• The importance of good dialogue between HCPs and PwO is crucial to successful weight loss. HCPs should be aware of the barriers that prevent PwO from receiving high-quality care.
• HCPs should be encouraged to communicate and collaborate with PwO to improve the quality of care.
• PwO should be encouraged to seek care from HCPs who believe they support with their current practice.

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