

# 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 guide improvements in the communication between PwO and HCPs, helping to activate PwO and increase the chance for weight loss (WL) success.
- The ACTION (Awareness, Care, and Treatment In Obesity maNagement) study examined perceptions, attitudes, and behaviors related to obesity management among PwO and HCPs.

### Objective

- Gain a better understanding of the barriers that may prevent PwO from receiving high quality care and the support they need to manage their obesity and improve their health.
- Generate insights that could help guide collaborative action to promote effective care for PwO.
- Create a platform for communication to help change how PwO care is approached.
- Compare perceptions, attitudes, and behaviors between PwO and HCPs.

### Study Design

- This study consisted of a cross-sectional, US-based, stratified sampling of people with obesity (PwO) and health care professionals (HCPs) who see patients in need of weight management.
- PwO inclusion criterion included BMI  $\geq 30$  kg/m<sup>2</sup> based on self-reported height and weight. HCPs included primary care physicians (PCPs) and obesity specialists, the latter defined as those identifying as an obesity specialist and/or seeing at least 50% of patients for obesity.
- Adult PwO (n=3,008), 606 HCPs (502 PCPs and 104 obesity specialists) completed online surveys.
- The instrument assessed attitudes, experiences and behaviors associated with medical and employer-based obesity management.
- Respondents were recruited through an online panel. Study and survey instruments used were Institutional Review Board approved.

### Statistical Analysis

- Respondent-level weights were applied to the PwO sample to demographic targets for age, household income, ethnicity, race and Hispanic descent, gender, and US Region based on the 2010 US Census.
- Sample sizes presented are unweighted.
- Descriptive statistics (% , other) are weighted figures, unless otherwise noted.
- Statistical significance was set at p<0.05, using 2-tailed tests. Statistical significance is noted by capital letters displayed next to significant values; their placement identifies the greater of the two values, while the letter references the comparison group.

### Sample Characteristics

Table 1. Characteristics of PwO (Unweighted %) and HCPs

Characteristics (unweighted)		PwO Total (n=3,008)	HCP Total (n=606)
Sex, No. (%)	Male	1,378 (46)	305 (50)
	Female	1,630 (54)	301 (50)
Age (+/- std. dev.)	Mean	54 (14)	Category ranges asked
BMI (+/- std. dev.), kg/m <sup>2</sup>	Body mass index, mean	37 (6)	25 (5)
	Family Practice		298 (49)
	General Practice		49 (8)
Provider Specialty, No. (%)	Internal Medicine		241 (40)
	Other (Bariatric Surgery, Endocrinology, Bariatrics/Obesity Medicine)		18 (3)

No., number; Std. dev., standard deviation; kg/m<sup>2</sup>, kilogram per square meter

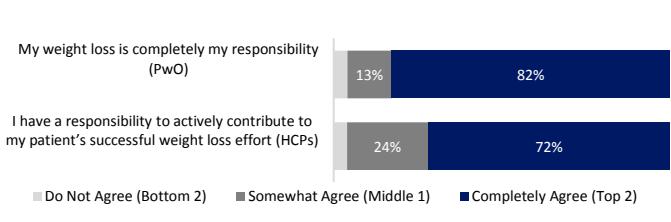
### PwO Sub-group Definitions

- Successful Weight Loss (n=331; 11% of sample): Has lost 10% body weight and kept it off for at least 1 year
- No Successful Weight Loss (n=2,677; 89% of sample): Has not lost 10% body weight and/or kept it off for at least 1 year
- Actively Seeking Treatment (n=1,655; 55% of sample): Has committed to a weight loss plan, successfully lost weight and kept it off, or has spoken to HCP about weight loss in past 6 months
- Non-Treatment Seeking (n=1,353; 45% of sample): Has not committed to a weight loss plan, successfully lost weight and kept it off, nor spoken to HCP about weight loss in past 6 months

### Weight Loss Responsibility

- Most PwO (82%) agreed weight loss (WL) is completely their responsibility and most HCPs (72%) agreed they are responsible to contribute to PwO WL efforts.

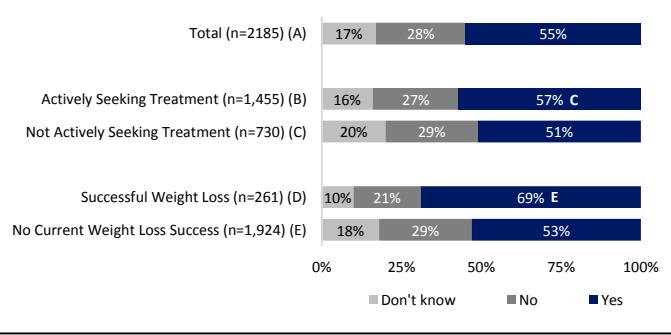
Figure 1. Agreement with Statements about Obesity



### Obesity Diagnosis

- More than half of PwO reported receiving a formal obesity diagnosis; however, PwO who were actively seeking treatment or who had successful weight loss were more likely to have reported having an obesity diagnosis (57% vs. 51% and 69% vs. 53%, respectively). These differences were statistically significant (p<0.05).

Figure 2. HCP Has Ever Formally Diagnosed as "Obese" (among PwO Discussed)



### Follow-Up Appointments for Weight Management

- Seventy-one percent of PwO spoke with an HCP about their weight within the past five years. Of these (n=2,185), 24% report having scheduled follow-up appointments to discuss weight. Most PwO reported they would keep the appointment.

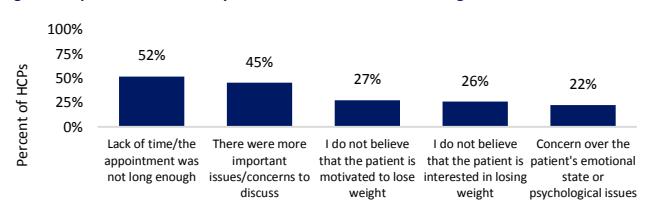
Figure 3. Scheduling and Attendance of Follow-up Appointments



### Discussing Weight Issues with PwO at Appointments

- Half of HCPs reported not discussing weight issues with PwO because of lack of appointment time; prioritization of other issues was also cited as a reason.

Figure 4. Top 5 Reasons HCPs May Not Initiate Discussion about Weight Loss



### Attitudes Toward Weight Management Discussions with HCP

- The majority of PwO feel comfortable talking to their HCP about their weight and trust their HCP's weight management advice.
- PwO with successful weight loss are significantly more likely to have positive feelings about WL discussions, while PwO with no success are more likely to have negative feelings.

Figure 5. Agreement with Statements about Weight Discussions with HCP (Among PwO, Discussed with HCP, n=2,185)

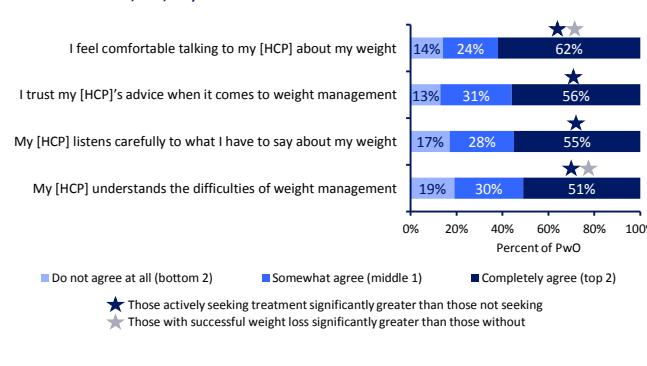
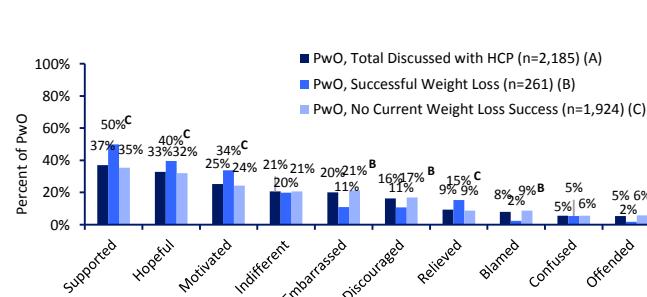


Figure 6. Feelings after Most Recent Discussion of Weight with HCP



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### Treatment Discussed with HCP

- Despite recent treatment developments, clinical discussions about WL focused more on healthy eating and physical activity and less on behavioral modifications and medical options like specialist visits, medications or surgery.

Table 2. Treatments Discussed with HCP (n=2,185)

Strategy Type	Weight Loss Strategies	PwO
Diet/Healthy Eating	General improvement in eating habits/ reducing calories	77%
	Specific diet or diet program	23%
Physical Activity	Generally be more active/ increase in physical activity	79%
	A formal exercise program/ gym membership/ personal trainer	24%
Tracking	Meal/ nutrient tracking (on paper or an app)	37%
	Exercise tracking (on paper or an app)	26%
Behavior Modification/ Medication/ Surgery	Visiting a nutritionist / dietician	25%
	Prescription weight loss medication	14%
	Weight loss surgery	13%
	Therapy such as counseling or lifestyle modification	10%
	Visiting a weight loss specialist or a weight loss clinic	9%
	Over-the-counter weight loss medication	5%

### Discussion

- One of the key challenges in PwO seeking care from HCPs is the perception that weight loss is completely their responsibility, despite HCPs' belief that they are responsible for helping their patients lose weight.
- Another barrier to the weight management discussion is a de-prioritization of weight issues with their patients needing weight management. Follow-up visits specifically to address weight issues are under-utilized despite high PwO receptivity.
- Discomfort with talking to HCPs about their weight or lack of trust in their HCPs' weight management advice does not appear to be a concern among PwO; and most PwO feel supported, hopeful, and motivated after discussions about weight, particularly those with WL success.
- Being formally diagnosed with obesity is an important driver in weight loss success, as is actively seeking treatment.

### Conclusions

- HCPs can activate PwO using simple solutions: initiating discussions about weight and weight loss, ensuring patients' weight loss attempts are recognized, scheduling follow up appointments, and formally diagnosing obesity.
- HCPs could individualize treatment discussions beyond diet and exercise based on their weight discussions with PwO.

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