Obesity: Treatment Options and Communication Strategies

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Obesity: A Weighty Issue

The prevalence rates and health consequences of obesity have been well documented as public health priorities in the United States. But when it comes to provision of obesity care, the medical profession is lacking in several important respects. Studies show that gaps remain between recommended obesity care and clinician practices with patients. Clinician weight counseling increases patients' desire and attempts to lose weight,[1,2] yet some studies indicate that less than a third of physicians inform patients of their body mass index, and even fewer provide weight-related counseling.[3] In fact, evidence suggests that rates of weight counseling in primary care have significantly declined, particularly for patients with obesity and weight-related comorbid conditions, despite increased rates of overweight and obesity in the United States.[4]

Several factors contribute to inadequate obesity screening and weight counseling. Healthcare professionals have been quick to point out such barriers to obesity care as time limitations during appointments and lack of (or variable) reimbursement for counseling services. Beyond these obstacles, researchers have identified a range of challenges to obesity care. Clinicians may lack effective tools to address obesity, or they may find discussing a patient's weight to be uncomfortable. Some are pessimistic about the outcomes of counseling, perceiving that patients are unlikely to alter their lifestyles. The healthcare provider's own body weight can influence the provision of recommended obesity care.[5,6]

Hidden Biases Harm

Adding complexity and concern to this problem are the ubiquitous negative bias and stigma in the healthcare setting toward patients with obesity, who are stereotyped as being lazy, lacking self-control, being noncompliant with treatment, and deserving of blame.[7] Weight bias has been documented among primary care physicians, endocrinologists, cardiologists, nurses, dietitians, and medical trainees.[7,8] Recent studies show that weight bias is as pervasive among physicians as among the general public[9] and that patients with obesity perceive physicians as common sources of weight stigma.[10] Patients who perceive weight-related bias, blame, or judgment are less likely to trust their providers,[11] have poorer weight loss treatment outcomes,[12] and have lower healthcare utilization.[13,14] A recent review of evidence indicates that weight bias among healthcare professionals negatively affects their provider-patient communication, clinical judgment, interpersonal behavior, and healthcare decision-making.[15]

These challenges reflect missed opportunities for effective intervention in obesity care and, along with patient communication that is clouded by bias and stigma, can contribute to poor patient outcomes and avoidance of healthcare altogether. Education and training are clearly warranted to equip healthcare professionals with the appropriate knowledge and tools to care for patients with obesity and to do so without reinforcing or communicating bias and stigma.

Despite recognition that healthcare professionals need to be adequately trained to address obesity in clinical practices, the emphasis on obesity care in medical school curricula, residency programs, and professional education has been negligible and often absent.[16] In recent years, some progress has been made, such as the formal establishment of the American Board of Obesity Medicine, which offers physician certification in the treatment of obesity.

Scattered attempts to integrate the topic of obesity into medical training have been made by some medical schools. However, few systematic efforts have been made; and such topics as obesity, nutrition, and weight management continue to be absent, or inadequately covered, in existing training and curricula.

A National Effort to Improve Obesity Care

In response to growing concern about these deficits, and the persistent weight stigma in clinical settings, calls for action to improve medical training, education, and treatment delivery for obesity have been made.[17,18] New initiatives are
emerging to improve healthcare professionals' understanding of obesity and comprehensive treatment approaches that can be delivered as part of patient care.

The most recent of these efforts is a new campaign involving more than 35 healthcare organizations (including medical societies, nonprofit organizations, media outlets, and corporations) that have united to form National Obesity Care Week. This annual campaign aims to increase awareness of the need for comprehensive, evidence-based treatment and compassionate care for people affected by obesity. As part of this public awareness initiative, collaborators have compiled free educational resources and tools to improve providers' and patients' understanding of evidenced-based treatment options and strategies to improve communication and compassion in obesity care.

One of these new resources is a free online continuing medical education course developed by the Rudd Center for Food Policy & Obesity to educate healthcare professionals about weight bias in clinical care. In addition to raising awareness about the harmful toll of obesity stigma on patients' health and the obstacles to effective treatment, the course offers straightforward strategies to improve provider-patient communication about obesity, reduce weight bias in the medical office environment, and encourage self-examination of personal attitudes that could unintentionally compromise patient care.

Start With Respect

A key message of both the campaign and the online course is that improving obesity care not only requires knowledge of effective evidence-based approaches but also provision of patient care in an environment of respect and compassion. By overcoming negative biases and stigma against people with obesity, healthcare providers can improve the climate of obesity care and enhance their efforts to effectively manage and treat obesity.

Although these new initiatives are not sufficient to address the challenges that exist in the provision of obesity care, they can promote national dialogue about broader solutions to address this problem and offer useful resources to get the ball rolling, helping both professionals and patients in the process. Healthcare professionals, just like patients, need to be educated about obesity as a complex, multifaceted disease that requires comprehensive management approaches using evidence-based strategies. With increased dialogue, support, and action in the medical community, we can move closer to the goal of ensuring that healthcare providers have the tools they need to deliver comprehensive and compassionate care to patients affected by obesity.

References


