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Women's Perceptions Regarding Obesity and Comorbidities and Provider Interaction

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ABSTRACT

Objective: To assess women's perceptions of current body mass index (BMI) category, evaluate their knowledge of medical and surgical conditions associated with obesity, and assess their previous exposure to counseling on obesity.

Design: Questionnaire-based survey.

Setting: Gynecology clinics in a large midwestern city.

Participants: Non-pregnant women age 18 to 65 years.

Methods: Descriptive design with distribution of anonymous questionnaires pertaining to demographics, current medical conditions, perceived weight, medical conditions associated with obesity, surgical complications from obesity, and previous weight loss counseling. All data were analyzed using chi-squared tests, and statistical significance was set at a p value of $<.05$.

Results: The majority of the sample (65%) was overweight or obese, and 44% of participants underestimated their BMI categories. The relationship of perceived versus actual BMI differed significantly by race ($p < .001$), income ($p < .05$), and education ($p < .05$); African American women and women with less education tended to underestimate their BMI categories. Increasing actual BMI was inversely correlated with the ability to identify obesity as a risk factor for medical conditions ($p < .01$). Only 43% of participants discussed their weight or related concerns with medical professionals.

Conclusion: A significant number of participants were unaware of their BMI status as well as the relationship between obesity and other comorbidities. Counseling and patient education efforts by health care providers are essential.

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Obesity is a major health concern with short- and long-term complications. Between 2009 and 2010, it was estimated that 35.7% of U.S. adults were obese, which equals more than 78 million individuals. Of these, 41 million were women age 20 years and older (Ogden, Carrol, Kit, & Flegal, 2012). Known medical complications linked to obesity include diabetes, hypertension, dyslipidemia, heart disease, cardiovascular disease, respiratory disease, osteoarthritis, and certain cancers (Malnick & Knobler, 2006).

Barriers to Weight Loss

Women report several barriers to weight loss. Family influences, societal expectations, cost, and failure to maintain weight loss are among the most frequently reported obstacles to achieving or maintaining a normal weight. In addition, African American women report a focus on cultural food and increased exposure to food at social gatherings that hinder weight loss efforts (Davis, Clark, Carrese, Gary, & Cooper, 2005).

Another factor contributing to obesity is the lack of awareness of current weight status and gross underestimation of weight. Merrill and Richardson (2009) found that women significantly underreported their weight throughout their life spans (age 16–70 years) and were more likely to underreport their weight as BMI increased. Some authors identified discrepancies related to ethnicity and education level and reported greater weight misperception in African American and Mexican American women than White women and greater incidence of misperception in adults who had less than a high school education (Dorsey, Eberhardt, & Ogden, 2009). Moore, Harris, and Wimberly (2010) examined African American women specifically and found that 44% of overweight women reported being a normal

weight, and 72% of the obese women identified themselves as being overweight, not obese.

A lack of awareness of current weight status and gross underestimation of weight contribute to obesity.

Recommendations of Professional Organizations

In June 2012, the U.S. Preventative Services Task Force (2012) recommended screening all adults for obesity and referring obese patients to multidisciplinary interventions.

In 2013, the National Heart, Lung and Blood Institute published *Managing Overweight and Obesity in Adults: Systematic Evidence Review From the Obesity Expert Panel, 2013*. This report is an in-depth, systematic review of the current literature that addressed five questions: "Does weight loss produce cardiovascular health benefits? What are the cardiovascular risks of being overweight or obese, and are current measurements for overweight and obesity appropriate for all groups of patients? Which diets are effective for weight loss; what is the effectiveness of a comprehensive lifestyle intervention in facilitating weight loss or maintaining weight loss? Who is appropriate for bariatric surgery and is it safe?" (National Heart, Lung, and Blood Institute, 2013).

In this report, the Obesity Expert Panel recommended that health care providers (HCPs) assist their patients who are overweight and/or obese in weight loss through lifestyle modification and identified three key components. First, the panel recommended a moderately reduced calorie diet with an energy deficit of ≥500 kcal/day and a total kcal/day of 1,200 to 1,500 for women and 1,500 to 1,800 for men. Second, the panel recommended aerobic activity for ≥150 minutes per week or ≥30 minutes a day, most days of the week. This activity should be continued for 200 to 300 minutes per week to maintain weight loss. Lastly, the panel suggested a structured program to include behavioral strategies to accomplish prescribed dietary modification and physical activity goals. Commonly, this dietary modification is done by regular self- monitoring but can also be accomplished with a nutritionist (National Heart, Lung, and Blood Institute, 2013).

Given the large number of women who are overweight and obese and also of reproductive age, the American College of Obstetricians and Gynecologists (ACOG; 2013) recommended preconception assessment and counseling to include nutrition and exercise and consultation with a weight reduction specialist prior to attempting pregnancy for all women who are obese. This recommendation was based on known complications of obesity in pregnancy, including increased risk of gestational diabetes, blood pressure disorders, cesarean birth, premature birth, stillbirth, congenital anomalies, macrosomia, wound infection, and venous thromboembolism. Complications after birth include greater breastfeeding discontinuation rates (ACOG, 2013).

Role of Health Care Provider

Health care providers often overlook, underdiagnose (Yaemsiri, Slining, & Agarwal, 2011), or address obesity only in conjunction with comorbidities (Ko et al., 2008). The proportion of patients who are obese who receive counseling on obesity from HCPs is reported to range from 40% (Jackson, Doescher, Saver, & Hart, 2005; Ko et al., 2008) to 60% (Simkin-Silverman et al., 2005), and this percentage is declining (Jackson et al., 2005). Patient counseling is integral to the health care system, as those patients who are aware of their obesity are more likely to pursue weight loss (Dorsey, Eberhardt, & Ogden, 2010; Yaemsiri et al., 2011). Patient counseling can be provided by HCPs at all levels.

The purpose of this study was to assess women's understanding of obesity and its relationship to medical and surgical complications and to assess education and counseling provided by HCPs on weight issues in gynecology clinics located in a large midwestern city.

Methods

Design

A descriptive cross-sectional design was used in this study. Data were collected between September 2009 and February 2010. The research study was approved by the St. Louis University Institutional Review Board.

Setting

Participants were a convenience sample of women from two gynecology offices in a large midwestern city; one office was a private practice office with primarily private payer insurance, and the other a resident-run clinic with Medicaid-Medicare recipients or those without insurance.

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