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Demographic factors, weight management behaviours, receipt of healthcare professional's counselling and having knowledge in basic anthropometric measurements associated with underassessment of weight status in overweight and obese type 2 diabetes patients

Victor Mogre^{a,*}, Jonas A. Nsoh^b, Peter Wanaba^b, Peter Apala^b

^a Department of Human Biology, School of Medicine, University for Development Studies, Tamale, Ghana

^b Department of Nursing, School of Allied Health Sciences, University for Development Studies, Ghana

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KEYWORDS

Underassessment;
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Summary

Objectives: To describe the prevalence of underassessment of weight status and weight management behaviours and to evaluate how underassessment of weight status is associated with demographic factors, receipt of healthcare professional's weight management counselling, weight management behaviours and having knowledge in basic anthropometric measurements.

Methods: This cross-sectional study included 222 overweight and obese type 2 diabetes patients. Participants' weight and height were determined using appropriate tools. Demographic characteristics, knowledge in basic anthropometric measurements and self-assessment of weight status were determined using a questionnaire.

* Corresponding author at: Department of Human Biology, School of Medicine and Health Sciences, University for Development Studies, P.O. Box TL 1883, Tamale, Ghana. Tel.: +233 208442438.

E-mail address: vmogre@uds.edu.gh (V. Mogre).

Results: They were more overweight (65.8%) than obese (34.2%) participants. Sixty percent reported receipt of weight management counselling from health care professionals. The majority (50.5%) of the participants did not know which category of weight status they were, 30.6% assessed themselves as normal weight and 18.0% assessed themselves as overweight/obese. Prevalence of underassessment was 63.6%. Participants underassessing (2.9% vs. 20%; $p=0.004$) their weight status were less likely to be able to measure their weight and calculate BMI than their counterparts who accurately self-assessed their weight status. Overweight participants were 3 times more likely to underassess their weight status than obese participants. Underassessment of weight status was less likely in females and in participants who reported receipt of weight management counselling than in those who did not receive weight management counselling.

Conclusion: Underassessment of weight status was more common in overweight than in obese participants. Receipt of weight management counselling was associated with having accurate assessment of weight status. Lack of knowledge in anthropometric measurements was widespread.

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Introduction

The prevalence of diabetes continues to rise in both developed and developing countries. It is been estimated that 592 million people will be living with diabetes by the year 2035 [1]. Even though, all forms of diabetes is rising, type 2 diabetes is the most prevalent and has been projected to increase by 55% in 2035. Currently, 85–95% of all diabetes cases are attributable to type 2 diabetes in developed countries and 90–95% in developing countries [2].

The American Diabetes Association as well as other institutions [3] considers weight management as an important aspect of type 2 diabetes therapy. Weight loss is associated with better glycaemic control and a reduction in the risk of developing diabetes co-morbidities such as hypertension and dyslipidaemia [4]. Crucial to the adoption of weight management behaviours is the individual's perception of his/her weight status and weight related health risk [5,6]. Available evidence indicates a distorted perception of weight status in the general population [7] and in type 2 diabetes patients in both developed and developing countries [8–11].

Relying on the Health Belief Model, one's adoption of healthful behaviours is influenced by one's perception of his/her health status [12]. For instance, individuals who perceive their weight to be unhealthy have been found to be more likely to adopt weight management behaviours than those who do not see their weight to be unhealthy [13]. If overweight and obese individuals' perception of their weight status is not congruent with their weight status defined by body mass index (BMI), they may lack the motivation necessary for the

adoption of weight management behaviours [9,11]. As a result, underassessment/underestimation of weight status by overweight and obese individuals may limit their understanding of the associated health risks of excess weight and may prevent them from adopting weight management behaviours [9].

In diabetes prevention and care, the healthcare professional plays an important role. Apart from the individual's motivation, the healthcare professional's advice or counselling has an enormous influence on the adoption of weight management behaviours as well as perception of weight status. Evidently, individuals who were informed of the risk of diabetes by a healthcare professional were more likely to adopt healthful behaviours than those who did not receive such information [14].

Under assessment/underestimation of weight status is widespread in type 2 diabetes patients. In a community-based survey of 518 overweight/obese type 2 diabetes patients, Van Minnen et al. [11] found 52.8% and 83.7% of overweight and obese patients, respectively, correctly self-identifying their weight category. In 2012, Ekezue and Platonova reported an under assessment prevalence of 26% in a study that assessed weight status perception of 979 overweight and obese type 2 diabetes patients [9]. In 2014, a cross-sectional study of 200 type 2 diabetes patients found that 77.6% of participants who misperceived their weight status underestimated it [8]. Evidently, underassessment of weight status is associated with sex [9,11], age [9], marital status [8], socio-economic status [9,11], low educational status [9,11], race/ethnicity [9], reported receipt of weight management advice from a health care professional [9,11] and having better diabetes knowledge [11]. The study by

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