



Prevalence and predictors of recommendations to lose weight in overweight and obese older adults in Georgia senior centers

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ABSTRACT

Objective. To examine the prevalence and predictors of health care professional recommendations to lose weight in Older Americans Act Nutrition Program participants in Georgia senior centers who met professional and/or governmental organization criteria for weight loss recommendation.

Methods. Demographic, health, and weight loss recommendation information obtained from community-dwelling convenience sample ($n=793$; 2007–2008) of older adults via interviewer administered questionnaires.

Results. Approximately 70% of participants met weight loss criteria, but only 36% of them received advice to lose weight in the past year. Report of weight loss recommendation was 52.0% for those ‘obese with risks’ and 19.8% for those ‘overweight with risks’. Recommendation to lose weight was significantly ($p<0.05$) associated with body mass index, waist circumference risk, younger age, self-reported disability, and urban residence. When controlled for other health and demographic factors, recommendation to lose weight was significantly associated with heart disease, but not other chronic conditions including diabetes, hypertension, or joint pain.

Conclusion. Many older adults who may benefit from weight loss are not receiving advice to do so. Health care professionals need to be aware of this problem to assist community-dwelling older adults in better managing their health to help maintain independence and improve their quality of life.

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Introduction

Approximately 63% of older adults are overweight or obese, and advanced age and excess weight are independent risk factors for chronic disease (CDC, 2007; Houston et al., 2009). Nonetheless, controversy exists regarding recommending weight loss in this group. NIH guidelines recommend weight loss for all obese older adults and overweight older adults (or those with a high waist circumference) with one or more risk factors (NIH, 1998), whereas the American Society for Nutrition and the North American Association for the Study of Obesity (ASN/NAASO) recommend weight loss only for obese older adults with weight-related co-morbidities and/or functional limitations (Villareal et al., 2005).

Studies indicate overweight and obesity are under-diagnosed and that recommendation for weight loss is influenced by socio-

demographic factors (Galuska et al., 1999; Sciamanna et al., 2000; Stafford et al., 2000). As factors influencing weight loss recommendations have not been examined in older adults, we utilized a senior center population with a high prevalence of overweight/obesity ($>70\%$; Speer et al., 2008) to examine the prevalence and predictors of health care professional recommendations to lose weight in overweight and obese older adults.

Methods

This study included a convenience sample of men and women (≥ 60 years) participating in Older Americans Act Nutrition Programs at 40 senior centers throughout Georgia. All procedures were approved by the institutional review boards for Human Subjects at the University of Georgia and the Georgia Department of Human Resources.

Questionnaires were adapted from those used previously in the same target population (Speer et al., 2008). Weight-management questions were adapted from national surveys (CDC, 2007) and previous research (Galuska et al., 1999). Individuals were determined to have been advised to lose weight by a “yes” answer to: “In the past year, have you been told by a doctor or health care professional to reduce your weight?”

Physical function was assessed with the Short Physical Performance Battery (SPPB; Guralnik et al., 1994). A low SPPB score (0–5) defined “functional

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impairment". Participants' self-reported disability due to weight was determined by a "yes" response to: "Does your current weight affect your ability to do daily activities such as walk, do housework, shop, etc.?"

Height, weight, BMI, and waist circumference (WC) were determined as described (Penn et al., 2009). Participants were classified as overweight (BMI: 25.0–29.9), obese (BMI ≥ 30.0), and having a WC risk (men > 40 inches; women > 35 inches) according to NIH Guidelines (NIH, 1998).

Of 793 individuals in the convenience sample, 550 (69.3%) met the criteria for weight loss recommendation and were assigned to one of two groups by severity of overweight and co-morbidity. 'Obese with risks' ($n = 248$) individuals were obese and had at least one risk factor (diabetes, high cholesterol, high blood pressure, or heart disease) or functional impairment, thus meeting both the ASN/NAASO and NIH criteria for weight recommendation. 'Overweight with risks' ($n = 252$) individuals were either overweight with a high WC, overweight with at least one risk factor (in addition to older age), or obese without additional risk factors or functional

impairment. These individuals meet the NIH criteria for weight loss recommendation but not the more stringent ASN/NAASO criteria.

Frequencies, means, and standard deviations were calculated for demographic and health indicators. Multivariate logistic regression analyses were performed to explore associations of weight loss advice and demographic characteristics, BMI, WC risk, chronic disease conditions, physical function, and self-reported disability. All analyses were conducted using SAS statistical software (version 9.1, SAS Institute, Cary, NC).

Results

Characteristics of older adults who met the criteria for weight loss recommendation and who were advised or not advised to lose weight are presented in Table 1. Fifty-two percent of those 'obese with risks' and 19.8% of those 'overweight with risks' were advised to lose

Table 1
Selected characteristics of older adults who met ASN/NAASO and/or NIH criteria for weight loss recommendation and reported being advised to lose weight: senior centers in Georgia, USA, 2007^{a, b, c}.

Variable	'Obese with risks' ^d			'Overweight with risks' ^e		
	<i>n</i>	Not advised % or mean (SD)	Advised % or mean (SD)	<i>n</i>	Not advised % or mean (SD)	Advised % or mean (SD)
Weight loss recommendation	252	48.0	52.0	248	80.2	19.8
Age (years)		74.4 (7.3)	71.4 (6.3)***		77.8 (7.0)	72.7 (7.6)***
60.0–69.9	92	31.4	41.2**	45	13.1	38.8***
70.0–79.9	115	41.3	49.6	110	45.2	40.8
80.0–99.9	45	27.3	9.2	93	41.7	20.4
Sex						
Male	45	19.8	16.0	45	19.1	14.3
Female	207	80.2	84.0	203	80.9	85.7
Race						
White	143	62.0	51.9	168	69.3	61.2
Black	109	38.0	48.1	80	30.7	38.8
Education (years)		10.7 (2.9)	10.6 (3.0)		10.6 (3.2)	10.7 (2.2)
Residence ^f						
Urban	63	17.4	32.1**	63	24.1	30.6
Non-urban	189	82.6	67.9	185	75.9	69.6
Body mass index (kg/m ²)		34.0 (3.7)	38.0 (5.9)***		27.4 (1.5)	28.4 (1.9)**
Overweight (25.0–29.9)	-	-	-	239	82.0	18.0***
Obese Class I (30.0–34.9)	132	71.1	35.1***	9	33.3	67.7
Obese Class II (35.0–39.9)	69	20.7	33.6	-	-	-
Obese Class III (≥ 40.0)	51	8.2	31.3	-	-	-
Waist circumference risk ^g	188	68.6	80.2*	144	54.3	73.5*
Chronic conditions ^h						
Diabetes	116	29.8	61.1**	69	25.6	36.8
High blood pressure	215	82.6	87.8	177	72.9	65.4
Heart disease	84	25.6	40.5*	70	28.6	26.6
High cholesterol	161	59.5	68.0	137	52.3	67.4
Joint pain	204	79.3	82.5	174	68.3	77.6
Physical function ⁱ						
Poor (0 to 5)	57	23.1	22.1	56	25.6	10.2*
Moderate (6 to 9)	127	46.3	54.2	116	42.7	63.3
Good (10–12)	68	30.6	23.7	76	31.7	26.5
Self-reported disability ^j	82	18.2	45.8***	24	6.5	22.4***

^a The American Society for Nutrition (ASN) and the North American Association for the Study of Obesity (NAASO) recommend weight loss therapy that minimizes muscle and bone loss for older persons who are "obese and have functional impairments or medical complications that can benefit from weight loss" (Villareal et al., 2005).

^b The National Institute of Health Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults indicates weight loss for all obese adults and for overweight adults with two or more risk factors or a high waist circumference (NIH, 1998).

^c Receiving advice to lose weight corresponds to an answer of "yes" to the question: In the past year, have you been told by a doctor or health care professional to reduce your weight? (0 = no, 1 = yes).

^d The 'obese with risks' subgroup ($n = 252$) is comprised of study participants who are obese (BMI ≥ 30) and have at least one risk factor or functional impairment. These individuals meet both the ASN/NAASO and NIH guidelines for weight recommendation.

^e The 'overweight with risks' subgroup ($n = 248$) is comprised of study participants that are either overweight (BMI ≥ 25) with a high WC, overweight with at least one risk factor (in addition to older age) or obese without additional risk factors or functional impairment. These individuals meet the NIH guideline for weight loss recommendation, but not the more stringent ASN/NAASO criteria.

^f Based on county grouping by degree of ruralness: urban = metropolitan; non-urban = suburban, urbanizing, rural growth, and rural decline.

^g Waist circumference risk = measured waist circumference greater than 35 inches for women and greater than 40 inches for men.

^h There is higher prevalence of diabetes ($p < 0.001$), high blood pressure ($p < 0.001$), high cholesterol ($p < 0.05$), and joint pain ($p < 0.01$) in the 'obese with risks' as compared with the 'overweight with risks'.

ⁱ Assessed by the Short Physical Performance Battery (Guralnik et al., 1994).

^j As assessed by the question: Does your current weight affect your ability to do daily activities such as walk, do housework, shop, etc.? (0 = no, 1 = yes).

* Significant differences between 'advised' and 'not advised' within a group, $p < 0.05$.

** Significant differences between 'advised' and 'not advised' within a group, $p < 0.01$.

*** Significant differences between 'advised' and 'not advised' within a group, $p < 0.001$.

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