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Impact of weight-related advice from healthcare professionals on body mass index of patients in the USA



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ABSTRACT

Objectives: Healthcare professionals (HCPs) can help promote healthy eating and active living in patients. This study assessed the effects of weight-related advice from HCPs on change in body mass index (BMI) of patients in the USA.

Study design: A 1-year follow-up study of 20,002 adults who participated in a nationally representative survey between 2004 and 2008.

Methods: Using the 2004–2008 Medical Expenditure Panel Survey data, 1-year BMI and weight status changes were compared between patients who did and did not report receiving advice on exercise or on restricted intake of fat and cholesterol from their HCPs.

Results: Patients who received weight-related advice had a greater increase in BMI compared with those who did not receive weight-related advice. Stratified by the baseline weight status of patients (i.e. normal weight, overweight or obese), adverse direction of BMI change was only significantly associated with advice on exercise. Patients who received advice to exercise more were more likely to move to a higher weight status than remaining at the same weight status, compared with patients who did not receive advice to exercise more.

Conclusion: This study did not find that weight-related advice from HCPs had a positive impact on BMI loss in patients. On the contrary, patients who reported receiving weight-

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related advice from HCPs had worse weight outcomes 1 year later than patients who did not report receiving weight-related advice. Further research is warranted to elucidate the role of weight-related advice from HCPs on lifestyle change and obesity prevention and control.

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Introduction

Obesity is a significant public health crisis in the USA.^{1–3} Approximately 70% of American adults are overweight or obese.¹ Overweight and obesity increase the risk of many chronic diseases, such as cardiovascular diseases, type 2 diabetes and cancers,^{4,5} and thus, contribute to excess medical expenditure and mortality.^{6,7}

Recent literature reviews for describing best current practices for weight management and clinical guidelines recommended that healthcare professionals (HCPs) should identify patients who need to lose weight and provide counselling, advice and treatments matched to the risk profiles of patients.^{8–10} Based on these guidelines, physicians should actively use prevention strategies for patients who would benefit from weight loss (e.g. communicating with patients about the risk of high body mass index [BMI] and waist circumference, directing and enhancing patients' attention to a lower calorie diet and lifestyle change and offering behavioural therapy to patients).^{8–10} Primary care professionals are appropriate channels to promote healthy eating and active living because they usually have contacts with patients and may maintain an ongoing relationship with them. However, clinicians often do not address the issue with their obese patients, despite the fact that the diagnosis of obesity can be obvious.^{11–13} Previous studies showed that only 36–42% of the US obese patients reported that they had ever received advice to lose weight from their HCPs,^{14–16} and the figure was 14–15% for overweight patients.^{15,17} Moreover, the provision of weight loss counselling was associated with other factors, such as the patient's socio-economic status, health conditions and physician characteristics.^{18–22}

Studies have suggested that weight loss advice from HCPs may improve the health behaviours of overweight and obese patients.²³ Patients who reported receiving such advice had greater intention to lose weight.^{14,17,21–25} Other studies have reported that weight-related counselling improved patients' understanding of obesity-associated health problems and the benefits of weight loss.²⁶ Patients who had been counselled had a stronger desire and readiness for weight loss.^{26,27} These patients also had enhanced willingness to change their diet or increase their physical activity.²⁸ A recent report based on the National Health and Nutrition Examination Surveys showed an association between patients' recalled weight loss and being told by their physicians on overweight status.²⁹

To the authors' knowledge, no previous study has examined the impact of weight advice or counselling from HCPs on

prospective change in BMI of patients. Previous studies have mainly focussed on the impact of weight loss advice (rather than specific advice regarding diet and exercise) on willingness to take actions and changes in behaviours.^{23,29} Given the recent clinical guidelines to emphasise the role of HCPs in advising and prescribing lifestyle interventions for overweight and obese patients, understanding the impact of this behavioural advice from HCPs related to weight control in the real-world primary care setting could inform future efforts and interventions to promote successful overweight/obesity management practices. This study investigated the influence of advice from HCPs on diet and exercise on 1-year change in BMI of the US adult patients using nationally representative longitudinal data.

Methods

Data sources

This study used longitudinal data from the panel 9 to panel 11 (2004–2008) Medical Expenditure Panel Survey (MEPS) Household Components files. MEPS used a complex sampling design, incorporating stratification, clustering, multiple stages of selection and disproportionate sampling. The sampling framework provided a nationally representative sample of non-institutionalised US civilians.³⁰

For each panel, five rounds of interviews took place over a 2-year period. Respondents were questioned on topics such as their health status; demographic and socio-economic characteristics; health insurance coverage and use of, access to and satisfaction with healthcare providers and services. The present study used self-reported weight and height collected in round 3 as baseline and in round 5 (1 year later) as a post-advice measure to evaluate the impact of weight-related advice. The authors could not assess the changes in eating and exercise by these patients as such data were not collected.

Study subjects

Non-pregnant adults (aged ≥ 18 years) who had visited a doctor's office or clinic at least once in the previous 12 months (excluding emergency visits) were included in this study. Patients with missing BMI at baseline ($n = 489$) or at follow-up ($n = 576$), patients with extreme BMI values (≥ 78 kg/m², $n = 3$) and patients with extreme BMI changes (< -30 or $> +28$ kg/m², $n = 6$) were excluded. In addition, patients with BMI < 18.5 kg/m² at baseline ($n = 309$) were excluded because it

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