Introduction

- Obesity-related morbidity and mortality are among the most preventable and cost-consuming issues facing the healthcare system (1, 2, 4, 6).
- Over one-third of US adults are overweight (BMI 25.0-29.9) and over one-third are obese (BMI > 30.0) (1, 2, 11).
- US medical costs of obesity were estimated to cost $147 billion in 2008 and are rising annually for a projected annual medical cost of $210 billion in 2013 (11).
- Approximately 70% of patients with BMI ≥ 25 seen by PCP are not diagnosed with overweight or obesity, and 63% do not receive weight-related counseling (2).
- There is a need for brief office-based interventions to identify patients who are overweight and obese, and to provide evidence-based treatment and referrals.

The objectives of this study are to:
1. gather data to develop an in-service training.
2. deliver the in-service training to medical residents and faculty.
3. assess behaviors, attitudes, and perceived barriers to diagnosing, preventing and treating obesity via pre- and post-intervention surveys to explore the impact of the in-service training session.

Methods

- We recruited primary care physicians (resident physicians and attending physicians) who serve a diverse patient population in two University of Arizona Family Medicine clinics from November 2013 through January 2014 to complete a survey regarding obesity management.
- We developed an on-line survey, which was administered at baseline to identify physician practices, attitudes, and perceived barriers toward diagnosing, preventing and treating obesity.
- We used the baseline survey results to develop and administer an in-service training based upon identified need to address physician attitudes, behaviors, and perceived barriers toward diagnosing, preventing and treating obesity.
- We re-administered the survey one month post-training to determine if the one-hour in-service training increased physicians’ positive attitudes and behaviors, and decreased perceived barriers toward diagnosing, preventing and treating obesity.

Participants

- A total of 54 participants (37 resident physicians and 17 attending physicians) responded to the pre- and post-surveys.
- The majority of respondents were resident physicians (68.5%), and reported engaging in regular physical activity (63.0%).

Results

- There were no significant differences in obesity management attitudes, behaviors, and perceived barriers by primary care physicians between pre- and post-training surveys.

- At both time points, the majority of respondents reported that:
  - 87% are interested in learning methods to assist with weight loss, and believe that primary care physicians should assess weight and advise regarding weight loss (Figure 1*).
  - 74% often or always assess, discuss and trend changes in weight and BMI (Figure 2*).
  - 85% often or always advise obese patients to lose weight, discuss weight loss strategies, and recommend increased physical activity (Figure 2*).
  - 91% never or sometimes refer the patient to a dietician, weight loss program or bariatric surgery evaluation (Figure 2*).

- 94% reported multiple barriers to incorporating weight management into practice (Figure 3*).

Conclusions

- Primary care physicians are receptive to learning methods to assist in obesity prevention and management.
- A one-hour interventional training session is not sufficient to change physician attitudes, self-efficacy and perceived barriers toward diagnosing, preventing and treating obesity.
- The limitations of the study were small sample size and inadequate time to provide sufficient training for obesity management in the primary care setting.

- Obesity management in the primary care setting is multi-factorial, and requires sufficient training, adequate time to provide counseling, and available resources to assist in diagnosing, preventing and treating obesity.

Holding regular evidence-based interventional training sessions, having full-spectrum in-clinic resources available, allowing for adequate time to provide counseling, and reimbursement for that counseling are reasonable approaches to overcoming barriers to obesity management requiring further study.

References

3. Centers for Disease Control and Prevention: Obesity and overweight for professionals. www.cdc.gov/obesity/data/adult


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*Only post-training survey data presented