Disconnect Seen Between PCPs, Obese Patients

BY JANE ANDERSON

A lmost all primary care physicians want to help obese patients lose weight, but they say that no one in their practice knows enough to adequately deal with weight-related issues, a survey revealed.

The survey of 290 primary care physicians (PCPs), conducted by Harris Interactive late in 2009 and sponsored by the STOP (Strategies to Overcome and Prevent) Obesity Alliance, indicated physicians agree that a 5%-10% weight loss would help their obese patients.

But a companion survey of American adults released at the same time by the alliance found that only 39% of obese adults (those with a body mass index of

Of the patients who said their physician described them as obese, one in three said their physician never discussed the mechanics of how to go about losing weight.

at least 30 $\,\mathrm{kg/m^2})$ said that a physician ever told them they were obese.

Those adults whose physicians used the term obese also said that the physician recommended they lose weight. But about one in three of these said that their physicians never discussed the mechanics of how to go about losing weight, the survey of 1,002 U.S. adults reported.

This results in a disconnect between the information that obese patients need from their physicians and what physicians actually tell them about losing weight, according to presenters at a briefing on the results from the two surveys.

"Patients want more information about weight management; they're hungry for it, and they don't know what information to believe," said Roz Pierson, Ph.D., Harris Interactive vice president of health policy research. "But a lot of primary care physicians said they or no one in their office had been trained to discuss weight issues. If you don't feel like you have the training to deal with weight issues, you can see why there is a lack of willingness to have a dialogue."

Both PCPs and patients agree that even a small amount of weight loss is beneficial, according to the surveys. In all, 80% of patients who consider themselves overweight or obese, along with 91% of physicians, agree that the risk of disease is reduced "a great deal" or "somewhat" following a weight loss of 5%-10%.

The PCPs told surveyors that they recommended a variety of strategies to patients for weight loss, including improving their diets, counting calories, and reading a book or visiting a Web site. Physicians also said they recommended that their overweight or obese patients see a weight loss specialist, enroll in community-based organizations, consider clinical programs for weight loss, or even have bariatric surgery.

However, the PCPs told surveyors that they didn't have the training or tools to properly counsel patients on weight, and they also lacked the time needed with those patients to do the job right.

Former U.S. Surgeon General Richard Carmona, who serves as health and wellness chairperson of the STOP Obesity Alliance, said at the briefing that solving the problem of time to deal with obesity and other preventive health issues

would require a health system overhaul. Still, he urged physicians to take the time if possible under the current system. "You can say, 'I'd like to take the time, but I don't have the time.' But would you say that if patient walked in with chest pains? In diabetic acidosis? With a broken arm?" Dr. Carmona asked.

Dr. William Bestermann Jr., medical director of Holston Medical Group Integrated Health Services in Houston,

Clinical Ex

agreed that a health system overhaul would be needed to give physicians ample time to counsel patients on weight loss. "The system produces the results it was designed to produce," he said.

"We do all this pricey stuff at the end of the game. We need to shift some of those resources from the end game" in order to help people lose weight and lower their risks of chronic and acute health issues from the beginning, he urged.

2 Moll w

Clinical Endocrinology News

Dietary Vitamin D Goal Likely To Double for Older Adults

Senate Report Skewers GSK,

FDA Over Avandia's Heart Risks

Before the research is published...

Before the drug is approved...

Before the guideline is issued...

You read it first in

