Heart Patients Don't Link Weight to CVD Risk

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WASHINGTON — Obese patients with coronary disease don't always see their excess weight as being part of the problem, Francisco Lopez-Jimenez, M.D., and his associates reported in a conference on cardiovascular disease epidemiology and prevention, sponsored by the American Heart Association.

A prospective survey of 229 patients who had recently been hospitalized for a coronary syndrome or revascularization revealed that, despite being aware of their excess weight, few actually perceived that it was related to their heart problems.

"Don't assume your patients understand this. You must make them aware of the implications of obesity with regard to heart disease, because how people perceive themselves drives their behavior," Dr. Lopez-Jimenez told FAMILY PRACTICE NEWS.

The patients had a mean age of 66 years and a mean body mass index of 30.5 kg/m^2. Most were either overweight (45%) or obese (33%); 77% were male. On average, the patients perceived themselves as being 22 pounds overweight, which was fairly accurate. "It was interesting . . . people were more or less realistic in estimating how overweight they were," Dr. Lopez-Jimenez, of the Mayo Clinic and Mayo Foundation, Rochester, Minn., said.

The investigators looked for factors that were correlated with self-perception of risk for heart disease. After adjustment for sex, comorbidities, socioeconomic status, and other potential confounders, only four factors—age, history of diabetes, and levels of readiness to change for weight loss and exercise—were significantly correlated with the patient's perceived risk for heart disease.

There was no such correlation with self-perception of obesity, despite 67% of patients endorsing the general concept that obesity is a risk factor for MI.

"It is complicated. … In general, we tend to recognize risky habits, but fail to recognize ourselves at risk," he said, adding that studies in patients who smoke, have AIDS, and engage in other risky behaviors have shown similar tendencies.

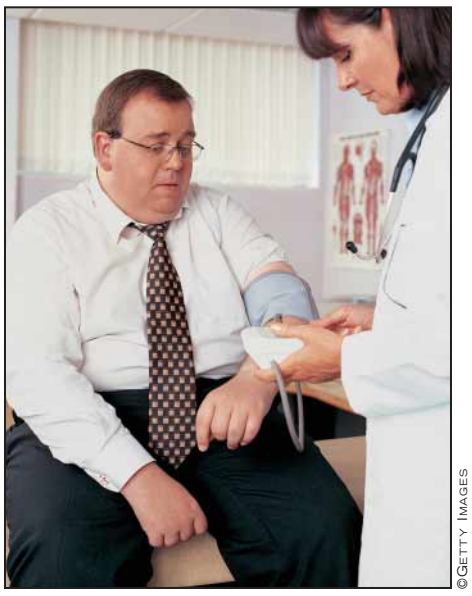
At the 6-month follow-up, the belief that obesity is a risk factor for heart disease was the strongest predictor of weight loss.

History of diabetes and self-perceived excess weight were also significantly correlated with weight loss, but self-perceived risk for heart disease was not, the investigators reported.

Although these data suggest some denial on the part of patients, a previous study by Dr. Lopez-Jimenez and his associates indicated that underappreciation of obesity as a cardiovascular disease risk factor extends to clinicians as well. In a randomly selected sample of 627 patients discharged after an MI during 2001-2002 from five U.S. teaching hospitals, BMI had been documented in the charts of only 14% and waist circumference in none, despite the fact that 83% were overweight, including 55% who were obese and 8% who were morbidly obese (Int. J. Obes. Relat. Metab. Disord. 2005;29:137-41).

In only 20% of patients with a BMI at or above 30 was the diagnosis of obesity documented as a current medical problem, part of the past medical history, or as a final diagnosis. The proportion that received dietary counseling (61%) was identical for those with a BMI at or above 25 and for those with a BMI below 25.

Weight loss was described as part of treatment or among goals at discharge for just 7% of overweight and 9% of obese patients. ■



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Few patients with coronary disease view their obesity as part of the problem.