Differences in attitudes, perceptions, and behaviors regarding obesity management among PCPs and weight loss specialists: Results of the national ACTION study

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Aim

- Compare the alignment between clinical practice guidelines for obesity management and the knowledge and understanding among primary care providers (PCPs) and those identifying as or defined as Weight Loss Specialists (WLSs).
- Explore similarities and differences in perceptions, attitudes, and behaviors regarding obesity and its management between PCPs and WLSs in the ACTION (Awareness, Care, and Treatment In Obesity maNagement) study.
- Identify opportunities for health care professionals (HCPs) to better support the treatment of their patients with obesity.

Methods

- This study consisted of a cross-sectional, US-based, stratified sampling of HCPs who see patients in need of weight management. Data were collected from October 29 to November 12, 2015.
- » PCPs were those practicing in primary care (i.e., general practice, family practice, and internal medicine). Weight loss specialists as defined in this study were those practicing in primary care, endocrinology, bariatrics, or bariatric surgery, and either self-identified as an obesity/weight loss specialist and/or saw at least 50% of patients for obesity management.
- » 606 HCPs (502 PCPs and 104 WLSs) completed online surveys.
- The instrument assessed attitudes, experiences and behaviors associated with obesity management.
- Respondents were recruited though an online panel. Study and survey instruments used were Institutional Review Board approved.
- Statistical significance was set at p < 0.05, using 2-tailed tests.
- » Statistical significance (95% confidence) is noted by capital letters displayed next to significant values, which identify the greater of the two values, while the letter references the comparison group.

Table 1: Subjects' baseline characteristics

	Primary Care Providers (n=502)	Weight Loss Specialists (n=104)
Sex, No. (%)		
Male	239 (48)	66 (63)
Female	263 (52)	38 (37)
Provider Type, No. (%)		
Physician	355 (71)	73 (70)
Nurse Practitioner	92 (18)	21 (20)
Physician Assistant	55 (11)	10 (10)
No: number		

Results

- Both PCPs and WLSs recognized that their patients were not happy with their current weight and that it was not easy for patients to lose weight. They also felt a responsibility to contribute to their patients' weight loss efforts (Figure 1).
- Patients' weight was considered related to overeating and lack of physical activity as well as lack of motivation, and the role of genetics was not viewed strongly by either PCPs or WLSs (Figure 2). Treatment options recommended by HCPs focused mainly on lifestyle changes; few recommended visiting a dietician, weight loss specialist, pharmacotherapy, or weight loss surgery (Figure 3).
- Both PCPs' and WLSs' attitudes were generally not consistent with the concept that obesity is a disease as reflected in the clinical guidelines, with at least one-third of HCPs agreeing that their patients' weight is completely within their own control (Figure 1).
- More than half of WLSs and two-thirds of PCPs acknowledged that they need more resources to better treat their patients who struggle with obesity (Figure 5). However, no more than about 3 in 10 PCPs and half of WLSs were aware of any one of the existing guidelines as of 2014 (Figure 4).

Figure 1: Attitudes towards Obesity

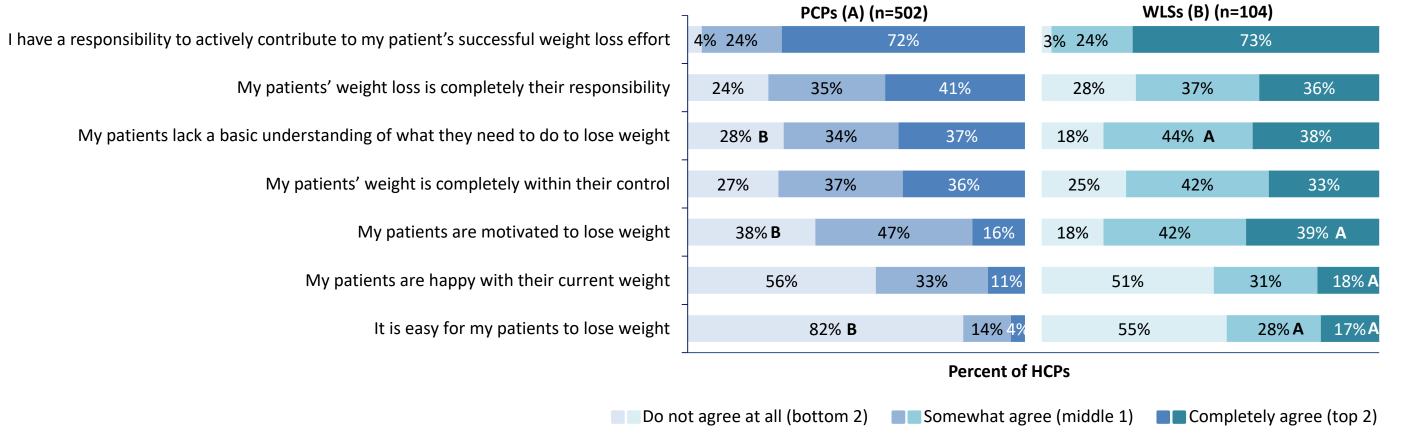


Figure 2: Attitudes towards Cause of Current Weight*

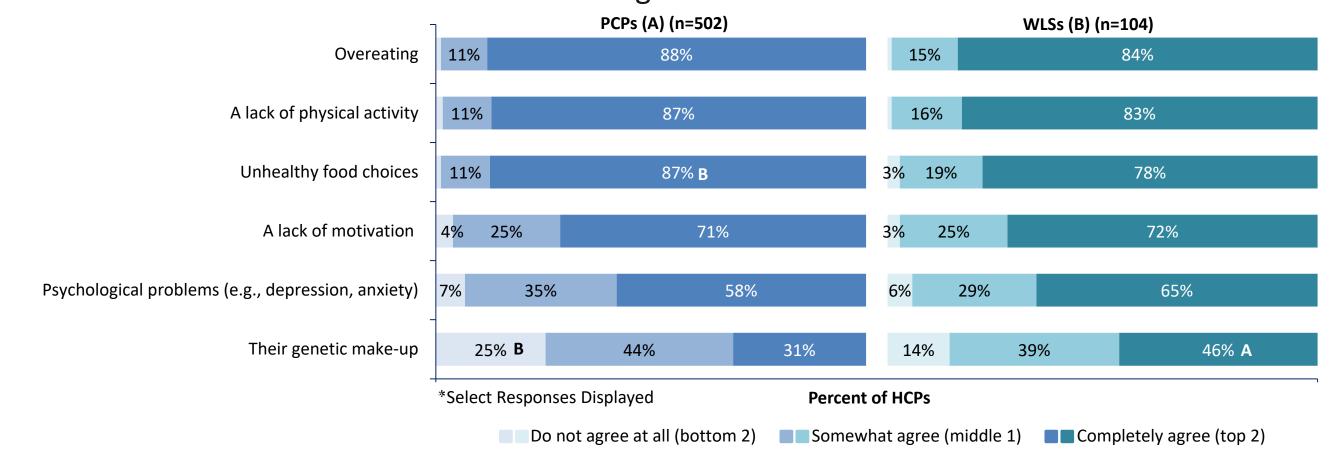


Figure 3 top panel: Treatment Options Recommended

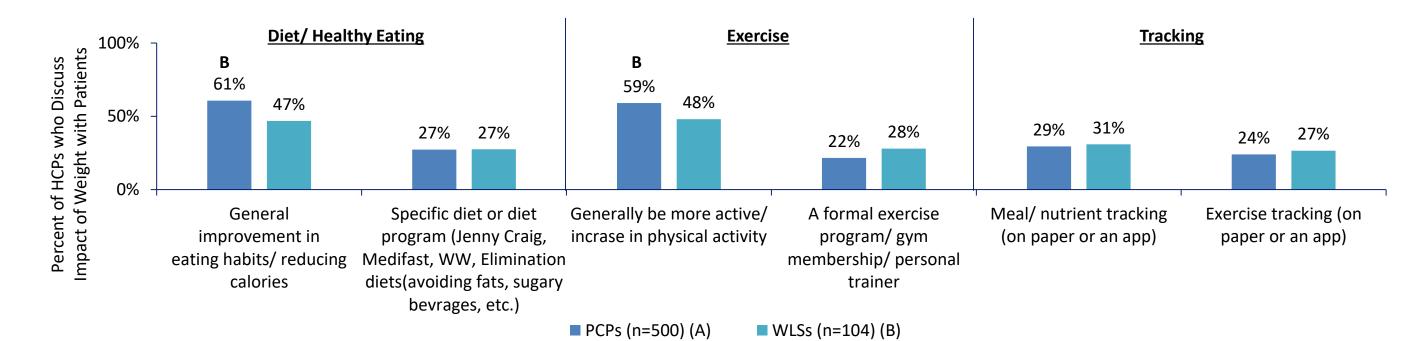


Figure 3 lower panel: Treatment Options Recommended

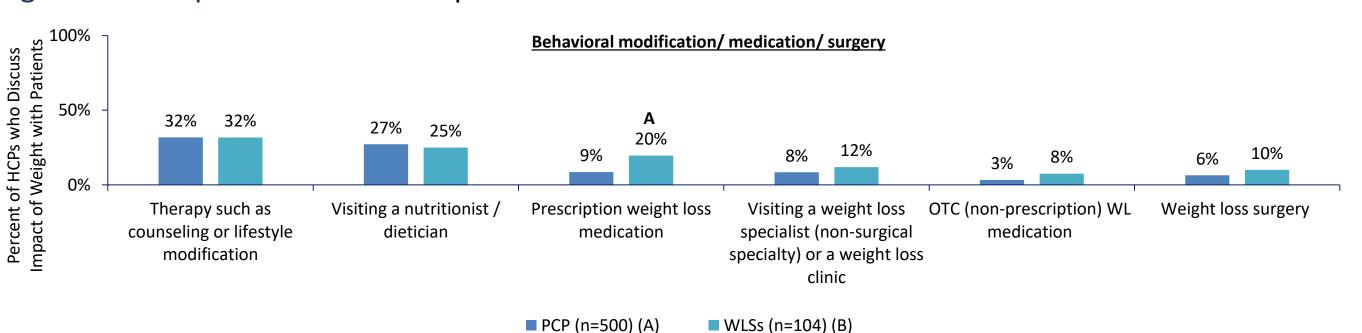


Figure 4 top panel: Awareness of Clinical Treatment Guidelines

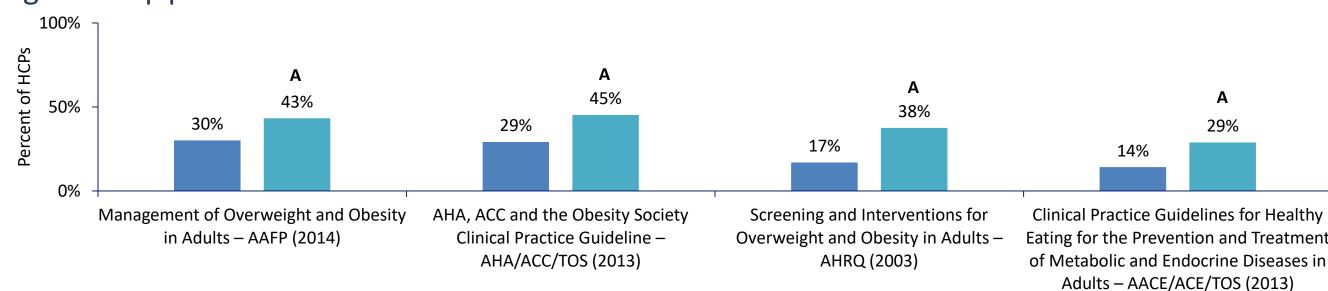
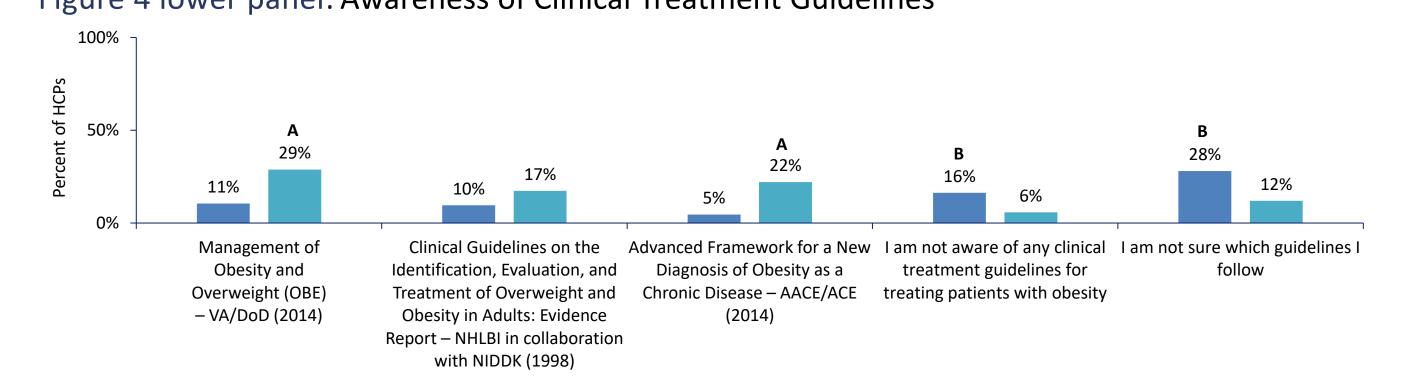


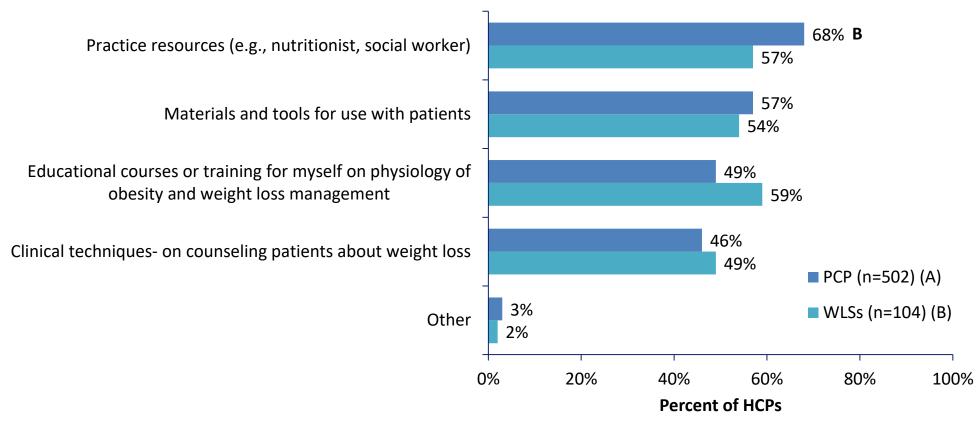
Figure 4 lower panel: Awareness of Clinical Treatment Guidelines



■ PCP (n=502) (A) ■ WLSs (n=104) (B)

WLSs (n=104) (B)

Figure 5: Resources HCPs Need More of to Work Better with Individuals who Struggle with Weight Loss



Discussion

- Although both PCPs and WLSs appear to understand the challenges faced by their patients in managing obesity and feel responsible for helping their patients, lack of resources or awareness of clinical guidelines may be preventing these HCPs from better supporting their patients with obesity.
- Both PCPs and WLSs reported attitudes and beliefs towards obesity that are inconsistent with management, treatment and awareness of guidelines.
- HCPs tended to focus their treatment on diet/healthy eating and exercise for their patients with obesity rather than using a more comprehensive obesity management including nutritionists, pharmacological therapy, or weight loss surgery.

Conclusion

- Lack of knowledge or understanding of clinical treatment guidelines may be a significant barrier to effective obesity management by PCPs and WLSs.
- Increased dissemination of the existing guidelines may help both PCPs and WLSs in better supporting their patients in need of obesity management.

This trial was sponsored by Novo Nordisk and is registered with ClinicalTrials.gov (NCT03223493). The authors acknowledge the medical writing assistance of Rebecca Hahn of KJT Group. Presented at Overcoming Obesity 2018, September 26-30, Poster #1