

# Insights and Perceptions of Obesity Management in Older People with Obesity

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## Background

- Obesity management challenges remain, especially among older individuals who may have greater comorbidities.
- The ACTION (Awareness, Care, and Treatment In Obesity maNagement) study examined attitudes and behaviors related to obesity management among people with obesity (PwO).
- We examined results among people aged 65 and older, which constitute a growing proportion of the population.

## Objectives

- Gain a better understanding of the barriers that may prevent PwO from receiving high quality care and the support they need to manage their obesity and improve their health.
- Generate insights that could help guide collaborative action to promote effective care for PwO.
- Create a platform for communication to help change how critical stakeholders approach the care of PwO.
- Comparisons between older (≥65 years) and younger (18 to 64 years) PwO are presented.

## Study design

- A cross-sectional, US-based, stratified sampling of PwO was used with the following inclusion criterion: body mass index  $\geq 30$  kg/m<sup>2</sup> based on self-reported height and weight. Adult PwO (n=3,008) completed online surveys.
- The instrument assessed attitudes, experiences and behaviors associated with medical and employer-based obesity management.
- Respondents were recruited through an online panel.

## Multidisciplinary team

- The ACTION study was developed by a multidisciplinary team of obesity experts from clinical practice, basic science, patient advocacy, employer and public policy fields organized as a steering committee.
- Study objectives and instruments were developed under direction of the steering committee with contracted collaborators through all phases.

## Statistical analysis

- Respondent-level weights were applied to the PwO sample to demographic targets for age, household income, ethnicity, race and Hispanic descent, gender, and U.S. Region based on the 2010 U.S. Census.
- Sample sizes presented are unweighted. Descriptive statistics (%), other are weighted figures, unless otherwise noted.
- 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. Statistical significance was set at  $p < 0.05$ , using 2-tailed tests.

## Survey development

- Surveys were developed following a comprehensive qualitative research phase and with insights from the ACTION steering committee, which also shaped the evaluation of qualitative data, design considerations in survey development, survey implementation, data collection, analysis and interpretation.
- Populations surveyed: PwO (n=3008), Healthcare Professionals (HCP) (n=606), and Employer Representatives (n=153). Only data and results from PwO are shown here.
- Pre-tests were conducted to confirm language and understanding (n=23, 75 minutes). The PwO survey was offered in both English and Spanish.
- Study and survey instruments used were IRB approved.

## Results

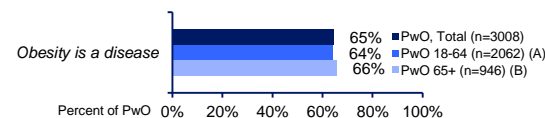
**Table 1** Characteristics of People with Obesity Sample (Unweighted %)

People with Obesity	Total (n=3,008)	18-64 years (n=2,062)	65+ years (n=946)
Sex, No. (%)			
Male	1,378 (46)	833 (40)	545 (58)
Female	1,630 (54)	1,229 (60)	401 (42)
Age			
Mean, Median (range), y	54, 57 (18-96)	47, 49 (18-64)	70, 69 (65-96)
Ethnicity, No. (%)			
Hispanic	239 (8)	214 (10)	29 (3)
Non-Hispanic	2,769 (92)	1,852 (90)	917 (97)
Race, No. (%)			
White	2,465 (82)	1,649 (80)	893 (94)
Black or African American	285 (9)	279 (14)	29 (3)
Other	258 (9)	222 (11)	38 (4)
Body mass index, mean (+/- std. dev.), kg/m <sup>2</sup>	37 (6)	38 (7)	35 (5)
Obesity Class, No. (%)			
Class I	1,304 (43)	803 (39)	501 (53)
Class II	896 (30)	615 (30)	281 (30)
Class III	808 (27)	644 (31)	164 (17)

- Of the total number of PwO (n=3008), 946 (31%) were 65 years and older.
- Older PwO and younger PwO are similar in many ways regarding attitudes and perceived responsibility toward weight loss, including recognizing obesity as a disease.
- Our results highlight the findings where these age cohorts otherwise differ.

## Recognizing obesity as a disease

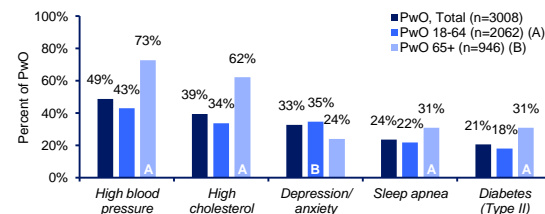
**Figure 1** Agreement with statements about obesity



- Demonstrated in the figure above, two-thirds (66%) of older PwO reported feeling that "obesity is a disease," similar to younger PwO (64%).

## Prevalence of comorbidities

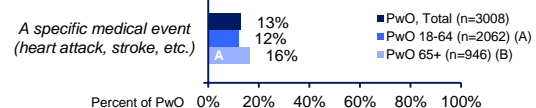
**Figure 2** Comorbidities ever diagnosed with by HCP



- As expected, older PwO report greater comorbidity prevalence (variable by condition, as much as twice the prevalence) including high blood pressure, high cholesterol, sleep apnea and diabetes. These differences were statistically significant ( $p < 0.05$ ).

## Influence of health conditions

**Figure 3** Selected specific medical event as greatest influence on desire to lose weight



- A greater proportion of older PwO (16%) reported that "a specific medical event" (heart attack, stroke, etc.) had a great influence on their desire to manage weight compared with younger PwO (12%), a statistically significant difference ( $p < 0.05$ ).
- Sixty-seven percent (67%) of older PwO reported that improving existing health conditions is an important overall goal to achieve as part of weight management, a greater proportion compared with younger PwO (62%). This difference was statistically significant ( $p < 0.05$ ).

## Weight loss definitions and findings

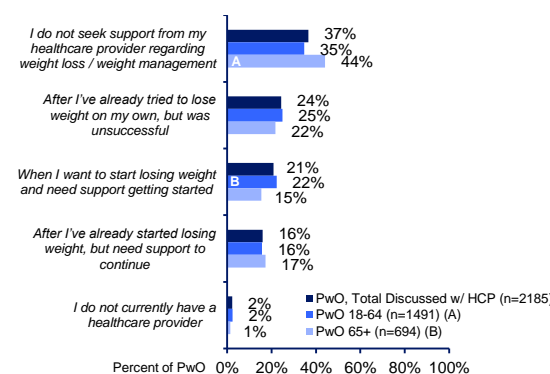
**Table 2** Subgroup of People with Obesity with Weight Loss Success

People with Obesity	Total (n=3,008)	18-64 years (n=2,062)	65+ years (n=946)
Weight Loss Success, No. (%)			
Successful Weight Loss	331 (10)	207 (9)	124 (13)
No Successful Weight Loss	2,667 (90)	1,855 (91)	822 (87)

- Successful Weight Loss is defined as PwO reporting at least 10% weight loss from greatest weight in the past 3 years and reporting "success in weight loss" for at least one year.
- No Successful Weight Loss is defined as not meeting the above criteria.
- A greater number of older PwO (13%) report weight loss success in the past year compared with younger PwO (9%), a statistically significant difference ( $p < 0.05$ ).

## Seeking support

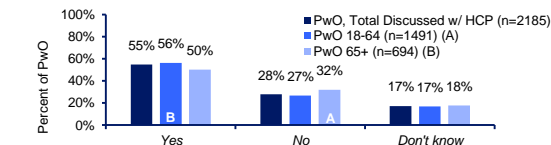
**Figure 4** Among PwO who have ever discussed weight with HCP, when PwO most frequently seek support from HCP



- Of the PwO that have discussed "losing weight" or "being overweight" with an HCP, a greater proportion (44%) of older PwO report that they "do not seek support" from their HCP for weight loss (35% among younger). This difference was statistically significant ( $p < 0.05$ ).

## Gaps in diagnosing obesity

**Figure 5** HCP has ever formally diagnosed as "obese" among PwO who have ever discussed weight with HCP



- Fewer older PwO (50%) report having received a "formal diagnosis" of obesity as compared with younger PwO (56%), a statistically significant difference ( $p < 0.05$ ).

## Discussion

- Given the greater proportion of older PwO who do not seek support from their HCP for weight loss, providers need to understand and overcome the barriers to seeking obesity care in this group.
- Greater morbidity and experiences with health-related life events may have also made older PwO efforts to manage weight more serious and vigilant, which could be associated with a greater proportion of self-reported weight loss success.
- Considering their greater prevalence of comorbidities, older PwO may need more appropriate, attentive obesity management from HCPs.

## Conclusions

- Although similar in many ways, older PwO show important differences in how they perceive and manage their obesity compared with younger PwO.
- Older PwO more often report success in obesity management than their younger peers and, therefore, should be addressed by clinicians at least as well as younger PwO.
- Efforts to provide HCPs a better understanding of how older PwO perceive and manage their obesity may further improve outcomes in this group.