



FAST FACTS



Health Care Providers and Obesity Care

OBESITY is a complex chronic disease in which abnormal or excessive accumulation of body fat impairs health. Adult obesity rates have more than doubled since the 1980s — in the U.S. today, obesity affects over 1 in 3 adults and almost 1 in 5 youth.¹ Obesity and its related complications are major drivers of rising healthcare costs, diminished health-related quality of life, and the recent decline in U.S. life expectancy. This fact sheet is part of a series designed to provide basic information about the science of obesity and current strategies to address it.

KEY TAKEAWAYS

- Many physicians are unaware of the current guidelines regarding obesity counseling and pharmacological treatment
- Treating obesity involves collaboration, shared decision-making, and communication between providers and patients
- Using patient-first and motivational language is important when it comes to discussing weight and weight loss

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Read more about provider knowledge, attitudes, and behaviors
STOP Obesity's Why Weight Guide for Providers

How Much Do Providers Know about Obesity Care?

Research shows that an overwhelming majority of physicians believe that they have a full or partial responsibility to ensure that patients receive obesity counseling.² However, one study of providers' knowledge of the current obesity treatment guidelines found that the majority of physicians are unaware of the latest recommendations.³ The study found that out of 1,506 health professionals (family physicians, nurse practitioners, internists, and obstetricians/gynecologists):

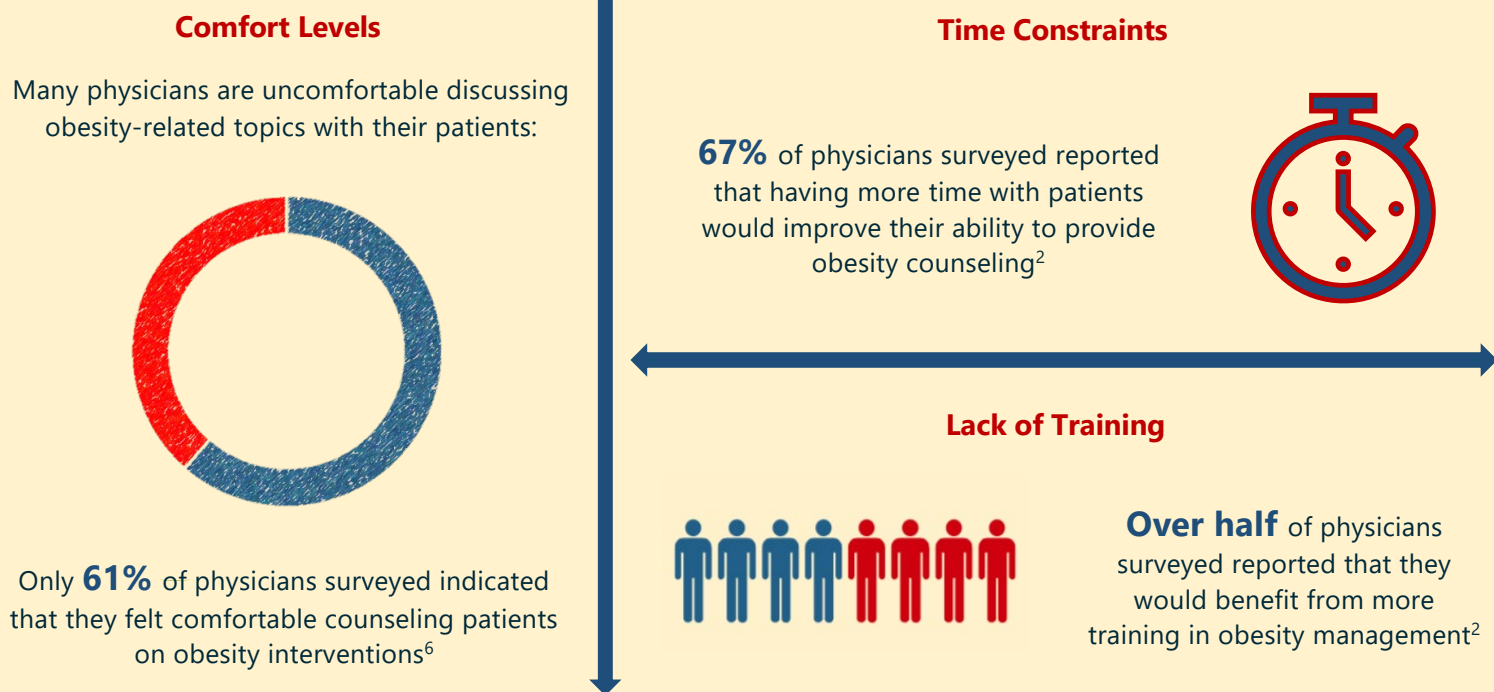
- Only 16% of respondents indicated that obesity counseling should be provided twice a month for six months as the current guidelines suggest;
- Only 8% of respondents were aware of the current guidelines regarding prescription of pharmacological obesity treatments; and
- About one-third of respondents were aware of the current nutritional recommendations for obesity treatment and only about half of respondents were aware of the current recommendations regarding physical activity.

Starting the Conversation

According to the U.S. Preventative services Task Force, clinicians should begin behavioral interventions when treating a patient with a BMI of 30 kg/m² or over.⁴ The majority of clinicians surveyed believed that the provider and the patient share the responsibility for ensuring that the patient receives obesity counseling.²

- A majority of providers reported that a patient bringing up concerns about their weight would prompt them to initiate obesity counseling²
- The Mayo Clinic has provided a list of recommendations to patients who wish to start a conversation with their provider about weight.⁵ These include:
 - Writing down a list of questions and concerns before the appointment
 - Speaking openly and honestly
 - Providing information about medical conditions and medications

Barriers to Effective Obesity Counseling



How Do Health Care Providers Discuss Obesity?

A recent study found that **19% of patients surveyed would avoid future medical appointments if they felt that their doctor used stigmatizing language during a conversation about their weight.**⁷ This finding indicates that language is important when it comes to provider-patient conversations about obesity care.

- The Mayo Clinic recommends that providers use both people-first and motivational language when discussing weight with their patients⁸
 - The term “unhealthy weight” has been shown to be more motivating than the term “obesity” which many consider stigmatizing
 - Patients who have been diagnosed with obesity should be considered “patients with obesity” rather than “obese patients”
- Because over half of providers surveyed reported using the term “obesity” when discussing weight with patients, there is room for improvement when it comes to provider sensitivity

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