

Barriers toward Weight Management in Primary Care: Perspective of Patients

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Overview

- Obesity and weight management
- Study on barriers toward weight management
- Key findings and Implications of our study
- Recommendations
- Conclusion

Introduction

- Obesity prevention and its management constitute a public health challenge
- Worldwide prevalence: 39% were overweight and 13% were obese
- **Multifactorial** condition associated with various **comorbidities**, contribute to a great **clinical** and **economic** burden

(WHO, 2015)

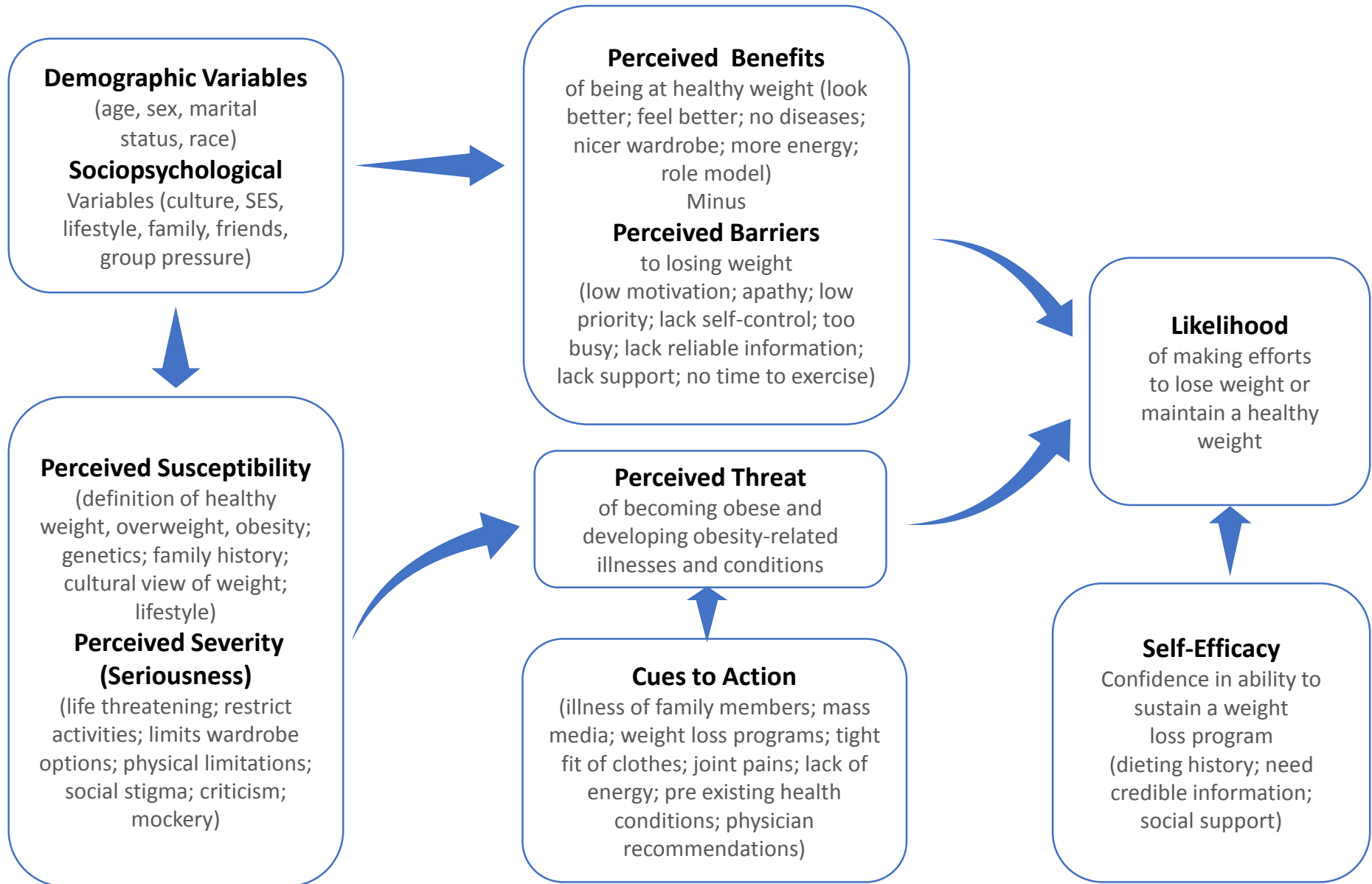
Weight management

- Moderate weight loss can have substantial health implications

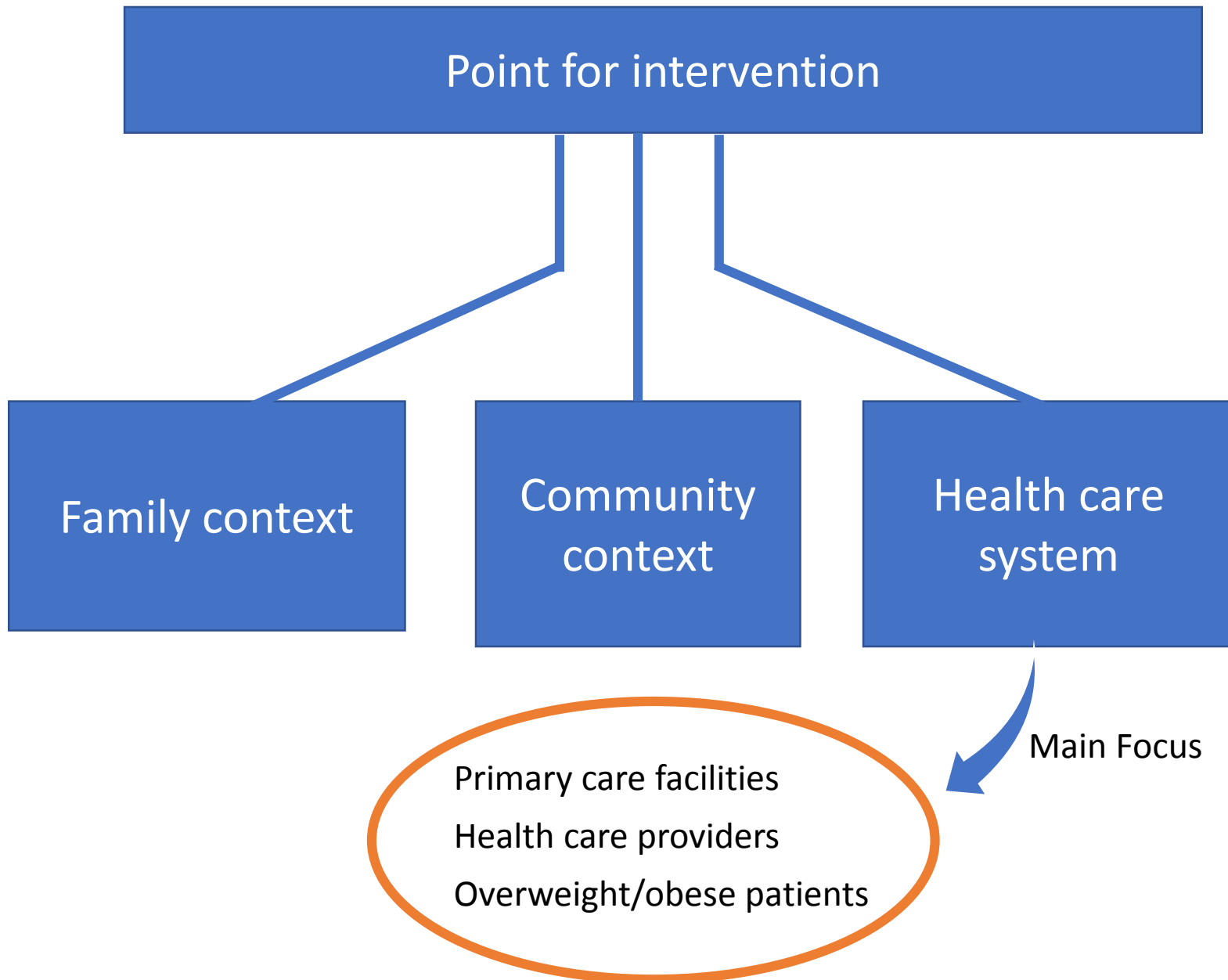
Depend on:

- Health status
- Enabling factors
- Predisposing factors

(James et al., 2012)



Health Belief Model (James et al., 2012)



Rational

Reverse the epidemic of obesity and reduce the risk for relapse

Patients attended primary care for chronic diseases treatment but not for weight management

Manage both weight problem and associated health risk



Study on Barriers toward Weight Management

Study sample

- Overweight and obese patients aged 18-59 attending primary health care clinics in Kuching
- 59.3% were females
- 40.3% were Malay, 31.0% were Iban/Bidayuh, 22.8% were Chinese
- 49.5% had secondary education; 33.8% had tertiary education
- 13.8% were from low SES

Anthropometric measurement

BMI Classification	kg/m ²	%
Pre obese	23-27.4	40.3
Obese I	27.5-34.9	46.8
Obese II	35.0-39.9	11.5
Obese III	≥40.0	2.5

Min: 23.21 kg/m², Max: 43.86 kg/m²

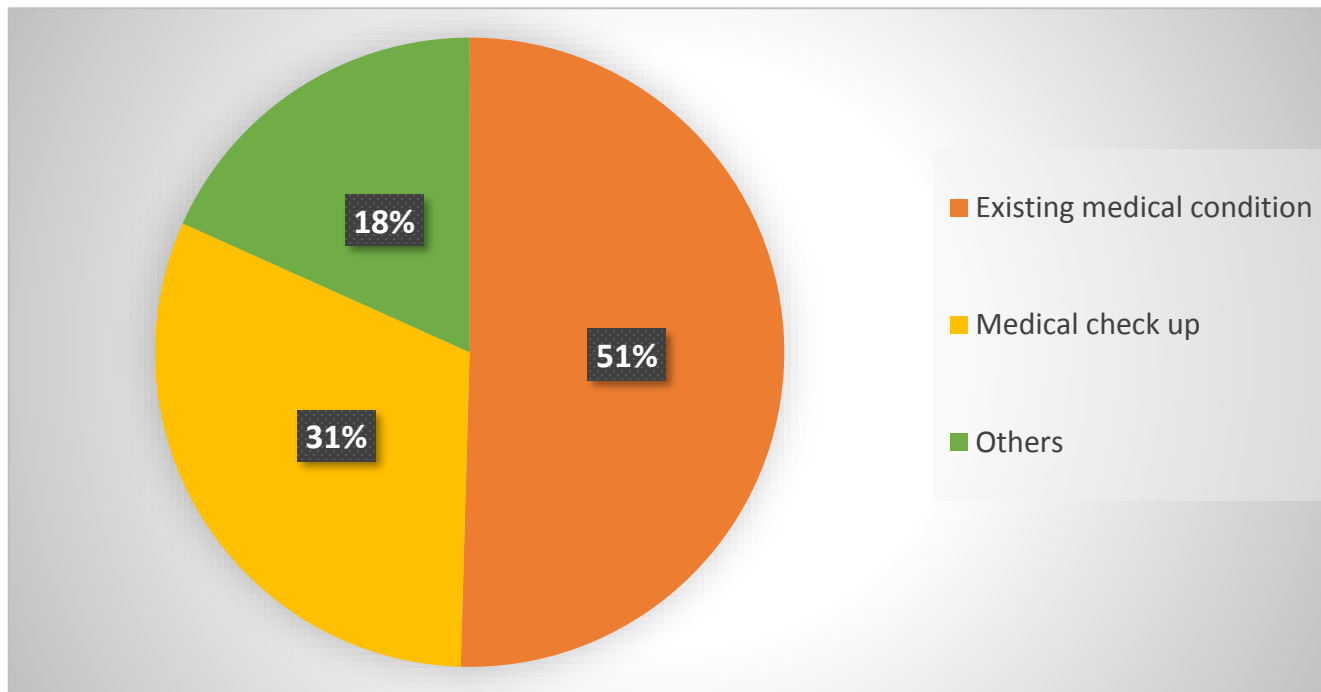
Mean(SD): 29.68 (4.39) kg/m²

Face-to-face interview: using structured questionnaire

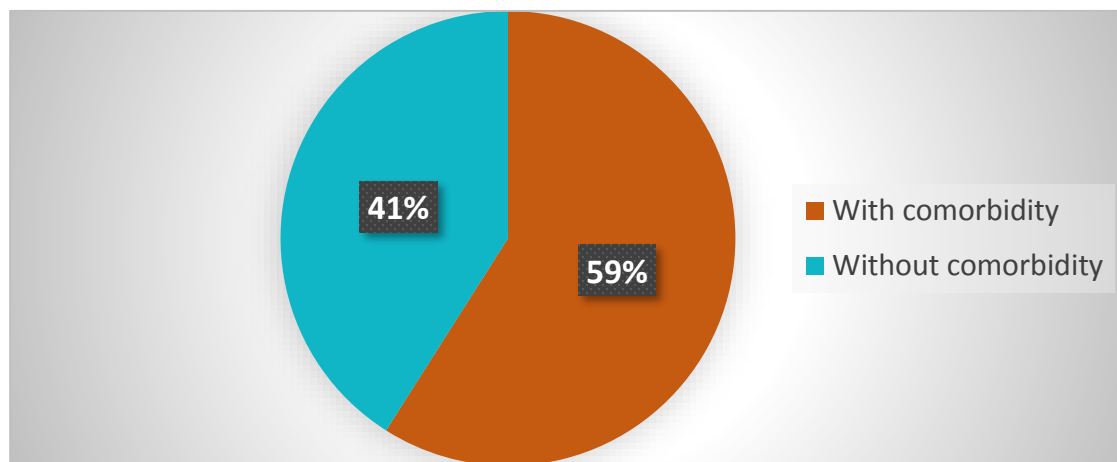
Measures

- Health status
- Prior efforts for weight loss
- Barriers (Attitude) toward weight management

Key findings: Health status



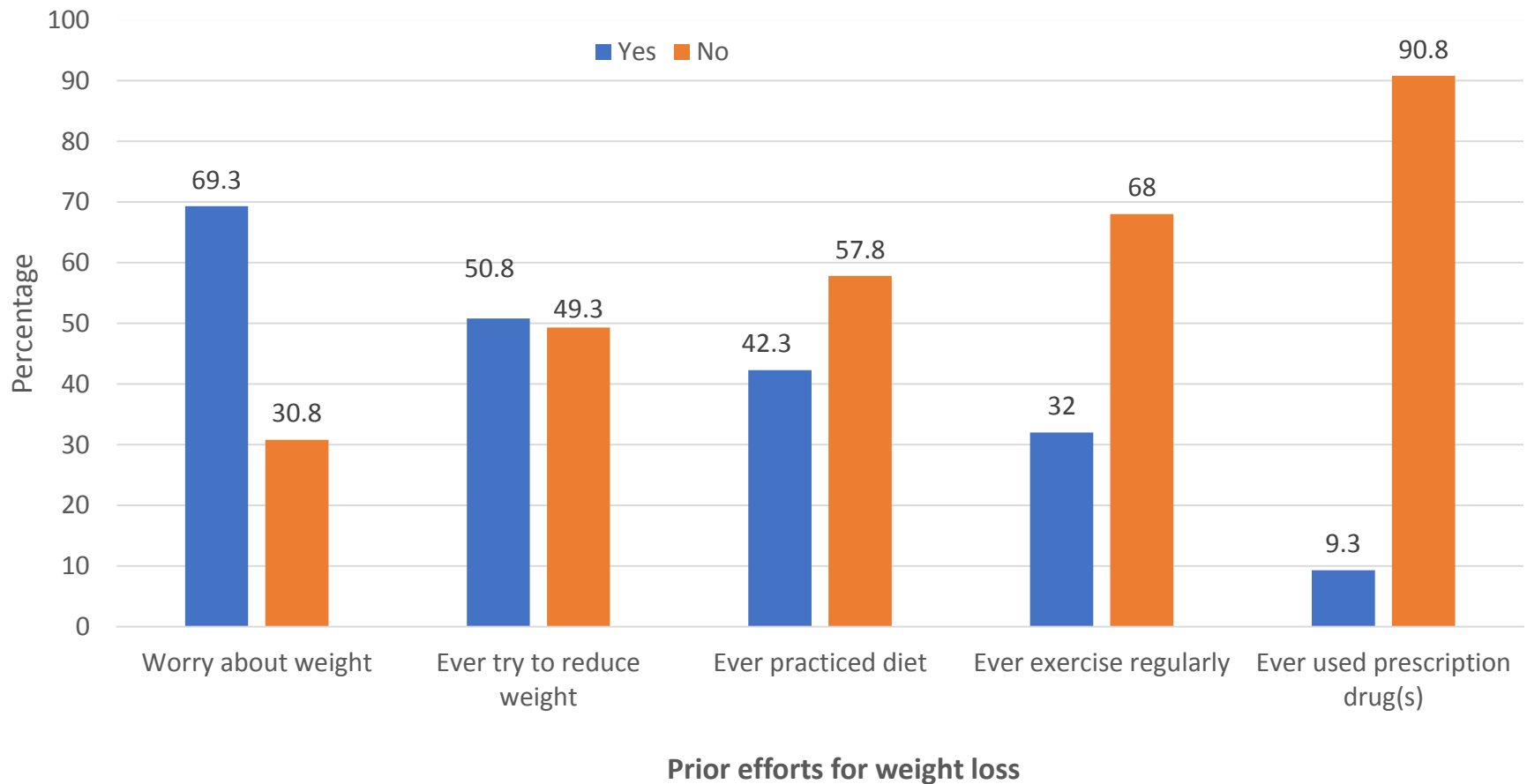
Key findings: Health status



Medical background	n	%
Comorbidity		
Hypertension	139	58.9
Diabetes	115	48.7
Dyslipidaemia	82	34.7
Asthma	34	14.4
Joint pain	28	11.9
Heart disease	10	4.2
Cancers	3	1.3
Stroke	2	0.5
Anxiety disorder	1	0.9

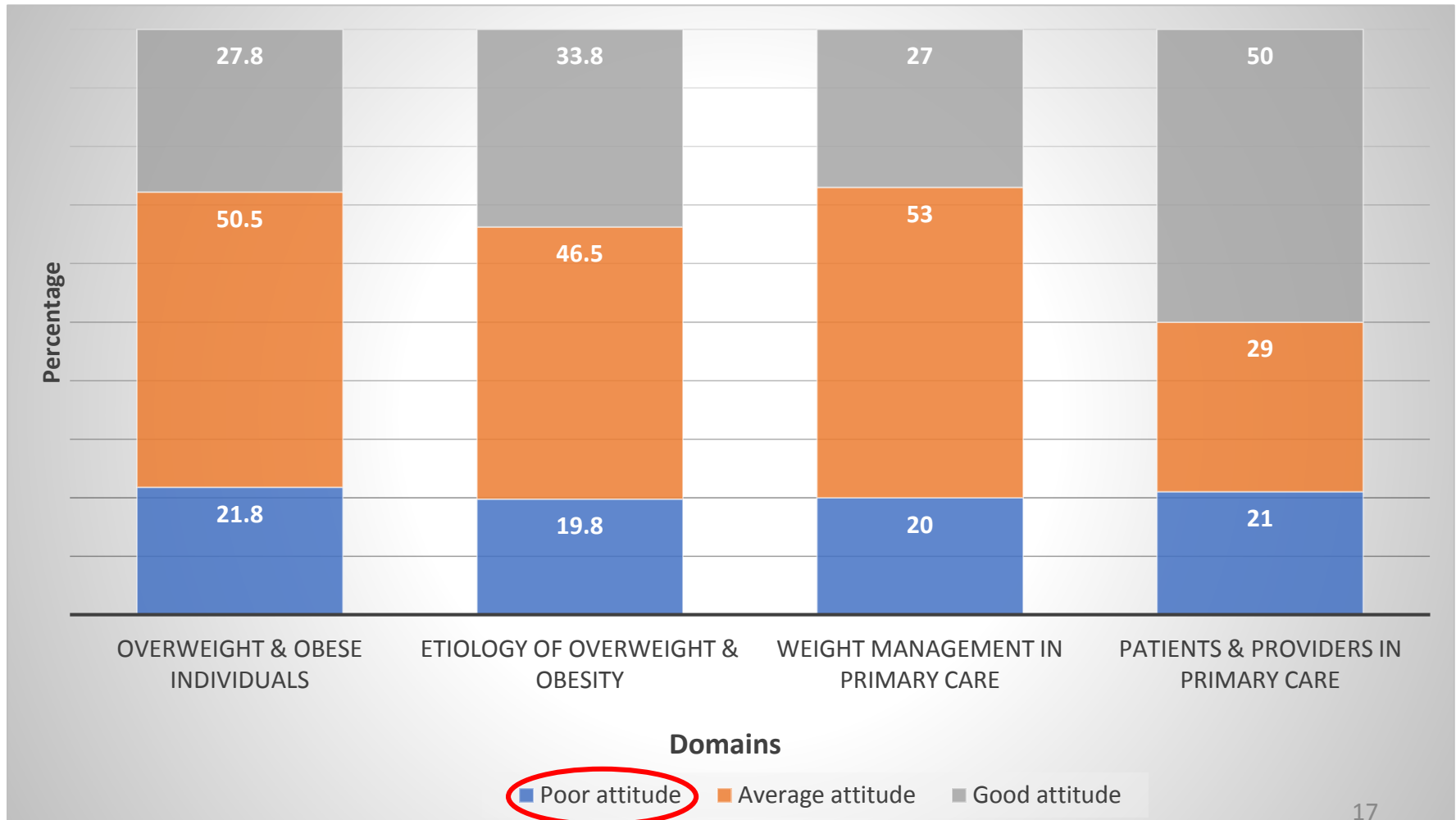
**Multiple responses*

Key findings: Prior efforts for weight loss



Key findings: Attitudes toward weight management

Attitudes of overweight/obese patients



Predictors for attitude towards weight management: Using multinomial logistic regression

Age	→	Older
Gender	→	Male
Occupation	→	Non working
Comorbidity	→	No comorbidity
Prior effort for weight loss	→	No prior effort

Implications of our study

Develop approaches to weight management that can be **PERSONALIZED** for the patient;

- Take into account patient preference, lifestyle, and social situation
- Make available resources, counselling and support
- Focusing on dietary therapy, physical activity therapy, and **behaviour modification**

Implications of our study

An optimal level of **awareness or perception** required to **motivates** and subsequently attempt to lose weight (**action**) (James et al., 2012)

Taken together, these findings suggest the **opportunity** for the health care providers to **initiate, advice and motivate** for weight management

Limitations – Way forward

- Structured questionnaire lead to limited content and context



qualitative study

- Focus on barriers toward weight management from patients' perspective



HCPs' perspective

Recommendations

Health care services:

- Improve quality of care (multidisciplinary care, well equipped, latest guideline/procedure)
- ***Anti Obesity Clinic***

Health care providers:

- Improve knowledge, skills and attitude in weight management
- ***Training/workshop/seminar***

Overweight and obese patients and community:

- Increase awareness via health education and promotion
- ***Campaign, health screening, mass media involvement***

Partnership

- Clinicians, policy makers, stakeholders, patients

Conclusion

- Clinical burden of obesity is **high**
- **About 26%** of overweight and obese patients had poor attitude towards weight management
- **The predictors:** age, gender, occupation, comorbidity and prior effort for weight loss
- Understanding the barriers; **attitude/belief towards etiology of obesity, weight management and health care providers in primary care** could assist in establishment of weight management policy
- **Collaboration** between clinician, policy makers, stakeholder and patients

References

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Thank You

Perceived barriers toward weight management

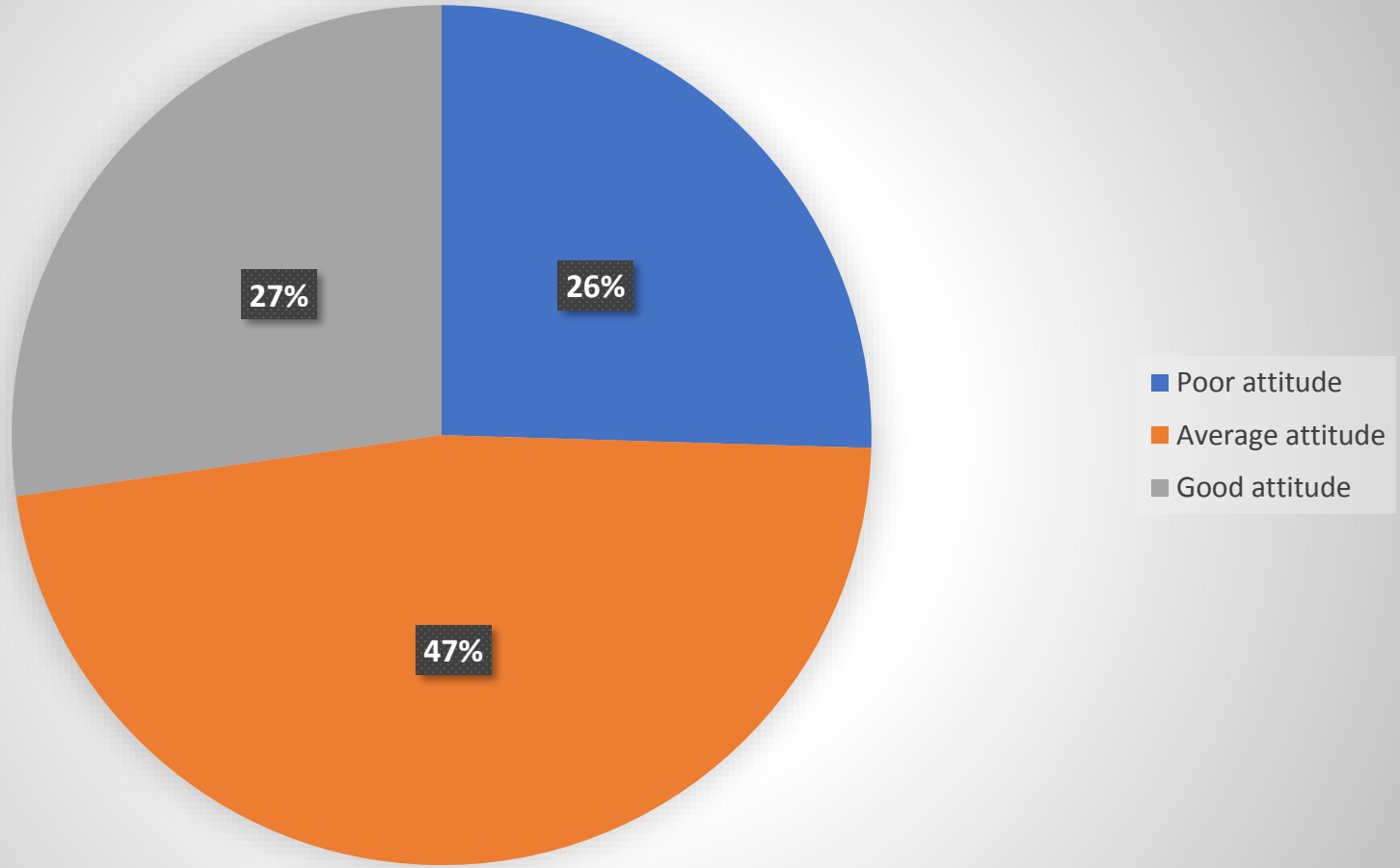
- Instrument questions were adapted from Ruelaz et al. (2007)
- These domains include attitude towards overweight and obese individuals (5 items), attitude/belief towards etiology of overweight and obesity (6 items), attitude towards weight management in the primary care clinic (6 items), attitude towards patients and providers of the primary care clinic (5 items)
- Patients were asked if they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree to the statements
- The scoring system for this section was 5 marks for 'strongly agree' response, 4 marks for 'agree' response, 3 marks for 'neither agree nor disagree' response, 2 marks for 'disagree' response and 1 mark for 'strongly disagree' response
- Negative questions were given the reverse score.

- To categorized the score into three level of attitude, all items in each domain were summed up and then categorised using cut-off point of percentile of the scores






(Tabachnick & Fidell, 2013)

- Score less than 25th centile: poor attitude
- Score between 25th to less than 75th centile: average attitude
- score of more than or equal to 75th centile: good attitude.

Overall Attitude Towards Weight Management



Predictors for attitude towards weight management: Using multinomial logistic regression

Age		Older	($\beta = 0.028$, $p < 0.05$)
Gender		Male	($\beta = 0.646$, $p < 0.05$)
Occupation		Non working	($\beta = 0.891$, $p < 0.05$)
Comorbid		No comorbid	($\beta = 0.812$, $p < 0.05$)
Prior effort for weight loss		No prior effort	($\beta = 0.894$, $p < 0.001$)

Factors affecting Attitude:

Multinomial logistic regression analysis

Variables	Attitude							
	Average				Good			
	β	SE	Adj. OR	95%CI	β	SE	Adj. OR	95%CI
Age	-0.015	0.012	0.985	(0.963, 1.009)	*-0.028	0.014	0.973	(0.947, 0.999)
Gender								
Male	-0.069	0.262	0.933	(0.559, 1.559)	*-0.646	0.307	0.524	(0.287, 0.956)
Female	0				0			
Occupation								
Not working	-0.213	0.413	0.808	(0.360, 1.814)	*-0.891	0.451	0.410	(0.169, 0.993)
Government sector	0.486	0.410	1.625	(0.728, 3.630)	-0.062	0.442	0.940	(0.395, 2.235)
Private sector	0.329	0.406	1.389	(0.627, 3.080)	-0.555	0.450	0.574	(0.238, 1.388)
Others	0				0			
Medical background								
Without comorbidity	-0.301	0.280	0.740	(0.428, 1.281)	*-0.812	0.327	0.444	(0.234, 0.843)
With comorbidity(s)	0				0			
Ever done regular exercise								
Yes	0.063	0.286	1.065	(0.608, 1.865)	**0.894	0.312	2.446	(1.328, 4.505)
No	0				0			
Constant	1.155				1.797			
n	400							
Model Chi Square (df)	36.124(14) **							
Goodness of fit	>0.05							
Reference category	Poor attitude							

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

SE= Standard Error; CI= Confidence Interval; Adj. OR= Adjusted Odds Ratio

Older age group

Male

Non working

No comorbidities

No prior effort for weight loss