# Barriers to weight loss discussions from healthcare professionals: results from ACTION-IO

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# Background

- Although obesity is increasingly being recognised as a chronic disease, there are many barriers preventing people with obesity (PwO) from receiving the medical care and support needed.<sup>1</sup>
- Timely dialogue between PwO and healthcare professionals (HCPs) about weight management is:
   A strategy for effective obesity care, and
- » A cost-effective approach to reduce the complications and economic burden imparted by this disease.<sup>2</sup>
- There is little understanding of barriers to HCPs initiating such discussions.<sup>3–5</sup>

## Objective

• To investigate the potential barriers to weight loss discussions with PwO, we examined the perceptions, behaviours and attitudes of HCPs who were self-reported obesity experts compared with non-experts using data from the ACTION-IO study.<sup>2</sup>

## Methods

- The Awareness, Care, and Treatment In Obesity maNagement International Observation (ACTION-IO) study (NCT03584191) was a cross-sectional, non-interventional, descriptive study that collected data via an online survey among PwO and HCPs across 11 countries: Australia, Chile, Israel, Italy, Japan, Mexico, Saudi Arabia, South Korea, Spain, the UAE and the UK between 4 June 2018 and 15 October 2018.<sup>2</sup>
- The objective of the ACTION-IO study was to identify the perceptions, attitudes and behaviours of PwO and HCPs and to assess the potential barriers to effective obesity care.<sup>2</sup>
- Here we report data from the HCP sample; eligible HCPs:
- » Were medical practitioners with ≥2 years of experience
- » Had ≥70% of their time involved in direct patient care
- » Had seen ≥100 patients during the past month, with ≥10 of whom having a body mass index (BMI) ≥30 kg/m<sup>2</sup>, or 25 kg/m<sup>2</sup> in Japan and South Korea.
- HCPs specialising in general, plastic or bariatric surgery were excluded.
- HCPs were classified as self-reported obesity experts if:
- » They worked in an obesity service clinic, or
- » They considered themselves to be an expert in obesity/weight loss management.
- Analyses are descriptive and no statistical testing has been applied.

# Results

#### Participant demographics and characteristics

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- The survey was completed by 2,785 HCPs; 1,461 (52%) were self-reported obesity experts (**Table 1**).
- Self-reported obesity experts reported treating more PwO and were more likely to specialise in endocrinology or diabetology compared with non-experts.
- There was no difference in the perception of obesity as a chronic disease between self-reported obesity experts (88%) and non-experts (87%).

#### Table 1: Participant demographics and characteristics

	Obesity expert* (n=1,461)	Non-expert* (n=1,324)
Male	70%	71%
Mean age, years	48	49
Mean weight of HCP, kg	70.6	73.1
HCP with obesity	8%	7%
Adult patients seen primarily for obesity (median)	22%	10%
Speciality Endocrinology/diabetology General practice Internal medicine Family practice Cardiology Gastroenterology Obstetrics/gynaecology Other Nutrition (Italy only) Bariatrics/obesity medicine Hepatology (Australia only)	27% 24% 19% 11% 7% 7% 3% 2% 1% <1% <1%	6% 30% 19% 10% 15% 5% 6% 8% 0% 0% <1%
Acknowledge obesity as a chronic disease	88%	87%

\*HCP level of expertise in obesity was self-reported.

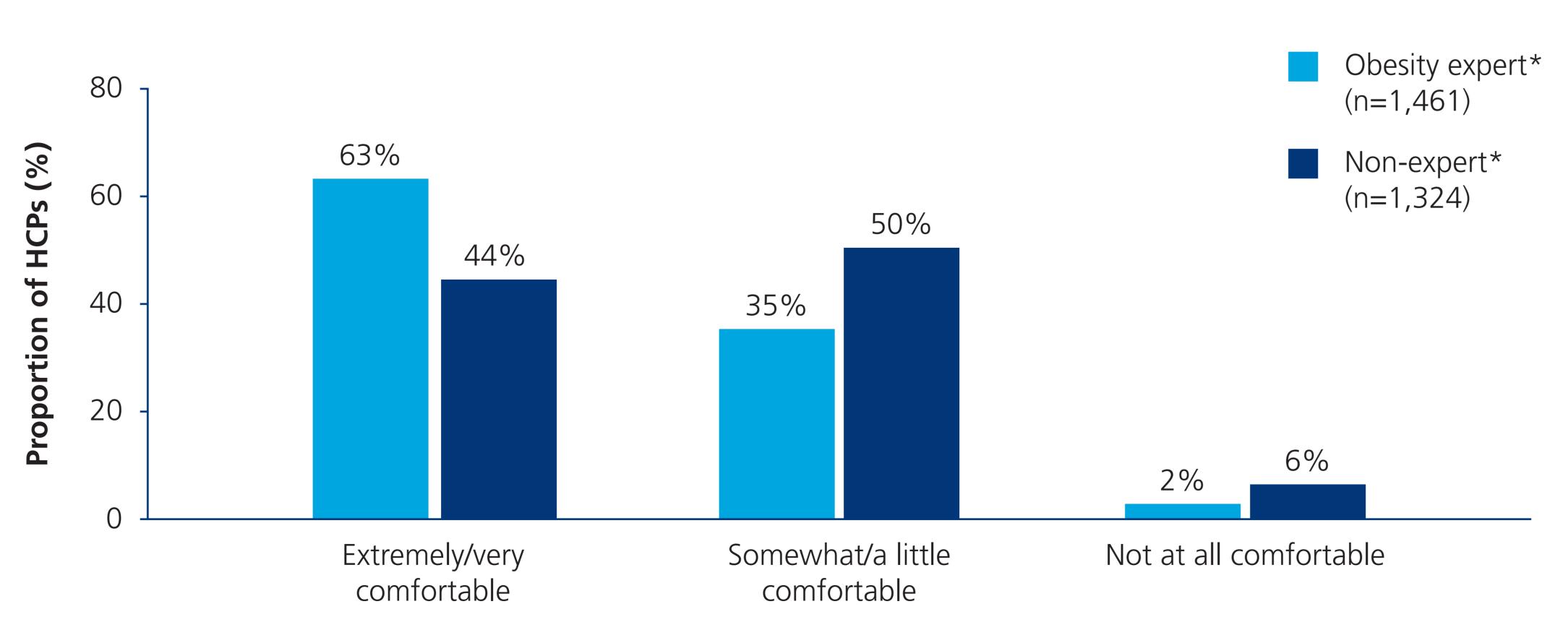
HCP, healthcare professional.

#### Perception of discussions about body weight

• 63% of obesity experts and 44% of non-experts reported being extremely or very comfortable having discussions with their patients about their weight (**Figure 1**).

#### Figure 1: Comfort with weight discussions

How comfortable are you in having discussions with your patients about their weight?

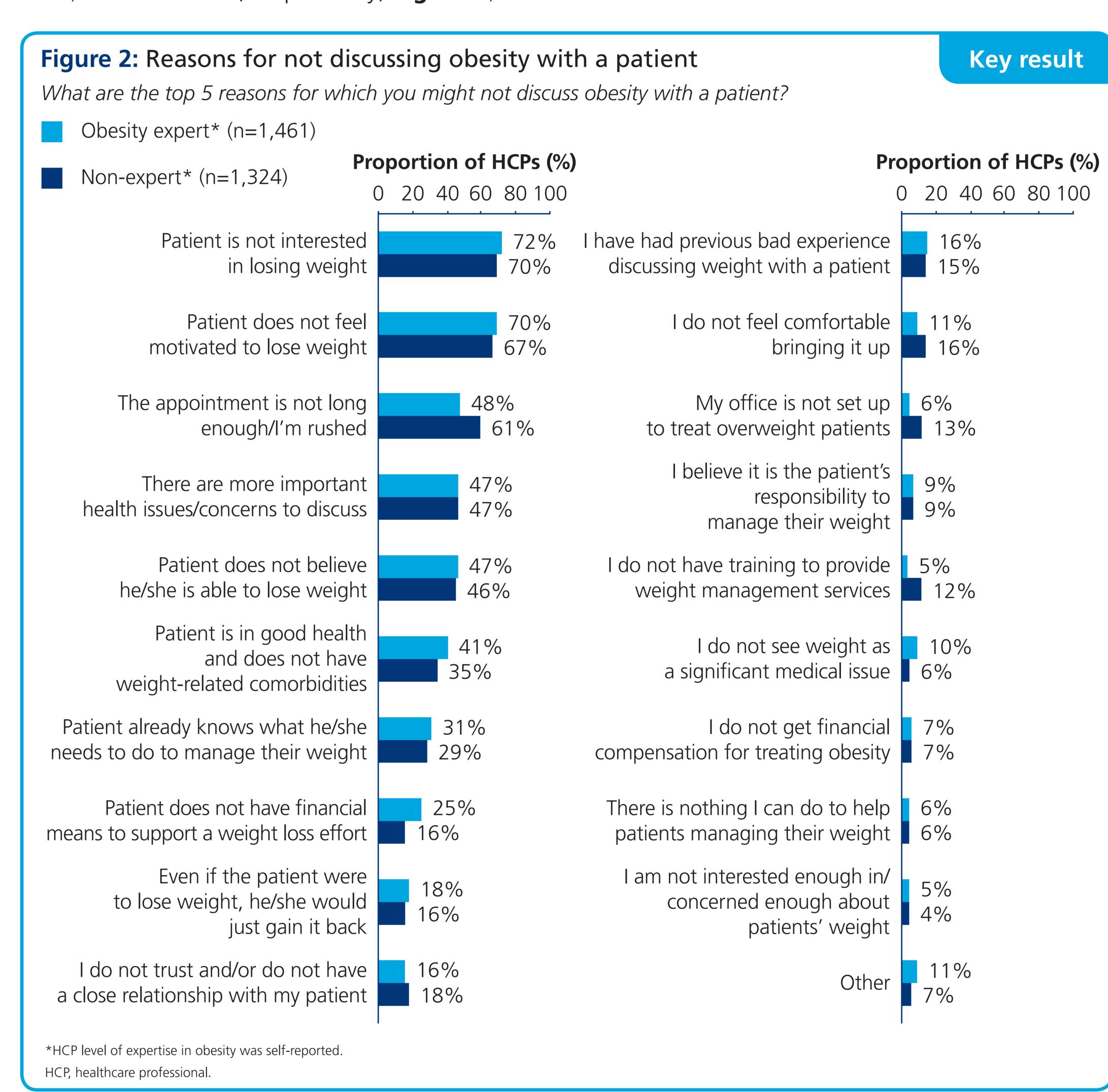


\*HCP level of expertise in obesity was self-reported.

HCP, healthcare professional.

## Reasons for not discussing body weight with PwO

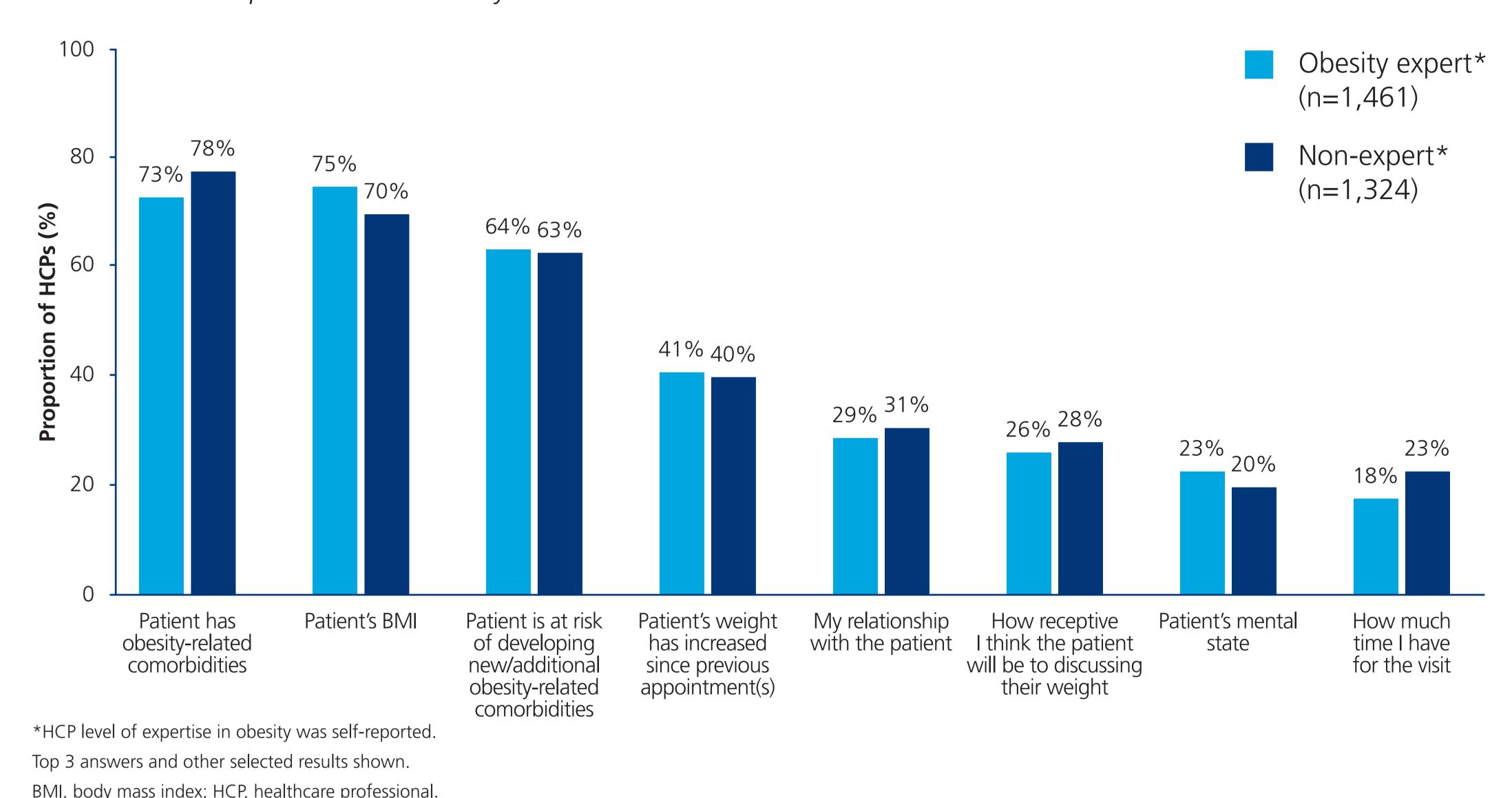
- Common reasons for not discussing obesity with a patient (Figure 2) were:
- » The perceived lack of patient interest in losing weight
- » The perceived lack of motivation among PwO to lose weight
- » HCP perception that there are more important health issues to discuss.
- Fewer obesity experts compared with non-experts cited insufficient time as a reason (48% and 61%, respectively; **Figure 2**).



### Reasons for deciding to initiate a weight management conversation with PwO

- 75% of obesity experts and 70% of non-experts initiated a conversation about weight management based on the patient's BMI (**Figure 3**).
- A high proportion of both obesity experts and non-experts (73% and 78%, respectively) suggested that weight management discussions should be considered when patients present obesity-related comorbidities.

Figure 3: Most important criteria in deciding to initiate weight management conversation with PwO What are the top 5 most important criteria that you consider in order to determine whether or not you will initiate a discussion with a patient about obesity?



• A limitation of this study was the reliance on self-reported obesity expert status.

## Conclusions

- Potential barriers to initiating weight discussions for both self-reported obesity experts and non-experts included:
- » Prioritisation of other health issues
- » Misperception of the interest or motivation of patients for weight loss.
- Insufficient appointment time was a perceived barrier for the majority of non-experts.
- There were minimal differences between obesity experts and non-experts regarding the criteria for initiating a discussion about weight, which were mainly based on BMI and obesity-related comorbidities.
- Self-reported obesity experts frequently chose the patient's BMI as a top criterion for initiating a discussion about weight.
- Non-experts most frequently chose to initiate weight management dialogue when patients had obesity-related comorbidities, which may introduce an unnecessary delay in offering effective treatment.
- » The management of obesity appears to be in contrast with other chronic diseases such as type 2 diabetes or chronic obstructive pulmonary disease, where the clinical goal is to prevent the onset of complications through active treatment from diagnosis.
- The findings from this study suggest that further training and education targeted to prioritising obesity care and improving comfort with discussions about weight management is necessary for both obesity experts and non-experts.
- A limitation of the study was the criteria used to classify HCPs as experts in obesity.

This trial was sponsored by Novo Nordisk and is registered with ClinicalTrials.gov (NCT03584191).

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