

How anti-obesity bias hinders patients' lifestyle change efforts

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Obesity rates continue to climb in the U.S. and throughout the world, while bias toward people with obesity continues unabated. Weight bias and stigma are associated with obesity and its comorbidities, which can lead to negative health outcomes that further worsen the weight and health of individuals. Understanding how bias can hinder a patient's lifestyle change efforts could play a role preventing type 2 diabetes.

The AMA Ed Hub™ is an online platform that consolidates all the high-quality CME, maintenance of certification, and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

That includes “Nutrition Science for Health and Longevity: What Every Physician Needs to Know,” which will help physicians begin an effective nutrition conversation with patients. The four-hour, self-paced course is developed and hosted by the Gaples Institute for Integrative Cardiology, a nonprofit focused on enhancing the role of nutrition and lifestyle in health care, and distributed in collaboration with the AMA Ed Hub.

A primary reason that weight bias and stigma continue to be pervasive is because of inadequate knowledge about obesity, said AMA member Fatima Cody Stanford, MD, MPH, MPA, an obesity medicine specialist in Boston and assistant professor at Harvard Medical School. She has co-written a book, *Facing Overweight and Obesity: A Complete Guide for Children and Adults*, with colleagues Jonathan R. Stevens, MD, and Theodore A. Stern, MD.

“The AMA took the bold step to acknowledge obesity as a disease in 2013,” said Dr. Stanford. “Now we should take steps to treat our patients with obesity with the dignity and respect they deserve so they can have the best possible care.”

Reluctance to seek medical care

Dr. Stanford and her colleagues cite research showing that weight bias internalization was associated with the likelihood of having a predisposition to developing type 2 diabetes and higher body mass index.

People who experienced weight bias also developed stress, which was a contributor to weight gain and disordered maladaptive behaviors. This can also lead to less effective chronic disease self-management and lower health-related quality of life.

“Patients with obesity often recognize that health providers have a bias against them,” wrote Dr. Stanford, adding that they might “receive threatening environmental cues within the health care setting.”

As a result, patients often avoid care, lose trust in health care providers, demonstrate poor adherence to recommendations, become stressed and have poor patient-physician interactions.

The stress also can lead to:

- Binge eating.
- Increased caloric consumption.
- Maladaptive weight control.
- Disordered eating.
- Motivation for physical activity.
- Physical activity.

This negative impact can lead to further weight gain that causes impaired psychological health and distress, as well as physiological health and distress.

Physicians can minimize weight bias and stigma that patients experience by learning about the complexity of obesity as a disease.

Dr. Stanford encourages the “use of people-first language,” adding that it is important to “not use stigmatizing terms such as ‘obese’ or ‘morbid.’”

“Let’s make sure our physician offices have the proper equipment for patients with obesity and ensure our staffs are trained to be considerate,” she added.

Losing excess weight is one of the key ways for patients with prediabetes to reduce their risk of developing type 2 diabetes.

The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with

prediabetes and manage the risk of developing type 2 diabetes, including referring patients at risk to a National Diabetes Prevention Program lifestyle change program based on their individual needs.