

Addressing the obesity epidemic: 4 things physicians can do

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Throughout the COVID-19 pandemic, many people have struggled with remaining active, eating a healthy diet and staying motivated. As the world continues to navigate the pandemic, there is also a growing need to address the ongoing obesity epidemic. Unfortunately, many people with obesity often do not seek medical attention or delay scheduling appointments because they fear being stigmatized. But physicians can help change that narrative.

“With obesity in the United States, we have to pay attention,” AMA member Fatima Cody Stanford, MD, MPH, MPA, an obesity medicine physician-scientist at Harvard Medical School, said in an interview. “We can no longer ignore that this is a real disease with real, potentially dire consequences.”

People with obesity are at risk for type 2 diabetes, which leads to an increased risk for severe COVID-19 outcomes. It is important for people with obesity to get screened for prediabetes. The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies.

During an interview, Dr. Stanford shared some ways physicians and other health professionals can further help patients with obesity while also reducing the stigma.

Acknowledge obesity as a disease

While the AMA acknowledged obesity as a disease in 2013, “we’ve been slow to recognize that this is a true disease,” said Dr. Stanford, adding that “we’ve also been slow to treat those patients who struggle.”

“As doctors, it is imperative for us to do better,” she said. “It’s unacceptable for us to do anything but be better, especially as we see the great degree of morbidity and mortality associated with COVID-

19.”

“It doesn’t matter what field you’re in in medicine, patients with obesity will be there and we have to know how to treat them,” she added.

Learn what doctors wish patients knew about obesity during the pandemic.

Don’t play the blame game

“Patients who have struggled with obesity often hate going to the doctor because the doctors might tell them that they’re doing something wrong or they didn’t do something well enough,” said Dr. Stanford, also chair of the AMA Minority Affairs Section Governing Council. “But we don’t do that when patients come in with diabetes or cancer.”

“We have these strong biases that are deeply entrenched in the entire community,” she said. “We need to try to get people who have never struggled with their weight to understand what it feels like.”

Find out how Dr. Stanford is ending the obesity shame game.

Use medication when appropriate

“Hormones that regulate how much we eat or how much we store are so potent for many of us,” said Dr. Stanford. “When I’m using different therapies—like medication, for example—to treat obesity, I’m targeting how those individuals’ brains and bodies are seeing weight and storage in a way that they notice” that they are not hungry anymore, or they almost forgot to eat.

While medication works because it has different mechanisms than interventions that focus solely on behavior change, it is an important component of treatment for patients with obesity.

Discover how anti-obesity bias hinders patients' lifestyle change efforts.

Take care of yourself too

Physicians often struggle to find time to eat healthy “because we’re so stretched,” explained Dr. Stanford. Adding to that, “for those of us on the front line, we feel so worn out and done by the time we get home that we wonder how we can find time for ourselves.”

However, “the key thing that I’ve learned during this pandemic—and I think a lot of my physician colleagues are learning too—is that we have to put ourselves first,” she said. “If we don’t, no one else will.”