CMC

CATHOLIC MEDICAL CENTER

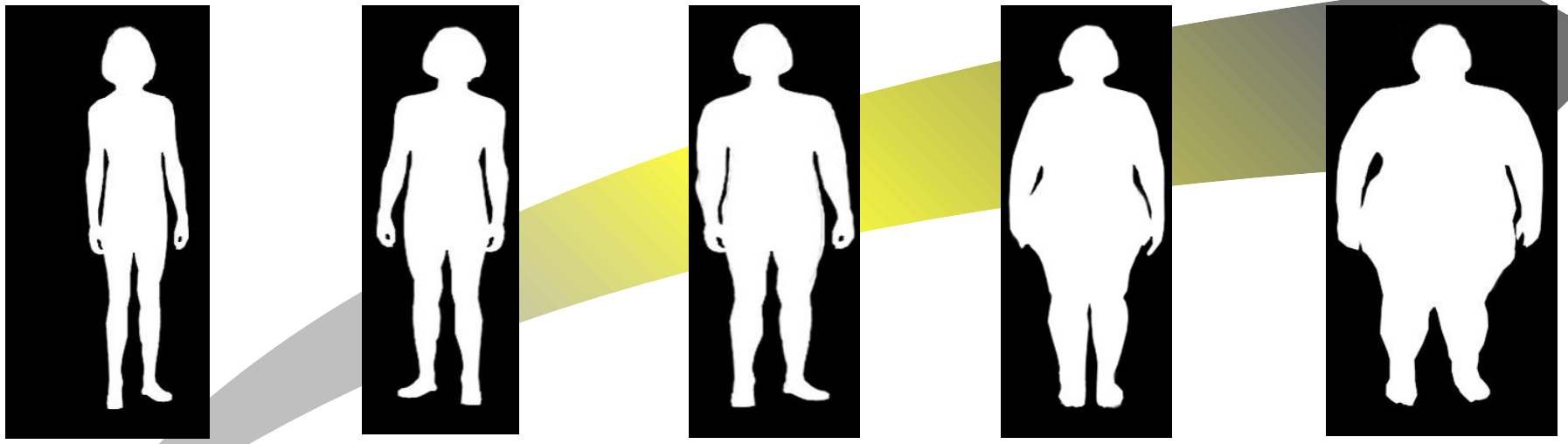
The New England Weight Management Institute

Obesity: Understanding Causes, Addressing Healthcare Bias

Objectives

- **Improved understanding of:**
  - Prevalence and causes of obesity
  - Impacts of bias in healthcare
  - Resources for CMC patients and employees

What is Obesity?



NORMAL BMI	OVERWEIGHT BMI	CLASS I OBESITY	CLASS II OBESITY	CLASS III OBESITY
BMI 18.5-24	BMI 25-29	BMI 30-34	BMI 35-39	BMI ≥ 40
130lbs = BMI 22	*152lbs = BMI 26*	*175lbs = BMI 30*	*205lbs = BMI 35*	*234lbs = BMI 40*

Example based on 5'4" patient:

BMI = Weight in Kg/(Height in M)^2

Additional Indicators of Obesity

- **Waist circumference:**

  Women ≥ 35 in
  Men ≥ 40 in

- **% Body Fat:**

  Women ≥ 32%
  Men ≥ 25%

Prevalence of Obesity

- **World-wide**:

  Rates of Obesity have tripled since 1975

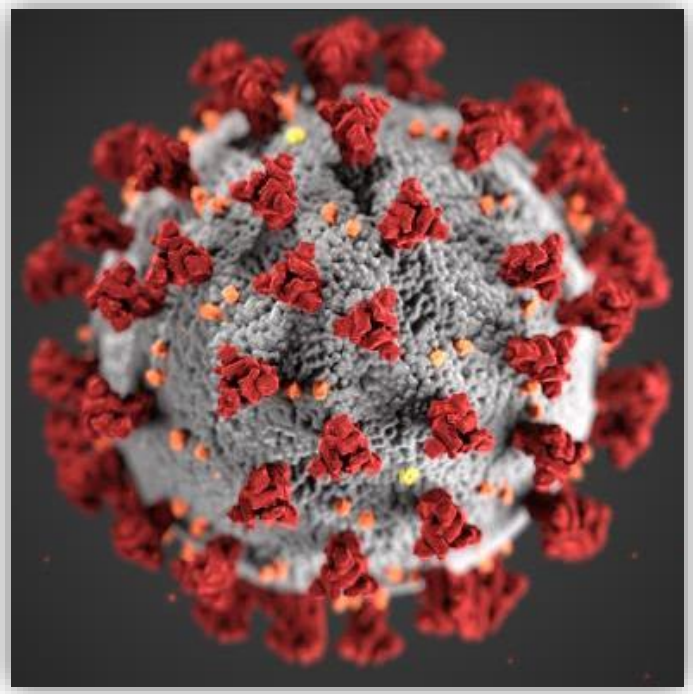
  2016: 13% of adults with Obesity

- **United States**:

  2017-2018: 42% of adults with Obesity

  Projected 2030 prevalence: 48.9% of adults with Obesity

Obesity & COVID-19:



CDC data illustrates that:

- the prevalence of adult obesity is increasing
  - racial and ethnic disparities persist
- adults with obesity are at heightened risk for severe outcomes from COVID-19
  - increased risk of severe illness, hospitalization, and death

CDC, 2020

Definition of Obesity

A chronic, relapsing, multifactorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.

American Medical Association, 2013

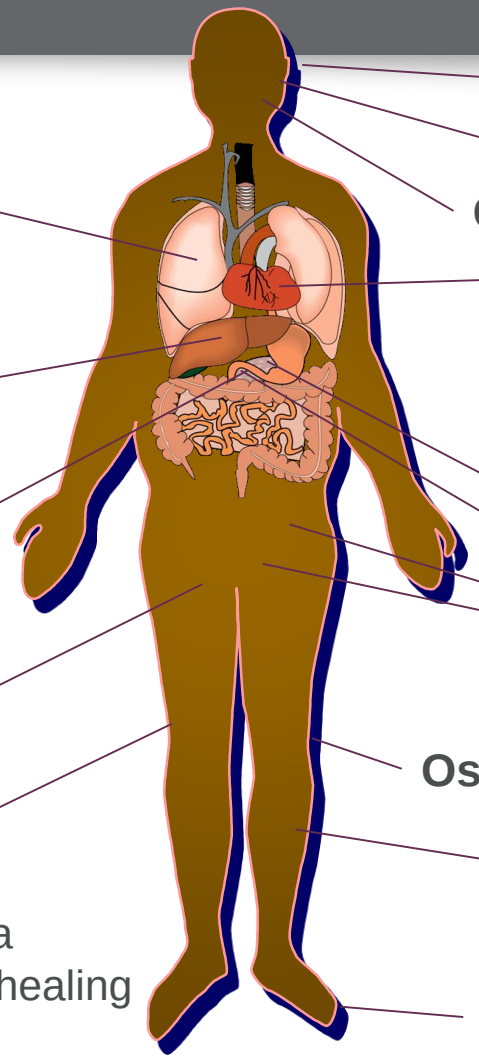
Causes of Obesity: A multifactorial disease

Causes include a combination of:

- Genetics and Epigenetics
- Hormones
- Neurologic factors
- Gut Microbiome
- Metabolism
- Environment: Nutrition, physical activity, stress, sleep, medications

Health Effects of Obesity:

Including but not limited to the following



Pulmonary disease
Abnormal PFTs
Obstructive sleep apnea
Hypoventilation syndrome

Nonalcoholic fatty liver disease
Steatosis
Steatohepatitis
Cirrhosis

Gall bladder disease

Gynecologic abnormalities
Abnormal menses
Infertility
Polycystic ovarian syndrome
Stress incontinence

Skin
Lymphedema
Poor wound healing
Psoriasis

GERD

Stroke

Mental Health
Depression
Anxiety
Insomnia

Cardio/Metabolic Syndrome
Diabetes
Dyslipidemia
Hypertension
Metabolic syndrome

Pancreatitis

Cancer
Breast, Uterus, Cervix
Colon, Esophagus, Pancreas
Kidney, Prostate

Osteoarthritis

Phlebitis
Venous stasis

Gout

Premature Death

Evidence-Based Obesity Treatments

There are multiple effective treatments for obesity:

- Bariatric Surgery (Indicated for BMI≥40 or ≥35 with obesity-related medical condition)
- Anti-obesity Medications (Indicated for BMI≥30 or ≥27 with obesity-related medical condition)
- Endoscopic Procedures
- Meal Replacements
- Lifestyle Changes

Healthcare Bias and Obesity:

Defining the problem

- **Bias can have a negative impact on the quality of healthcare** for patients with obesity
- Patients with obesity are a **common target of negative attitudes and derogatory humor** by health care trainees, providers, and instructors
- Patients with obesity can be **reluctant to seek preventive healthcare** and may cancel/delay necessary appointments due to embarrassment (Embarrassed to be weighed, inadequate equipment)
- **Weight loss attempts are less successful** when patients perceive that their primary care providers judge them on the basis of their weight
- **Weight discrimination** correlates with **60% increased risk of dying**, independent of BMI

Healthcare Bias and Obesity:

Defining the problem

Treatment Bias:

- 82% Patients feel “completely responsible” for weight loss
- Bariatric surgery: <1% of eligible patients are treated
- Anti-obesity medication treatment: 1-2% of eligible patients are treated
- Compare this to Diabetes treatment: 86% of adults diagnosed with type 2 diabetes receive treatment with medication

Healthcare Bias and Obesity:

Addressing the problem

- **Use patient-preferred terms:** Weight and BMI[45]
- **Use patient-centered language**: “Patient with obesity/overweight” rather than “The obese/overweight patient”
- **Be mindful and respectful when assessing appropriate equipment needs**: See the NEWMI Intranet page for bariatric equipment
- **Use Body-positive images in print/digital media and presentations**: http://www.uconnruddcenter.org/media-gallery
- **Address obesity as you would any disease:** with appropriate sensitivity and medical or surgical referrals/treatment

Resources for Obesity Care and Treatment

- **CMC's New England Weight Management Institute**
  Dartmouth Commons
  769 S Main St
  Manchester, NH 03102
  (603) 663-7377

- **Obesity Medicine Association**: Obesitymedicine.org

- **The Obesity Society**: Obesity.org

- **American Society for Metabolic and Bariatric Surgery**: ASMBS.org