

# Physician's weight may influence obesity diagnosis and care

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A patient's body mass index (BMI) may not be the only factor at play when a physician diagnoses a patient as obese. According to a new study led by researchers at the Johns Hopkins Bloomberg School of Public Health, the diagnosis could also depend on the weight of your physician.

Researchers examined the impact of physician BMI on obesity care and found that physicians with a normal BMI, as compared to overweight and obese physicians, were more likely to engage their obese patients in weight loss discussions (30 percent vs. 18 percent) and more likely to diagnose a patient as obese if they perceived the patient's BMI met or exceeded their own (93 percent vs. 7 percent). The results are featured in the January issue of *Obesity*.

"Our findings indicate that physicians with normal BMI more frequently reported discussing [weight loss](#) with patients than overweight or obese physicians. Physicians with normal BMI also have greater confidence in their ability to provide diet and exercise counseling and perceive their weight loss advice as trustworthy when compared to overweight or obese physicians," said Sara Bleich, PhD, lead author of the study and an assistant professor with the Bloomberg School's Department of Health Policy and Management. "In addition, obese physicians had greater confidence in prescribing weight loss medications and were more likely to report success in helping patients lose weight."

Using a national cross-sectional survey of 500 [primary care physicians](#), Bleich and colleagues from the Johns Hopkins School of Medicine assessed the impact of physician BMI on obesity care, physician self-efficacy, perceptions of role modeling and perceptions of patient trust in weight loss advice. Physicians with a self-reported BMI below 25 kg/m<sup>2</sup> were considered to be of normal weight and physicians reporting a BMI at or above 25 kg/m<sup>2</sup> were considered overweight or obese.

According to the [Centers for Disease Control and Prevention](#) (CDC) obesity affects more than one-third of the U.S. adult population and is estimated to cost \$147 billion annually in related health care costs. Obesity increases the risk of many adverse health conditions including type 2 diabetes, coronary heart disease, stroke and high blood pressure. Despite guidelines for physicians to counsel and treat [obese patients](#), previous studies have found only one-third of these patients report receiving an obesity diagnosis or weight-related counseling from their [physicians](#).

"While our results suggest that obesity practices and beliefs differ by physician BMI, more research is needed to understand the full impact of physician BMI on obesity care," suggest the study's authors.

"Physician self-efficacy to care for obese patients, regardless of their BMI, may be improved by targeting physician well-being and enhancing the quality of obesity-related training in medical school, residency or continuing medical education," adds Bleich.

Provided by Johns Hopkins University Bloomberg School of Public Health

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