

# Study finds no evidence that obese patients are less likely to receive recommended care

April 6 2010

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Despite a concern that obese or overweight patients may receive lower quality of health care, an analysis of eight common outpatient quality measures from a sample of nearly 70,000 patients finds no evidence that obese or overweight patients receive inferior care when compared with normal-weight patients, and in fact may receive a higher rate of recommended care on several measures, according to a study in the April 7 issue of *JAMA*.

"Prior studies show that clinicians openly admit to negative attitudes toward obese patients, and many express dissatisfaction in caring for obese patients," the authors write. "Moreover, obese patients often feel that clinicians are biased or disrespectful because of their weight. These observations raise the concern that obese patients may receive lower quality of care."

Virginia W. Chang, M.D., Ph.D., of the University of Pennsylvania School of Medicine, Philadelphia, and the Philadelphia VA Medical Center, and colleagues examined whether quality of care differs by patient weight status using common outpatient quality measures. Eight different performance measures were examined in 2 national-level patient populations: (1) [Medicare beneficiaries](#) (n = 36,122), using data from the Medicare Beneficiary Survey (1994-2006); and (2) recipients of care from the Veterans Health Administration (VHA) (n = 33,550), using data from an ongoing performance-evaluation program (2003-2004).

The measures included diabetes care (eye examination, glycated hemoglobin [HbA1c] testing and lipid screening), pneumococcal vaccination, influenza vaccination, screening mammography, colorectal cancer screening and cervical cancer screening. Measures were based on a combination of administrative claims, survey, and chart review data. Overweight was defined as a [body mass index](#) (BMI) of 25.0-29.9, and obese, a BMI of 30 or greater.

The researchers found that across all measures in both the Medicare and VHA samples, there was no instance in which obese or overweight individuals were estimated to have significantly lower odds of recommended care relative to normal-weight individuals. Moreover, these groups often had higher estimated odds of care.

The largest differentials were observed for recommended diabetes care among Medicare beneficiaries, where obese and overweight patients had notably higher rates of lipid screening and HbA1c testing. In addition, the authors found slightly higher rates of vaccination among overweight and [obese patients](#) in both populations, as well as marginally higher success rates for mammography among overweight Medicare beneficiaries and colorectal cancer and cervical cancer screening among overweight VHA patients.

"Although the prevention of obesity is considered a public health priority, the majority of U.S. adults are already overweight or obese, so it is equally vital to ensure that these patients receive equitable and effective treatment. We found no evidence in 2 large and important U.S. patient populations that obese and overweight patients receive lower quality of care than normal-weight patients on common preventive services. To the contrary, being obese or overweight was associated with marginally higher rates of recommended care for several measures. While it may be true that physicians often harbor negative attitudes toward obesity, such attitudes may not be borne out in lower quality of

care."

**More information:** JAMA. 2010;303[13]:1274-1281.

Provided by JAMA and Archives Journals

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