

Race plays role in weight-related counseling among obese patients

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When it comes to advising obese patients, blacks receive less weight reduction and exercise counseling from physicians than their white counterparts. This is according to a recent study conducted by researchers at the Johns Hopkins Bloomberg School of Public Health who examined the impact of patient and doctor race concordance on weight-related counseling. The results are featured in the January 2011 online issue of *Obesity*.

"Contrary to our expectations, we did not observe a positive association between patient-physician race concordance and weight-related counseling," said Sara Bleich, PhD, lead author of the study and an assistant professor with the Bloomberg School's Department of [Health Policy](#) and Management. "Rather, black [obese patients](#) seeing white doctors were less likely to receive exercise counseling than white obese patients seeing white doctors. We also found that black obese patients seeing black doctors were less likely to receive [weight reduction](#) counseling than white obese patients seeing black doctors. This suggests that regardless of the physician's race, black obese patients receive less weight-related counseling than white obese patients. Our findings could be due to a number of factors such as negative physician perspectives towards black patients or a lack of sensitivity to the underlying levels of obesity risk for black patients as compared to white patients."

Obesity is defined as having a [body mass index](#) (BMI) greater than or equal to 30 kg/m² and is an important risk factor for mortality and morbidity. In the U.S., blacks are disproportionately affected by obesity

and are at an increased risk for a number of chronic diseases associated with obesity, such as [cardiovascular disease](#), hypertension and diabetes.

Researchers analyzed National Ambulatory Medical Care Surveys (NAMCS) from 2005—2007, a nationally representative cross-sectional survey of physician office visits, among individuals ages 20 years and older. Using a sample size of 2,231 visits of black and white obese patients to their black and white physicians from the specialties of general/family practice and general internal medicine, Bleich and colleagues examined the relationship between doctor-patient race concordance and weight-related counseling (measured as weight reduction, diet/nutrition and exercise counseling). Logistic regression was used to model the outcome variables of interest. In addition, tests were used to statistically compare whether physicians of each race provided counseling at different rates for obese patients of different races.

"Previous studies have shown disparities in the proportion of black obese adults informed by physicians that they were overweight compared to white obese adults," said Lisa Cooper, MD, MPH, senior author of the study and a professor in the Bloomberg School's Department's of Epidemiology and Health, Policy and Management. "We now also see that black patients are receiving different medical counseling as well. Further research is needed to understand how to improve obese patient counseling, particularly among the black population."

More information: "Impact of Patient-Doctor Race Concordance on Rates of Weight-Related Counseling in Visits by Black and White Obese Individuals" was written by Sara N. Bleich, Alan E. Simon and Lisa A. Cooper.

Provided by Johns Hopkins University

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