

Failure to identify obesity results in missed opportunity to intervene

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Credit: University of Rochester Medical Center

Despite a growing epidemic, many medical providers fail to diagnose obesity in their patients and miss an opportunity to identify an important component of long-term health, according to a University of Rochester Medical Center study published in the *Journal of Community Health*.

Among patients whose [body mass index](#) (BMI) indicated [obesity](#), providers diagnosed and documented obesity in less than a quarter of office visits with children, and less than half for adolescents and [adults](#), researchers found. The study further found that patients living in less educated communities were even less likely to receive an accurate diagnosis.

"As a medical community, we can't effectively manage obesity until we are identifying it properly in our patients," said Robert J. Fortuna, M.D., M.P.H., assistant professor of Medicine and Pediatrics in Primary Care at UPMC and one of the study's authors. "By not accurately diagnosing obesity, we are missing the opportunity to influence the trajectory of our patients' health over the course of their lives."

Using data from the National Center for Health Statistics, researchers looked at records from 885,291,770 medical office visits for adults and children from 2006 to 2010. Of the visits where a BMI measurement suggested obesity, the diagnosis of obesity was made in only 23.4 percent of children ages 5 to 12 years, and 39.7 percent of adolescents (ages 13 to 21 years). Rates of diagnosis were highest for [young adults](#) (ages 22 to 34) at 45.4 percent, and adults ages 35 to 64 at 43.9 percent. Adults age 65 and older were diagnosed as obese 39.6 percent of the time. Obesity was more likely to be identified in females and in people who live in areas with a higher percentage of college-educated adults.

The study echoes previous research that demonstrates that up to 82 percent of children and young adults are not being appropriately diagnosed as obese during office visits. The researchers speculated on potential explanations for the failure to diagnose obesity, including the possibility that the high prevalence of obesity in lower socioeconomic areas may desensitize providers to normal body size. In addition, other medical problems and social issues may take priority over discussing obesity, and social stigma may make providers hesitant to label patients, especially children, as obese.

"Discussing obesity with patients must be done in a sensitive and delicate manner; providers may avoid it because they don't want to offend patients," said study co-author Bryan Stanistreet, M.D. "Beyond that, providers may also avoid this discussion because communities lack resources to help support [patients](#), educate them on diet and encourage

regular exercise."

"The lower recognition of obesity in vulnerable populations is particularly concerning," Fortuna said. "Our findings demonstrate the fundamental need to improve the recognition of obesity in vulnerable populations, such as young [children](#) and those living in less educated communities."

More information: Erica O. Miller et al. Factors Associated with the Accurate Diagnosis of Obesity, *Journal of Community Health* (2016). [DOI: 10.1007/s10900-016-0213-7](https://doi.org/10.1007/s10900-016-0213-7)

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