

# Shaming, blaming and ignorance about obesity block millions from getting effective care

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People living with obesity have effective treatment options, but many don't seek treatment because of prevailing attitudes, according to a new study. Credit: Obesity Canada, CC BY-NC-ND 2.0

Bias, misinformation and a lack of understanding of how easy it is to relapse into obesity are preventing millions of Canadians from getting appropriate care, according to new research.

A study published in the journal *Clinical Obesity* showed that while most health-care providers, employers and people with [obesity](#) know it is a serious illness, few understand how complex it is to treat.

"Everybody falsely believes obesity is simply people eating too much and not moving enough, and so all you have to do is eat less and move more and you'll be cured," said lead author Arya Sharma, who is chair in obesity research and management at the University of Alberta and medical director of the Alberta Health Services Provincial Obesity Strategy.

"In 25 years I have yet to cure a single case of obesity. There is no cure for this, which is why it's considered a chronic disease."

Sharma said seven million adults and children in Canada live with obesity, a disease that occurs when the type or amount of body fat adversely affects physical or [mental health](#).

"For some people that can happen at a BMI (body mass index) of 30 or 35 or 40; that really depends," Sharma said. "It does take a visit to your doctor to find out if you have obesity."

The Canadian Medical Association, the World Obesity Federation and the American Medical Association all define obesity as a chronic illness. Commonly associated [health problems](#) include heart disease, Type 2 diabetes, joint issues, depression and certain cancers.

Effective treatment can include a combination of medication, surgery and counselling, along with lifelong nutrition and activity changes, Sharma said.

## **Delaying treatment**

The researchers surveyed 2,000 people with obesity, 395 health-care providers and 150 employers to learn more about attitudes toward obesity and barriers to its management in Canada.

The study showed that people with obesity typically wait up to a decade after they start struggling with their weight to seek help from a health-care professional.

"They don't see it as a problem that you would actually go to your doctor with," Sharma said. "Like everyone else, they think it's just a matter of willpower."

Fifty-one percent of those surveyed chose "I believe it is my responsibility to manage my weight" when asked why they had not discussed weight management with their health-care provider.

Sharma said those who do seek help may not be offered effective treatment options.

"Doctors don't have good training on how to deal with obesity, so often patients come away with advice that doesn't really help," he said.

"Once patients have been through that a couple of times, they figure, 'Why ask again?'"

Only 10 percent of the people with obesity surveyed reported being able to maintain weight loss for more than a year. Sharma said diet and exercise alone rarely lead to long-term weight loss, because of the body's natural biological drive to return to its previous weight.

## **Medications available**

Health Canada recently approved three medications to treat obesity, but

Sharma said less than one percent of eligible patients receive them, noting that many patients and health-care practitioners are not aware of the medications and most employer health insurance plans don't cover them.

"The small number of medications that we have for obesity given the size of the problem is actually pretty shocking," Sharma said. "For most chronic conditions we have 10 or 20 or 50 medications."

The approved medications work by suppressing appetite or interfering with the absorption of calories.

"When I prescribe medication to my patients, they are surprised—they ask, 'Can't I do this with diet and exercise?'" Sharma said. "And I say, 'Well, you've already tried diet and exercise and they didn't work—that's why you're here.'"

The study also identified a gap in the way health-care professionals and patients communicate about weight management. Seventy-two percent of health-care professionals responded that "The patient is not interested in losing weight," while only five percent of patients reported this reason.

Sharma said he wants health-care professionals, employer insurers and patients to treat obesity as seriously as other chronic illnesses such as high blood pressure or diabetes. No one expects those patients to fix themselves without medical intervention, he said.

"With obesity, our approach is, 'Let's see how it goes, maybe I'll send you to a dietitian, maybe there's a good book that you can read,'" he said. "Those are the only approaches that people have, despite the fact that we know those approaches don't work."

"For me the whole thing is a social justice issue," Sharma said. "We have a publicly funded health-care system in which people are supposed to be getting treatment for their health issues. People living with obesity pay taxes like everybody else."

Sharma recommended patients and health-care professionals seek out credible sources of information about obesity through organizations such as [Obesity Canada](#), which he helped found. He said new [Canadian clinical practice guidelines](#) for preventing and managing obesity are expected next year.

He also encouraged employers to continue employee wellness programs and to read the fine print of their health-care insurance policies to ensure they are complete.

"It's nice to have healthy choices in the cafeteria, but healthy eating is not a treatment plan for obesity, and neither is putting a treadmill in the office," he said.

**More information:** Arya M. Sharma et al. Perceptions of barriers to effective obesity management in Canada: Results from the ACTION study, *Clinical Obesity* (2019). [DOI: 10.1111/cob.12329](https://doi.org/10.1111/cob.12329)

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