Care for Obesity

WEIGHT-BIASED ATTITUDES ABOUT PEDIATRIC PATIENTS WITH OBESITY IN DUTCH HEALTH CARE PROFESSIONALS FROM 7 DIFFERENT PROFESSIONS

B. van der Voorn[1]*, R. Camfferman[1]*, J.C. Seidell[1], R.M. Puhl[2] & J. Halberstadt[1]

1.Department of Health Science, VU University Amsterdam, The Netherlands
2.Rudd Center for Food Policy & Health, Department of Human Development & Family Sciences, University of Connecticut, USA
* Contributed equally to this work
Corresponding author: B. van der Voorn (b.van.der.voorn@vu.nl)

INTRODUCTION

Weight-related stigma refers to negative attitudes, beliefs, stereotypes or discriminatory behaviors targeted at a person because of their weight.

Two-thirds of adults with high weight experience weight stigma from health care professionals (HCPs). Also, HCPs acknowledge that they

- perceive patients with obesity as lazy and lacking willpower
- spend less time treating patients with obesity
- engage in lower quality patient-centered communication
- are less willing to perform diagnostic procedures.

AIM **To study the prevalence and interdisciplinary differences of weight-biased attitudes of Dutch HCPs who treat children and adolescents with obesity**

METHODOLOGY

Weight-biased attitudes were measured by a self-report questionnaire (22 items, 4 subscales) to assess weight bias of HCPs toward patients with obesity, called “Attitudes of Health Care Providers about Treating Patients with Obesity” scale (1,2). Interdisciplinary differences were analyzed by univariate regression with Bonferonni correction.

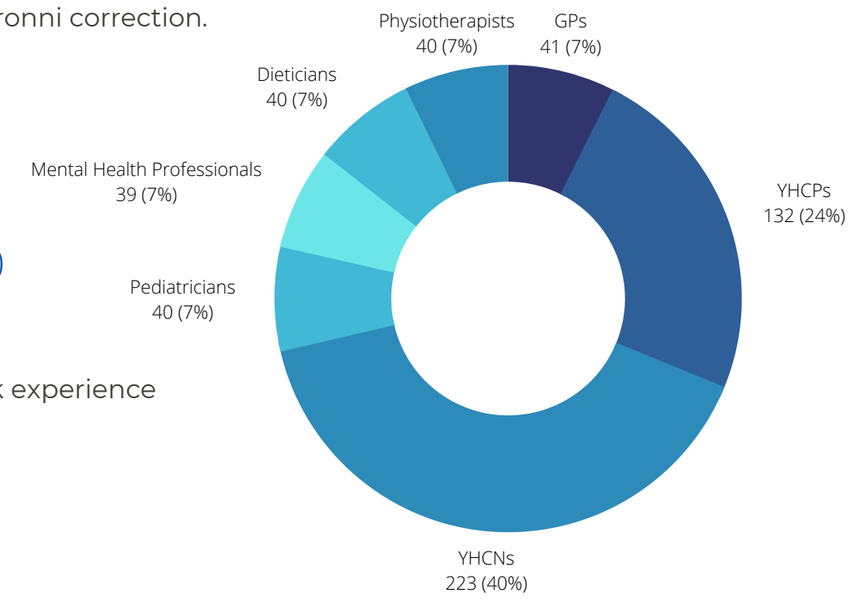

Figure 1. Study population (n=555)

- Mean age 44.4 (SD 11.7) years
- 38 males (7%)
- Mean 18.3 (SD 11.1) years of work experience

RESULTS

- Vast majority (75%-95%) reported that patients with obesity should be treated with compassion and respect
- A substantial number of HPCs (40%-83%) feel confident to provide quality care to patients with obesity
- Many doctors (46%-78%) perceive children with obesity as non-compliant with treatment recommendations
- 33%-63% reported that they often felt frustrated with children with obesity
- 27%-43% indicated that children with obesity are difficult to deal with
- 20% of GPs (n=8) and physiotherapists (n=8), and 30% (n=12) of pediatricians would rather treat a non-obese patient than a similar patient with obesity.

CONCLUSION

Negative weight-biased attitudes towards children with obesity exist across all groups of Dutch health care providers. Although the relatively small sample size of subgroups limits the ability to draw discipline-specific conclusions, our data point towards a potential inter-disciplinary differences with the highest number of negative weight-biased attitudes among pediatricians and general practitioners.

DISCUSSION

Strategies that can help to improve the quality of care by reducing stigmatization barriers for patients with obesity, recommendations include:

- Adequate information and tools to address underlying causes of obesity,
- Interdisciplinary courses to raise awareness about obesity stigma and its impact.
- The focus on body weight as the treatment target should be reduced.
- Patient-centered, sensitive and supportive communication strategies should be taught and implemented.
- Investments in an infrastructure offering adequate referral and financial resources for lifestyle interventions.

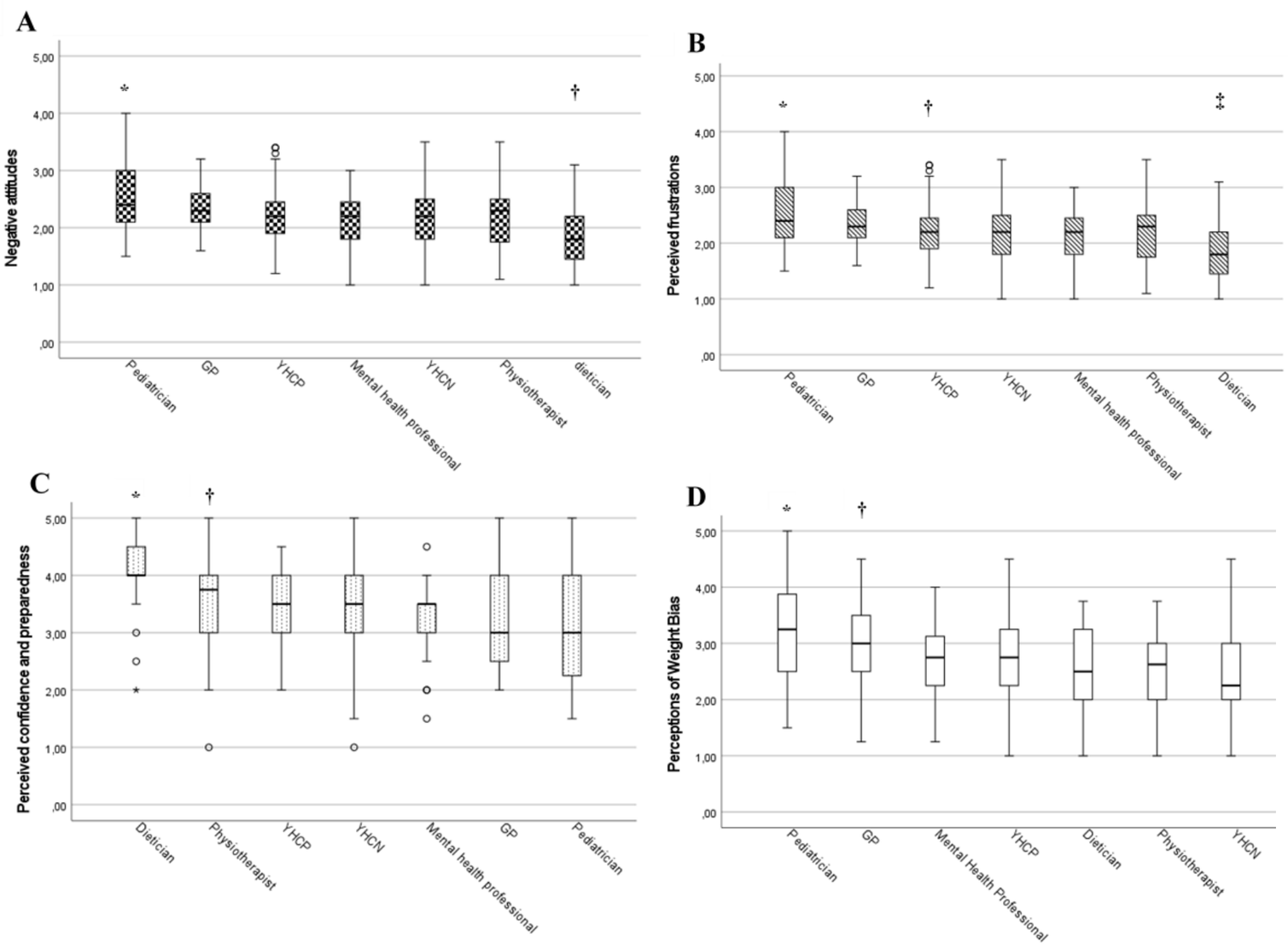

Figure 2. Weight-biased attitudes across different disciplines.

(A) * Significantly higher than all other disciplines, except for GPs.
† Significantly lower than all other disciplines, except for mental health professionals and physiotherapists.
(B) * Significantly higher than all other disciplines, except for GPs. and YHCPs .
† Significantly higher than YHCNs.
‡ Significantly lower thanl other disciplines, except for mental health professionals and physiotherapists.
(C) * Significantly higher than pediatricians and GPs.
(D) * Significantly higher than all other disciplines, except for GPs.
† Significantly higher than YHCNs.

References

1. Puhl RM, Latner JD, King KM, et al. (2014) Int J Eat Disord 47(1): 65-75.
2. Puhl RM, Luedicke J and Grilo CM (2014) Obesity (Silver Spring) 22(4): 1008-1015.

kind naar gezonder gewicht