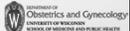


One size does not fit all:

How to address patients with obesity
From the waiting room to the exam
room and beyond

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Wisconsin Association for
Perinatal Care
April 8, 2019



Disclosures

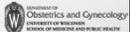
I have no disclosures

*(Almost all) Images used in today's presentation are from the
Rudd Gallery



Goal

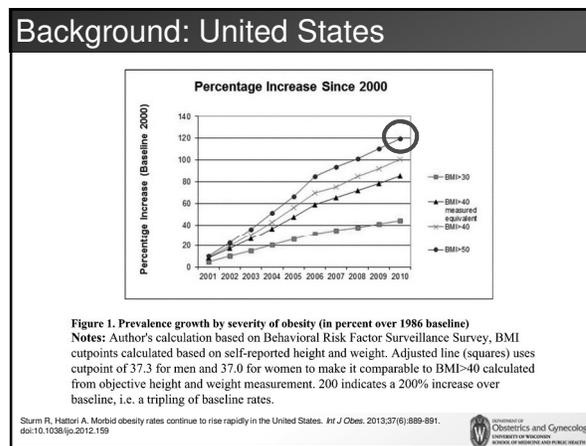
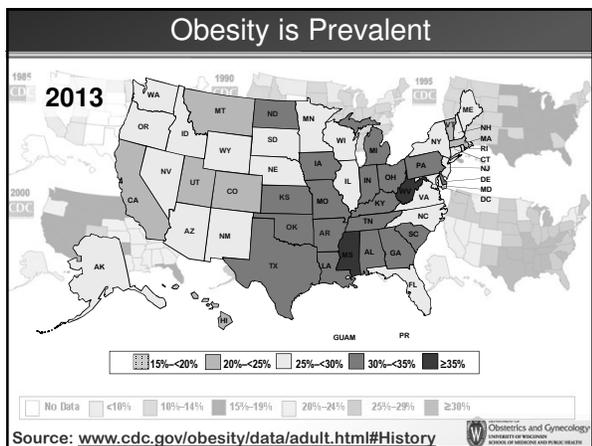
- Today's lecture is intended to address some of the concerns and discomfort that many of us experience regarding discussing obesity with our patients
- The goal of today's lecture is to
 - Increase our comfort in discussing obesity with patients by
 - Providing tools
 - How to broach the subject
 - Resources we can provide to patients to support them in their journey toward a healthy weight

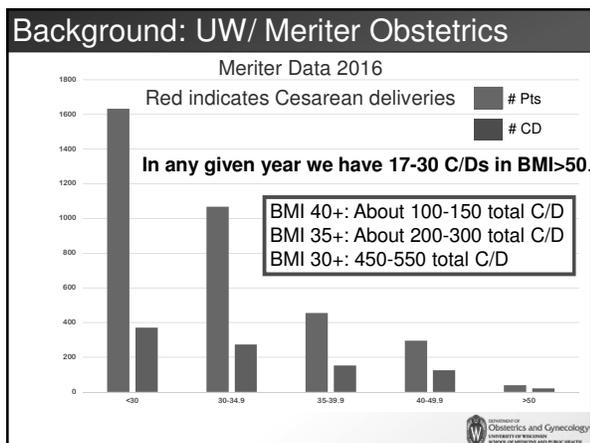
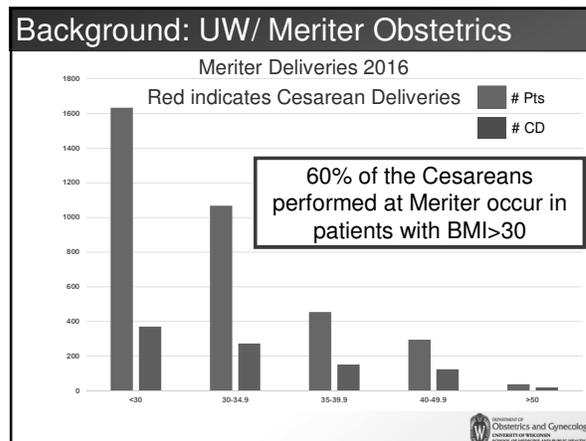
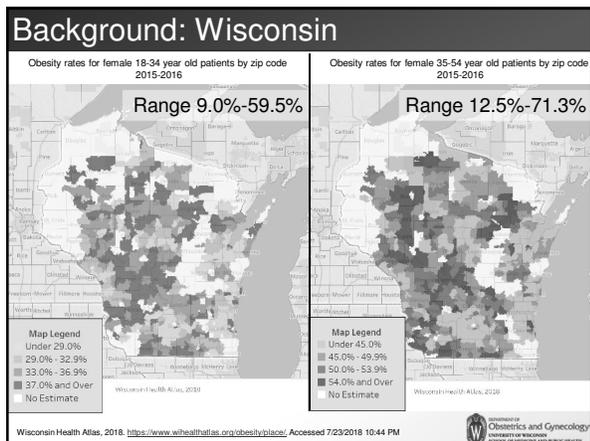


Learning Objectives

At the end of this lecture, the learner will:

- Grasp the **scope** of the obesity epidemic and its impact on the obstetric and gynecologic population
- Appreciate the **stigma** associated with being obese and the challenges patients with obesity face when visiting a healthcare provider
- Recognize the **barriers** providers perceive to discussing obesity with their patients
- Understand how to create a welcoming **environment** for people with obesity, how to use the appropriate **vocabulary** to discuss obesity, and to master some **tools** to guide this discussion, such as the "5 A's" and motivational interviewing
- Identify and utilize **resources** that are available



Background: Obesity and Pregnancy

Adverse Outcome	Adjusted OR (95% CI)
Preeclampsia	2.38 (2.24-2.52)
Severe Preeclampsia	1.56 (1.35-1.80)
Gestational Diabetes	2.80 (2.54-3.08)
Labor Induction	1.94 (1.86-2.04)
Cesarean Delivery	1.60 (1.53-1.67)
Shoulder Dystocia	1.51 (1.32-1.74)
Wound Infection	1.67 (1.38-2.00)
Wound Dehiscence	1.85 (1.10-3.11)

Robinson, et al. Maternal outcomes in pregnancies complicated by obesity. *Obstet Gynecol* 2005;106:1357

Background: Obesity and Pregnancy

Adverse Outcome	Ratio (Type and 95% CI)
PPROM (aHR)	aHR 1.5 (1.2-1.9)
Preterm 32-36 weeks	aRR 2.16 (1.13-4.12)
Preterm <33 weeks	RR 1.45 (1.23-1.71)

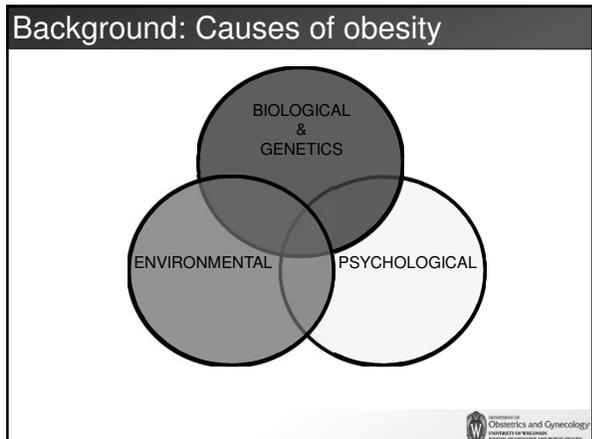
Nohr, et al. Obesity, gestational weight gain, and preterm birth: a study within the Danish National Birth Cohort. *Ped Perina Epi* 2007; 21 (1).

McDonald, et al. Overweight and obesity in mothers and risk of preterm birth and low birthweight infants: systematic review and meta-analysis. *BMJ* 2010; 341

Background: BMI>45 and CD Infections

Adverse Outcome	Adjusted OR (95% CI)
Composite infectious outcomes	2.7 (1.2-6.1)
Wound infection	3.4 (1.4-8.0)
Endometritis	4.4 (0.4-44.1)
Wound opening	2.1 (0.8-5.7)
Seroma or hematoma	1.8 (0.6-5.7)

Stamilo, et al. Extreme obesity and postcesarean maternal complications. *Obstet Gynecol* 2014; 124:2: 227-232



- ### Background: Causes of obesity
- Health behaviors
 - Diet & physical activity
 - Environment
 - → Obesogenic environment has slowly evolved over the past century
 - Food deserts
 - Lack of safe place to walk/ exercise
 - Pedestrian/ biker unfriendly cities/ areas
 - Type of employment
 - Serving sizes
 - Dietary composition
 - Price difference between unhealthy versus healthy food
- Brownell K, Kersh R, Ludwig D et al. Personal responsibility and obesity: a constructive approach to a controversial issue. Health Affairs. 2010;29(3):379-387
Brownell K, Kersh R, Ludwig D et al. Personal responsibility and obesity: a constructive approach to a controversial issue. Health Affairs. 2010;29(3):379-387
Kahan S, Cheskin LJ. Obesity and Eating Behaviors and Behavior Change. In: Kahan S, et al. Health Behavior Change in Populations. Johns Hopkins University Press, Baltimore, MD, 2014.
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- ### Background: Causes of obesity
- Genetics
 - Twin & family studies suggest that **40-70%** of inter-individual variation in BMI can be attributed to genetic factors
 - Physiology
 - Physiology **opposes** weight loss
 - Intentional weight loss
 - → Physiologic adaptations such as changes in levels and activity of various hormones like ghrelin and leptin as the body attempts to conserve energy stores
 - → Slowed metabolism and increased hunger which makes ongoing loss difficult and increases likelihood of regaining weight
- Fildes AE. Relationship of a large weight loss to long-term weight change among young and middle-aged US women. International journal of obesity and related metabolic disorders. 2001;25(8)
Foster GD, et al. Arch Intern Med. 2001;161(17):2133-9
Day F, Liss R. Developments in obesity genetics in the era of genome-wide association studies. Journal of nutrigenetics and nutrigenomics. 2011;4(4):222-228. Available at: <http://www.karger.com/Article/FullText/332158>
Spathis D, Pan S. Genetics: Closing the distance on obesity causality. Nature. 2014;507(7482):309-310. Available at: <http://www.nature.com/nature/journal/507/7482/a/nature.13212.html>
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- ### Background: Recognition
- Patient's perceptions
 - 22.2% of women with obesity correctly classified themselves as obese
 - 50% of people with obesity (PwO) see themselves as "obese"
 - 55% report having received a formal diagnosis of "obesity"
 - 65% of PwO agree that obesity is a disease
 - Even among healthcare providers, many misclassify their own weight
 - African-Americans and Hispanics are significantly less likely to self report obesity and associated health risks
- Thuesen DP, NC Med J. 2008
Frazier LM, Glickler A, Jansky K, et al. Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study. Obesity. 2016;26(1):67-69. doi:10.1002/oby.20554
Wilkinson SA, Powell D, Saperstein M. Maternal overweight and obesity: A survey of clinicians' characteristics and attitudes, and their responses to their program clients. BMC Pregnancy Childbirth. 2013;13. doi:10.1186/1471-2390-13-117
Swindeman SW, Adami E, Valdespino JL, Frederick J, Cook JL, Rothberg MB. Ethnic differences in the self-recognition of obesity and obesity-related comorbidities: A cross-sectional analysis. J Gen Intern Med. 2011;26(6):616-620. doi:10.1007/s11606-010-1623-3
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Experiences

A black and white photograph of a young girl with her hair in a ponytail, sitting at a desk in a classroom. She is looking towards the front of the room and has her right hand raised.

- "At school I was always picked on for my weight."
- "I was always on some kind of diet. The first one was Jenny Craig when I was twelve."

Thomas SL, Hyde J, Karunaratne A, Herbert D, Komisaroff PA. Being "fat" in today's world: A qualitative study of the lived experiences of people with obesity in Australia. *Health Expect*. 2008;11(4):321-330.
Image from: <http://www.uconnreddcenter.org/image-library/79>

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Stigma, Bias, & People First Language

- Stigma: mark of disgrace
- Experiencing weight stigma undermines health by contributing to obesity, metabolic disease, psychological disorders, and ultimately mortality.
- The Obesity Action Coalition says, "Obesity stigma is a major issue and is the last socially acceptable form of discrimination in our society."

A black and white photograph of a woman walking on a city sidewalk. She is wearing a dark top and pants, and is looking off to the side with a thoughtful expression. She is holding a cup in her hand.

Himmelfarb M. 2018. Weight stigma in men: what, when, and by whom? *Obesity*. 90, 00, 1-9.
Image from: <http://www.uconnreddcenter.org/image-library/76>

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