

Knowledge About and Perceptions of Obesity Management: Bariatricians (BARIs) and Primary Care Physicians, Endocrinologists, and Cardiologists who Do Not Practice Bariatric Medicine (Non-BARIs)

Terry Ann Glauser MD MPH, Nancy Roepke MBA, Ben Whitfield MA, Boris Stevenin MD, Anne Marie Dubois MsPharm, Soo Mi Ahn PharmD

Background

Obesity, defined as the presence of an excessively high level of body fat in relation to lean tissue and recognized by the American Medical Association (AMA) as a disease, is the second leading cause of preventable death in the United States and a leading cause of morbidity, disability, healthcare utilization, and healthcare costs. Despite this, physicians' rates of screening for and management of obesity are low. A study was conducted to identify the primary educational needs, attitudes, and barriers with respect to the management of obesity of US physicians who were bariatricians (BARIs) compared with US primary care physicians (PCPs), endocrinologists (ENDOs), and cardiologists (CARDs) who do not practice bariatric medicine (non-BARIs).

Methods

A survey was developed to elicit information from US-based BARIs and non-BARIs regarding their management decisions for patients with obesity. The survey included questions on perception of obesity, familiarity with managing obesity, and management recommendation questions for varying patient presentations in case vignettes. Survey items used a 10-point Likert scale (1 = least, 10 = most) to assess perceptions of management of patients with obesity. Prior to distribution, surveys were pilot tested with practicing healthcare providers to ensure clarity of content. The surveys were distributed electronically in February 2013 to 1,625 BARIs, PCPs, ENDOs, and CARDs. To adequately power the survey, 300 responses were collected with a pre-planned distribution of respondents as outlined in the demographic table below. When adequate numbers of surveys were taken by each group, data collection for that group stopped. Data was analyzed with PASW Statistics 18 (SPSS; Chicago, Illinois).

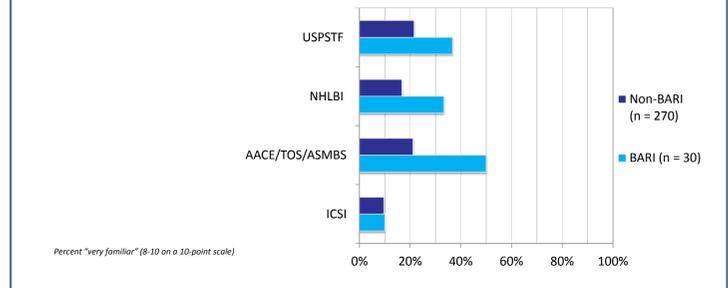
Results

Demographics of Physician Case-Survey Respondents

Demographic Characteristics	Non-BARIs			
	PCP N = 100	ENDO N = 100	CARD N = 70	BARI N = 30
Years since medical school graduation	26	24	27	29
Trained in US	71%	63%	73%	80%
Specialty				
Family practice	56%	-	-	-
Internal medicine	44%	-	-	-
Endocrinology	-	100%	-	-
Cardiology	-	-	100%	-
Bariatrics	-	-	-	70%
Bariatric surgery	-	-	-	30%
Patients seen per week (mean)	116	109	106	88
% of patients seen who are obese (mean)	33%	46%	33%	75%
% of patients who are overweight (as opposed to obese) (mean)	34%	36%	37%	36%
Present employment*				
Solo	28%	28%	9%	37%
Group	65%	58%	71%	43%
Major professional activity*				
Direct patient care	100%	95%	99%	90%

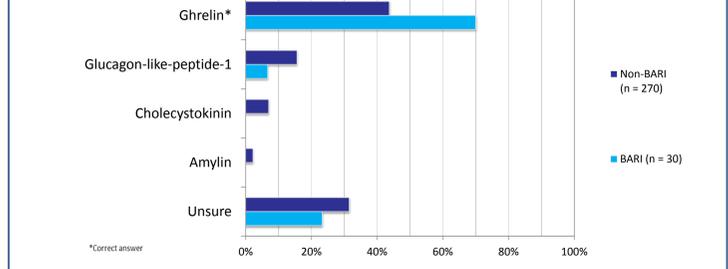
Results of Case-Based Survey

Figure 1: Familiarity with Obesity Guidelines



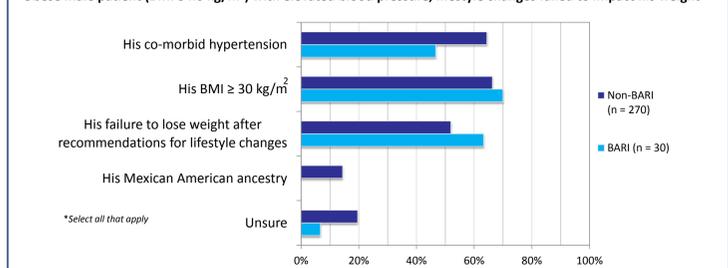
•Familiarity with any guidelines by both groups was low but higher with BARI

Figure 2: Hormone that Increases Food Intake



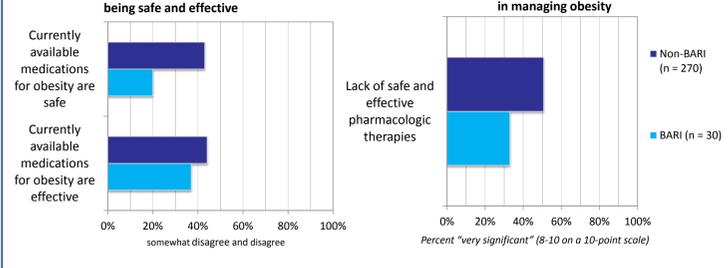
•A third of BARIs and half of Non-BARIs could not identify a hormone that increases food intake

Figure 3: Indication for Weight-loss Medication



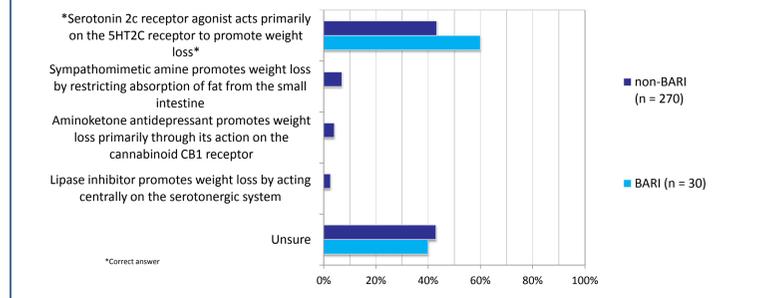
•No consensus on reasons to start pharmacotherapy for obesity

Figure 4: Safety and Efficacy of Pharmacologic Weight-loss Therapies



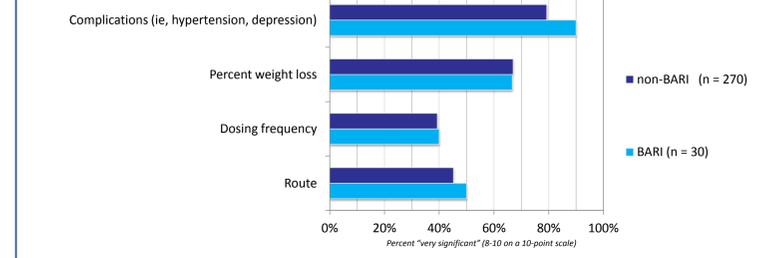
• Sizeable minority of BARIs and non-BARIs think obesity medications are not safe or effective. One third of BARIs and half of non-BARIs think lack of safe and effective pharmacotherapies is a very significant barrier to managing obesity

Figure 5: Selecting Correct Statement about Mechanism of Action (MOA) of Weight Loss Pharmacotherapies



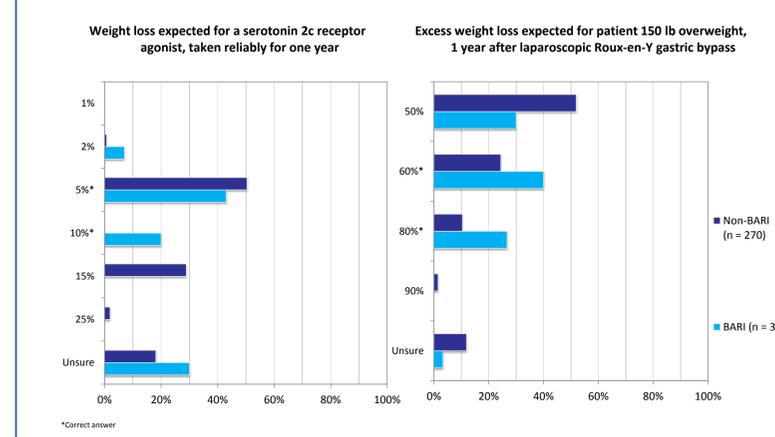
•40% of BARIs and 57% of non-BARIs lack knowledge of MOAs of weight-loss agents

Figure 6: Significance of Factors in Decision to Select a Weight Loss Medication



•Complications and percent weight loss "very significant" in decision to select a weight loss medication for majority of BARIs and non-BARIs

Figure 7: Expected Weight Loss: Pharmacotherapy and Bariatric surgery



•30% of BARIs/49% of non-BARIs expected more weight loss with medication than is achievable or were unsure. 33% of BARIs/64% of non-BARIs expected less excess weight loss from gastric bypass than has been demonstrated or were unsure

Conclusions

There are important areas of unmet educational needs for both BARIs and non-BARIs in the obesity field:

- Knowledge of current evidence-based guidelines for screening for obesity and management of obesity
- Education that promotes an understanding of the hormonal basis of appetite regulation and the pathophysiology of obesity
- Clearly understand indications to initiate weight-loss pharmacotherapy
- Information about FDA-approved weight-loss medications, including MOA and efficacy and safety data
- Evidence about expected weight loss from weight loss medications and bariatric surgery

Discussion

With one third of the US population being overweight and one third obese, obesity is a major public health issue. It is crucial for both BARIs and non-BARIs alike to be able to appropriately counsel and manage patients with obesity. To do this effectively, physicians must have an understanding of the pathophysiology of the disease of obesity and develop expertise in management strategies. To deliver appropriate care, physicians also need to be educated as to the appropriate expectations regarding the outcomes of pharmacologic and surgical interventions.

References

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 Campos GM, Rabl C, Roll GR, Peeva S, Prado K, Smith J, Vittinghoff E. Better weight loss, resolution of diabetes, and quality of life for laparoscopic gastric bypass vs banding: results of a 2-cohort pair-matched study. Arch Surg 2011;146(2): 149-55.

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Nancy Roepke
 Director of Research and Strategic Development
 CE Outcomes, LLC
 107 Frankfurt Circle
 Birmingham, AL 35211
 Ph: 205.259.1514 Fx: 205.259.1501