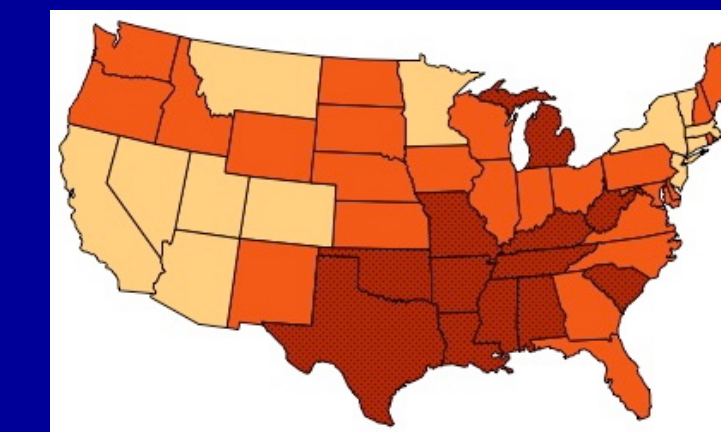


Attitudes, Self-Efficacy, and Perceived Barriers Toward Diagnosing, Preventing and Treating Obesity in the Primary Care Clinic

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Introduction

- Obesity-related morbidity and mortality are among the most preventable and cost-consuming issues facing the healthcare system (1, 2, 4, 6).
- Over one-third of US adults are overweight (BMI 25.0-29.9) and over one-third are obese (BMI \geq 30.0) (1, 2, 11).
- US medical costs of obesity were estimated to cost \$147 billion in 2008 and are rising annually for a projected annual medical cost of \$210 billion in 2013 (11).
- Approximately 70% of patients with BMI \geq 25 seen by PCP are not diagnosed with overweight or obesity, and 63% do not receive weight-related counseling (2).
- There is a need for brief office-based interventions to identify patients who are overweight and obese, and to provide evidence-based treatment and referrals.
- The objectives of this study are to:
 - gather data to develop an in-service training.
 - deliver the in-service training to medical residents and faculty.
 - assess behaviors, attitudes, and perceived barriers to diagnosing, preventing and treating obesity via pre- and post-intervention surveys to explore the impact of the in-service training session.

Methods

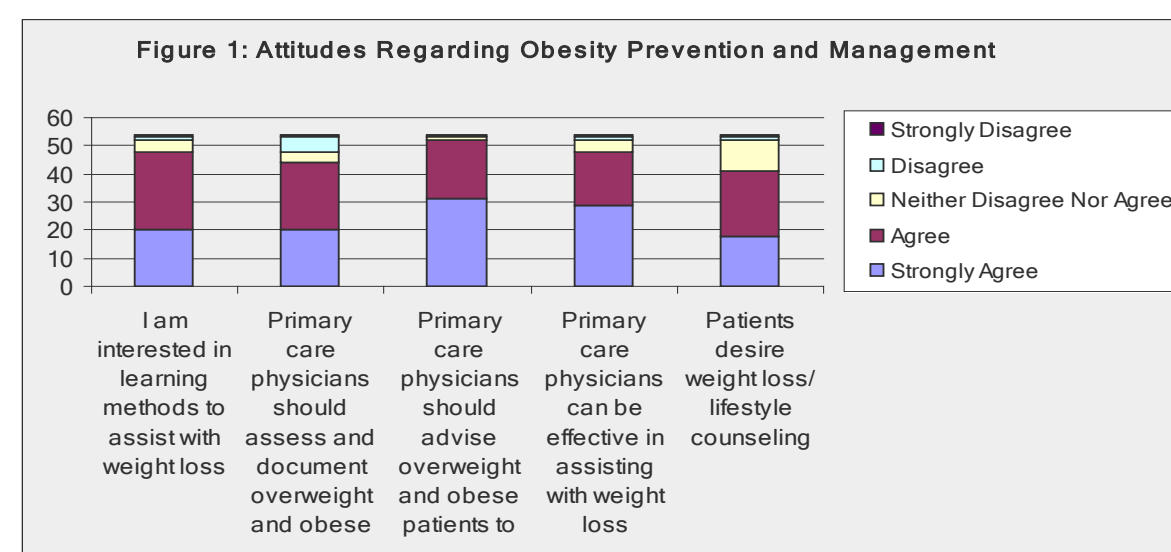
- We recruited primary care physicians (resident physicians and attending physicians) who serve a diverse patient population in two University of Arizona Family Medicine clinics from November 2013 through January 2014 to complete a survey regarding obesity management.
- We developed an on-line survey, which was administered at baseline to identify physician practices, attitudes, and perceived barriers toward diagnosing, preventing and treating obesity.
- We used the baseline survey results to develop and administer an in-service training based upon identified need to address physician attitudes, behaviors, and perceived barriers toward diagnosing, preventing and treating obesity.
- We re-administered the survey one month post-training to determine if the one-hour in-service training increased physicians' positive attitudes and behaviors, and decreased perceived barriers toward diagnosing, preventing and treating obesity.

Participants

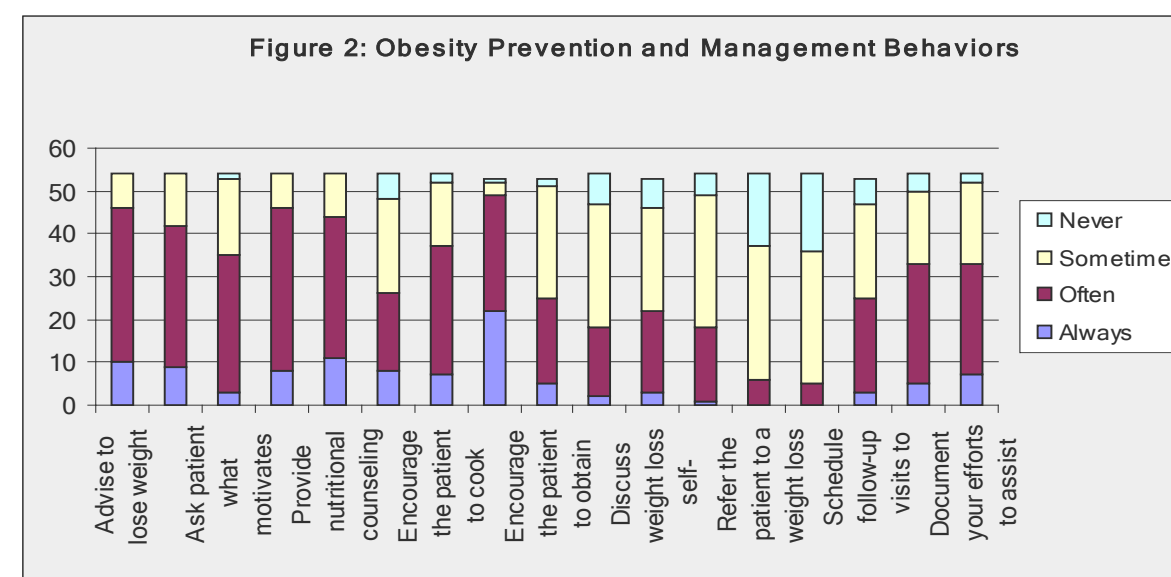
- A total of 54 participants (37 resident physicians and 17 attending physicians) responded to the pre- and post-surveys.
- The majority of respondents were resident physicians (68.5%), and reported engaging in regular physical activity (63.0%).

Results

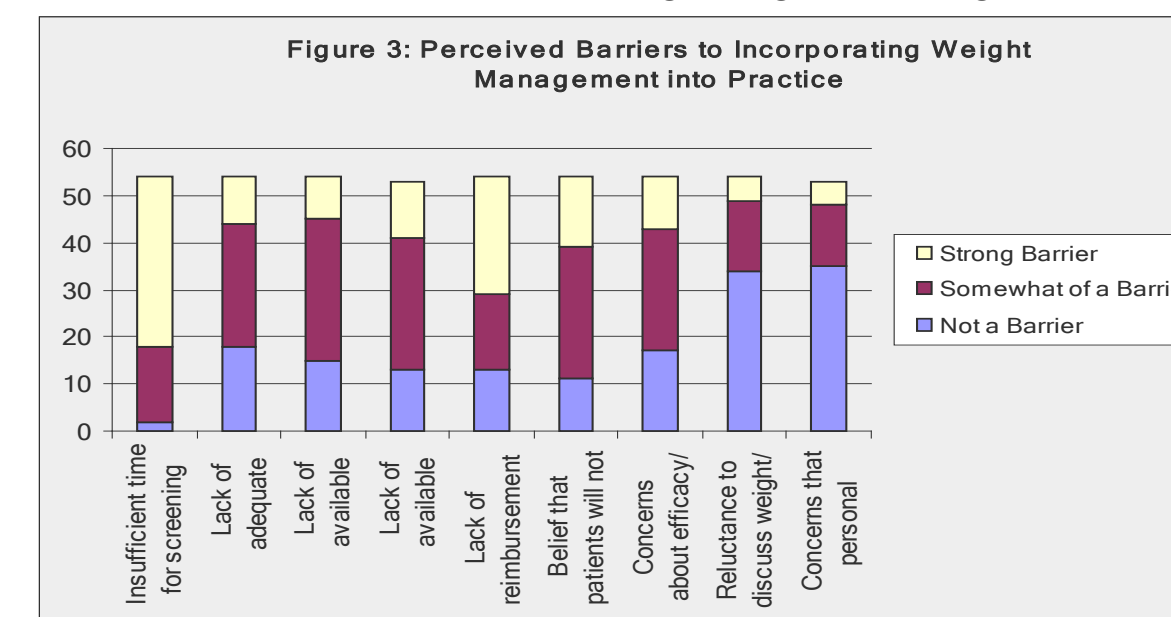
- There were no significant differences in obesity management attitudes, behaviors, and perceived barriers by primary care physicians between pre- and post-training surveys.
- At both time points, the majority of respondents reported that:
 - 87% are interested in learning methods to assist with weight loss, and believe that primary care physicians should assess weight and advise regarding weight loss (Figure 1*).



- 74% often or always assess, discuss and trend changes in weight and BMI (Figure 2*).
- 85% often or always advise obese patients to lose weight, discuss weight loss strategies, and recommend increased physical activity (Figure 2*).
- 91% never or sometimes refer the patient to a dietician, weight loss program or bariatric surgery evaluation (Figure 2*).



- 94% reported multiple barriers to incorporating weight management into practice (Figure 3*).



Conclusions

- Primary care physicians are receptive to learning methods to assist in obesity prevention and management.
- A one-hour interventional training session is not sufficient to change physician attitudes, self-efficacy and perceived barriers toward diagnosing, preventing and treating obesity.
- The limitations of the study were small sample size and inadequate time to provide sufficient training for obesity management in the primary care setting.
- Obesity management in the primary care setting is multi-factorial, and requires sufficient training, adequate time to provide counseling, and available resources to assist in diagnosing, preventing and treating obesity.
- Holding regular evidence-based interventional training sessions, having full-spectrum in-clinic resources available, allowing for adequate time to provide counseling, and reimbursement for that counseling are reasonable approaches to overcoming barriers to obesity management requiring further study.

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*Only post-training survey data presented