Physician Recognition of Overweight and Obese Patients
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BACKGROUND
According to the Centers for Disease Control 62.9% of Rhode Islanders are overweight and 25.5% are obese, which put them at increased risk for other chronic diseases including diabetes, hypertension, hyperlipidemia and coronary artery disease. One of the core objectives in primary care is to provide preventative care, including implementing interventions necessary to promote a healthy BMI range.

OBJECTIVES
- Determine the sensitivity of primary care physicians' recognition of overweight and obese individuals by analyzing the percentage of patients with BMIs which qualify them as overweight or obese, and physician documented diagnosis of the weight problem
- Determine the percentage of patients with a weight management plan and referral to formal nutrition counseling
- Analysis of the temporal relationship between the diagnosis of a weight problem and the diagnosis of metabolic disorders (hypertension, Type 2 diabetes mellitus, and hyperlipidemia) and psychiatric disorders (depression, anxiety and bipolar disorder)

RESULTS
Physician Diagnosis of a Weight Problem

Classification of the Study Population

Interventions

Patients with Comorbidity

RESULTS, CONTINUED
- Of the patients in the overweight group, approximately three times as many gained more than 5% of their initial BMI than lost more than 5% of their initial BMI
- Of the patients in the Class 3/morbid obesity group, approximately twice as many lost more than 10% of their initial BMI than gained more than 10% of their initial BMI
- 55.8% of overweight patients are female
- 71.5% of morbidly obese patients are female
- More patients are diagnosed with a psychiatric disorder than a metabolic disorder across all BMI groups

CONCLUSIONS
- An overwhelming majority of overweight and obese patients are undiagnosed or incorrectly diagnosed by primary care physicians.
- Multiple office visits do not significantly increase physicians' diagnosis of overweight and obese patients.
- Females comprise the majority of the population across all BMI groups. At higher BMIs, the proportion of female patients increases.
- Although the percentage of weight management plans and formal nutrition counseling increases with increasing BMIs, tremendous improvement is still needed, especially with referral to formal nutrition education.
- Patients’ BMIs trended towards the Class 2 obesity category (35-39.9 kg/m²), which may be a product of low physician recognition at BMIs <35 and increased recognition at BMIs >40 kg/m².
- Metabolic and psychiatric disorders tend to be addressed prior to weight issues at lower BMIs while weight issues tend to be addressed prior to metabolic or psychiatric disorders at higher BMIs.

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