COMPaRE-PHC

CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

Self esteem and public distress experienced by obese patients attending general practice in socioeconomically disadvantaged areas

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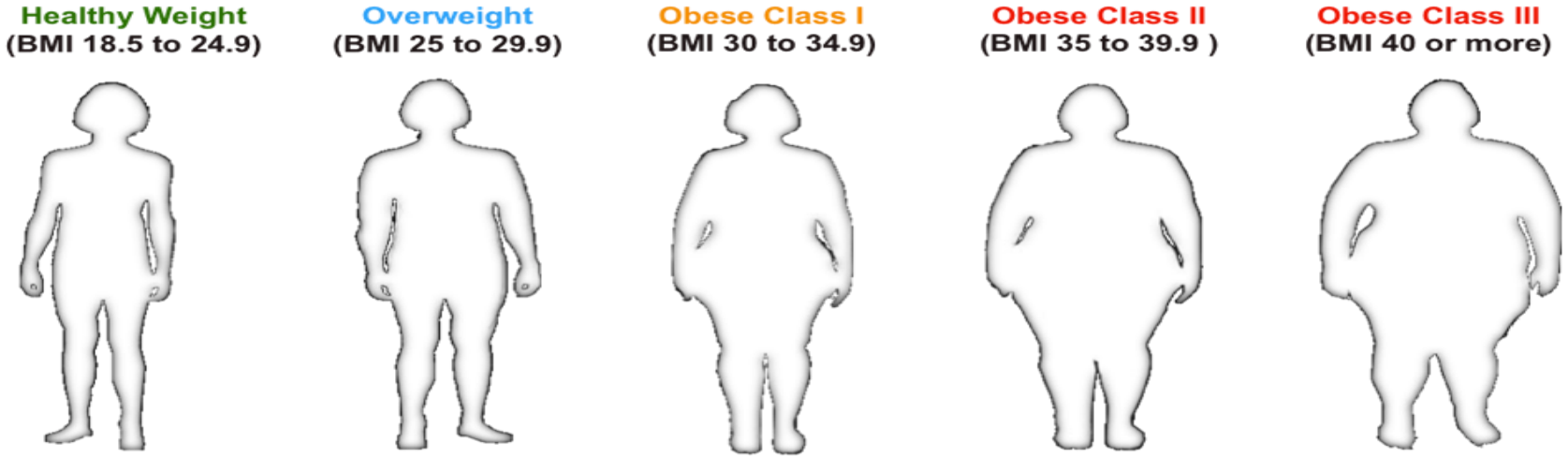
Outline

- Why focus on obesity stigma?
- BMWGP study (data source)
- What did we find?
- What are the implications of what we found?



Body Mass Index (BMI) = weight / height ^{2}

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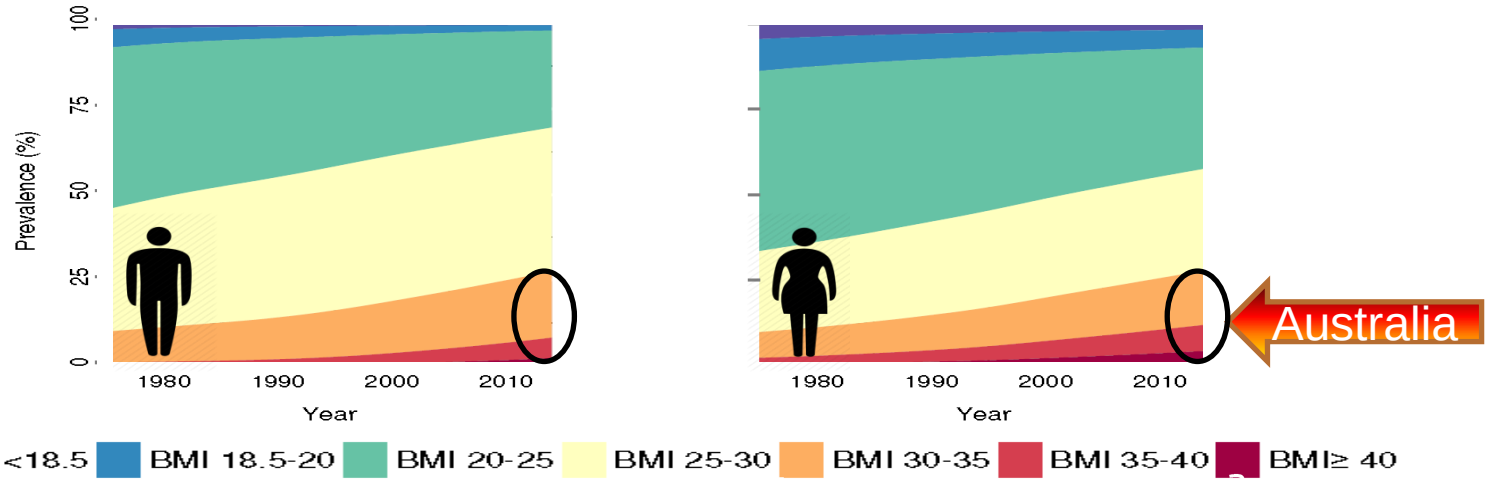
Why obesity? 1

Globally, obesity has increased



Why obesity? 2

Globally, obesity is a significant health priority

- 2nd highest contributor to burden of disease in Australia
- Economic costs to health system & individuals

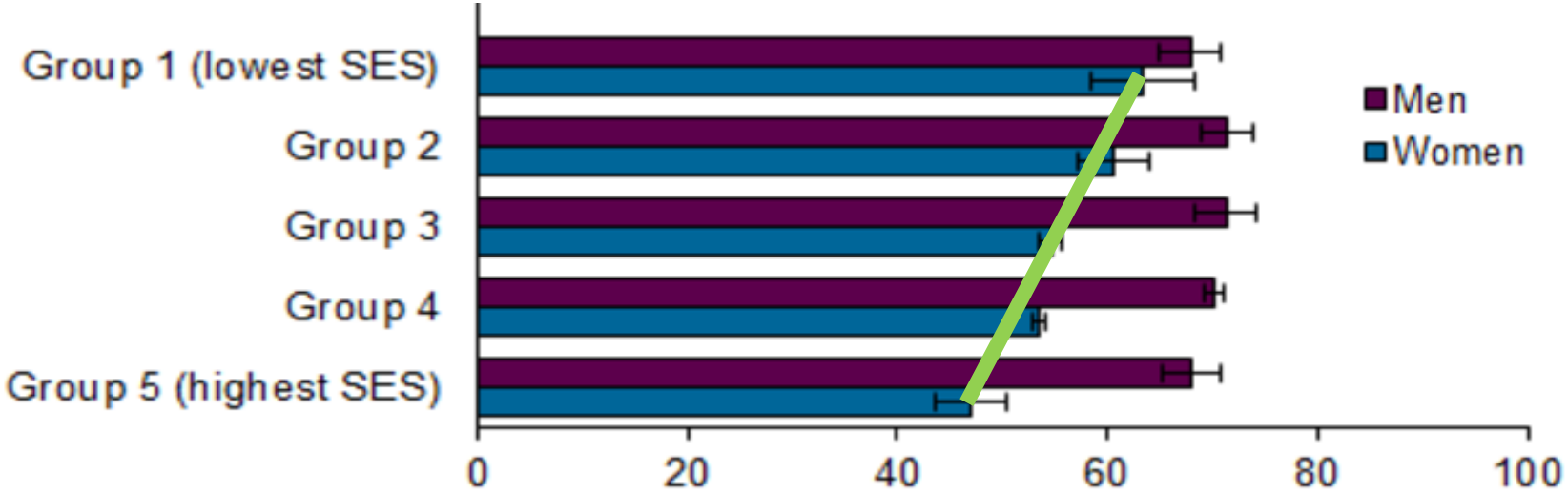
Why obesity? 3

The burden increases with increasing obesity

- Mortality increases sharply with BMI as it rises above 30
- Similar to the effect of lifelong smoking

Why obesity? 4

An equity issue:



% Australian adults overweight or obese 2011-12

Why obesity stigma? 1

Commonly experienced from:

- the public & media
- employers, educators
- family
- health care providers

Why obesity stigma? 2

Associated with:

- Psychological problems e.g. anxiety, depression, problems with interpersonal relationships, loneliness
- Maladaptive eating and avoidance of exercise
- Avoidance of health care
- Diminished self-esteem and “why try” effect

Why obesity stigma? 3

An equity issue:

- The negative impacts on mental health are greater for disadvantaged groups than advantaged groups
- Generates disparities eg: via impact on employment opportunities

Is obesity stigma the same for all?

US evidence that discrimination is associated with:

- Increasing severity of obesity (class 1, 2 or 3)
- Gender (being female)

No effect of socio-economic status, education or race.

(Puhl et al, 2008)

We don't know who is most likely to experience obesity stigma in Australia

In summary

- There's been an increase in higher categories of obesity. This is:
  - A health problem
  - A health equity issue
- Obesity-related stigma impacts:
  - impacts mental health
  - eating & exercise
  - treatment seeking
  - inequity

We don't know if stigma is experienced equally across all classes of obesity in Australia

Research question

Among adults attending general practices in socio-economically disadvantaged areas of Sydney & Adelaide, are obesity-related stigma and self-esteem associated with:

1. Obesity class
2. Other socio-demographic factors

BMWGP study (data source)

- Baseline data from an intervention trial
- Sample frame:
  - Adult: 40–70 years
  - Obese: BMI ≥ 30
  - No chronic disease
  - No weight-loss medication or surgery
  - Attending one of 20 general practices in a low SES area of Sydney or Adelaide who agreed to part of the trial

BMWGP study data sources

- Telephone interview with multiple-choice questionnaire
  - Socio-demographic variables
  - Impact of Weight on Quality of Life-Lite Measure (past 4 weeks):
    - Stigma: Experience ridicule or discrimination
    - Self-esteem
- Health check by practice nurse
    - BMI

BMWGP study sample N=115

- 65% female
- Mean age 56 years
- 31% non-English language
- 48% born outside Australia
- 47% school only
- 49% not working

Obese category:

1 (BMI 30-34.9)	46%
2 (BMI 35-39.9)	35%
3 (BMI GE 40)	19%

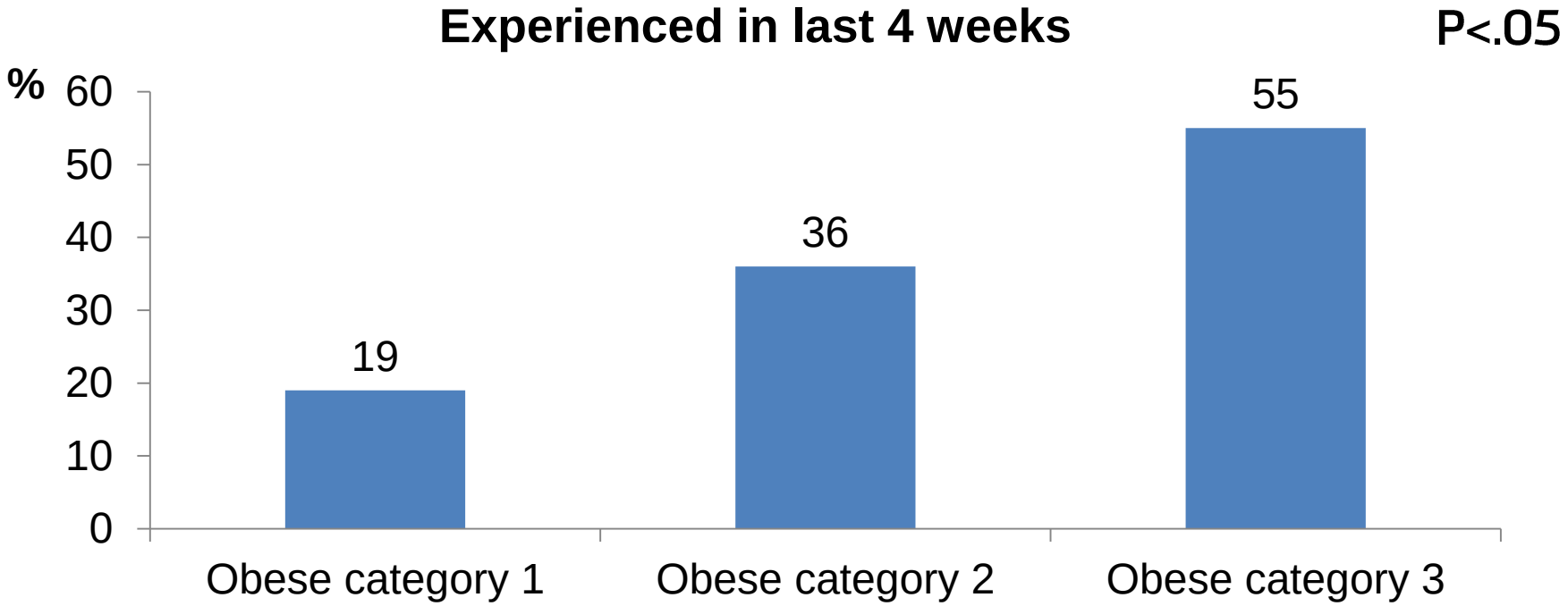
Context: BMWGP study sample N=115

- 65% female
- Mean age 56 years
- 31% non-English language
- 48% born outside Australia
- 47% school only
- 49% not working

Obese category:

1 (BMI 30-34.9)	46%
2 (BMI 35-39.9)	
3 (BMI GE 40)	54%

Univariate analysis: weight-related discrimination or ridicule



Multivariate analysis: Model

Relationships between experience of obesity stigma with:

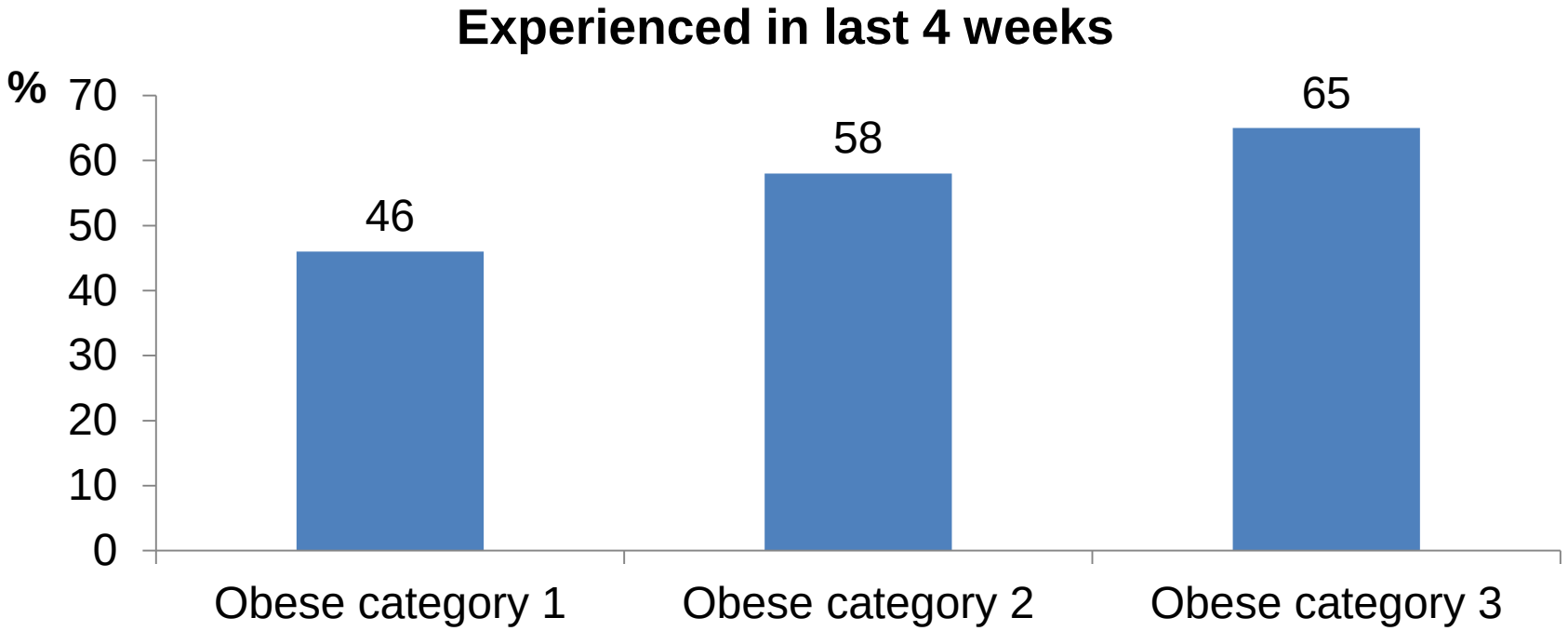
- obesity category (1 or 2-3)
- Sex
- Language spoken at home
- Employment

Multivariate analysis: Results

- The odds of experiencing weight-related stigma were significantly higher for patients:
  - with a BMI category 2-3 (OR 5)
  - who usually speak a non-English language at home (OR 3.9)
  - who were not working (OR 4.6)
- No significant difference between males and females.

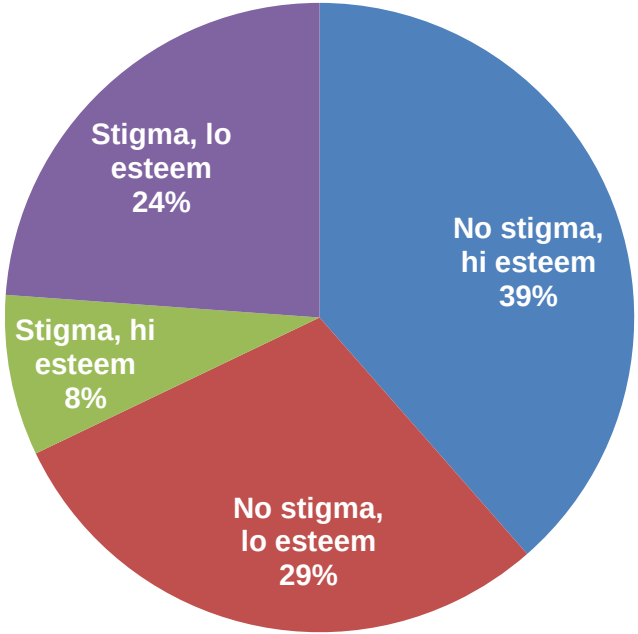
Univariate analysis: self esteem

P>.05



Self esteem x stigma

- Stigma was significantly associated with self esteem (p=.004)
- 74% who experienced stigma had lower self esteem
- 82% who reported higher self esteem reported no stigma
- Causal direction not known



Conclusions

- The experience of obesity stigma increases as obesity class increases
- That is: a barrier to treatment seeking increases as need increases
- This is increasingly important as the prevalence of obesity class 2-3 increases.

Conclusions

- The experience of obesity stigma is also greater for those who
  - Speak a non-English language at home
  - Are not in the workforce
- These are vulnerable groups on many indicators. Obesity stigma exacerbates their disadvantage

Implications for practice

1. Do no harm: Do not stigmatise further. Avoid words that may be stigmatising including obesity.
2. Discuss obesity stigma and its effect on patient's lives.
3. Offer non-stigmatising interventions - tailor to patients preferences - eg if they prefer not a group etc.
4. Link between discrimination and self esteem suggests there might be value in building self esteem

Acknowledgements

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