

STIGMA AND MISCONCEPTIONS ABOUT OBESITY

Widespread misconceptions of obesity and lack of disease recognition means that people living with obesity experience daily discrimination and often do not receive the support required to achieve or maintain weight loss.^{1,2,3,4,5,6,7,8,9,10}

DISCRIMINATION



People living with obesity experience discrimination and bias daily:



88% of people living with obesity report having been stigmatised, criticised or abused as a direct result of their obesity.¹³



55% of healthcare professionals (HCPs) say biases and misconceptions impede how patients with obesity are diagnosed and cared for.¹



Primary care professionals (PCPs) are 31% less likely to have an emotional connection with patients with obesity than with patients of normal weight.¹²



94% of people with obesity and HCPs believe that there is not enough understanding about the causes of obesity amongst the public, politicians and other stakeholders.¹³



Only 26% of people with obesity reported being treated with dignity and respect by HCPs when seeking advice or treatment for their obesity.¹³



3X more likely

for a child with obesity to be bullied.¹¹

42% of people with obesity

did not feel comfortable talking to their HCP about their obesity.¹³

TREATMENT /DIAGNOSIS

Obesity is a serious and complex chronic disease with multiple causes, however many HCPs believe it is the individual's responsibility.



Only 20% of PCPs cited genetics as a common cause of obesity.¹



Only 55% of people with obesity have received a formal diagnosis and access to the evidence-based behavioural, pharmacological and surgical interventions available.⁹



74% of HCPs believe it is the responsibility of the patient to manage their weight.¹

EDUCATION



HCPs

Most PCPs receive none or less than 48 hours of training during their entire medical education.¹⁴



People with obesity

3/4 of people with obesity in the EU do not recognise that they have obesity and are therefore unlikely to bring it up with their doctor.¹⁵



Policymakers

- Policymakers had no consensus on a role for physicians/government in tackling obesity.¹⁶
- 66% policymakers did not know the prevalence in their country.¹⁶



Social stigma of people with obesity is further increasing inequality in access to appropriate care and support, and obesity is still widely considered to be the responsibility of the individual by governments, healthcare systems and people with obesity.^{1,9,10,17,18}

There is an urgent need to reframe the public perception and understanding of obesity as a chronic relapsing disease, rather than a "lifestyle choice".

1. European Association for the study of Obesity. Survey of European GPs: GP's perceptions, knowledge and treatment of obesity. 2018.
2. Pfeil M, Pulford A, Mahon D, et al. The patient journey to gastric band surgery: a qualitative exploration. *Bariatr Surg Pract Patient Care*. 2013;8:69-76.
3. Lewis S, Thomas SL, Blood RW, et al. How do obese individuals perceive and respond to the different types of obesity stigma that they encounter in their daily lives? A qualitative study. *Soc Sci Med*. 2011;73:1349-56.
4. da Silva SS, da Costa Maia A. Obesity and treatment meanings in bariatric surgery candidates: a qualitative study. *Obes Surg*. 2012;22:1714-22.
5. Christiansen B, Borge L, Fagermoen MS. Understanding everyday life of morbidly obese adults-habits and body image. *Int J Qual Stud Health Well-being*. 2012;7:17255.
6. Lewis S, Thomas SL, Hyde J, et al. A qualitative investigation of obese men's experiences with their weight. *Am J Health Behav*. 2011;35:458-69.
7. Gronning I, Scambler G, Tjora A. From fatness to badness: the modern morality of obesity. *Health (London)*. 2013;17:266-83.
8. Ostberg AL, Wikstrand I, Bengtsson Bostrom K. Group treatment of obesity in primary care practice: a qualitative study of patients' perspectives. *Scand J Public Health*. 2011;39:98-105.
9. Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the national ACTION study. *Obesity (Silver Spring)*. 2018;26:61-69.
10. Dietz WH, Baur LA, Hall K, et al. Management of obesity: improvement of health-care training and systems for prevention and care. *Lancet*. 2015;385:2521-33.
11. OECD. The Heavy Burden of Obesity: The Economics of Prevention. OECD Health Policy Studies. OECD Publishing, Paris. Available at <https://doi.org/10.1787/67450d67-en>. Last accessed May 2020.
12. Gudzone KA, Beach MC, Roter DL, et al. Physicians build less rapport with obese patients. *Obesity (Silver Spring)*. 2013;21:2146-52.
13. All Party Parliamentary Group. The current landscape of obesity services: A report from the all party parliamentary group on obesity. 2018. Available at: <http://www.bomss.org.uk/wp-content/uploads/2018/05/APPG-Obesity-2018.pdf>. Last accessed: May 2020.
14. Stanford FC, Johnson ED, Claridy MD, Earle RL, Kaplan LM. The role of obesity training in medical school and residency on bariatric surgery knowledge in primary care physicians. *Int J Family Med*. 2015;2015:841249.
15. European Association for the Study of Obesity. Obesity: an underestimated threat: public perceptions of obesity in Europe. Available at: https://www.seedo.es/images/site/Obesity_an_underestimated_threat.pdf. Last accessed May 2020.
16. European Association for the Study of Obesity. Obesity: perception and policy. Multi-country review and survey of policymakers 2014. Available at: https://www.c3health.org/wp-content/uploads/2017/07/C3_EASO_Survey_A4_Web-FINAL.pdf Last accessed June 2020.
17. Johns DJ, Hartmann-Boyce J, Jebb SA, et al. Diet or exercise interventions vs combined behavioural weight management programs: a systematic review and meta-analysis of direct comparisons. *J Acad Nutr Diet*. 2014;114:1557-1568.
18. Lagerros YT, Rossner S. Obesity management: what brings success? *Ther Adv Gastroenterol*. 2013;6:77-88.