Progress and Challenges in the Chronic Disease of Obesity

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Disclosures

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What Is Obesity?

• A behavioral problem?
• The result of bad choices?
• The condition of being grossly fat or overweight?
• A bogus diagnosis?
• A disease of excess adipose tissue?

Presentation Objectives

• Describe how obesity has come to be regarded as a disease
• Discuss the implications of weight bias and stigma in policy and clinical care
• Discuss policy efforts to improve access to evidence-based obesity care

Obesity Is the Biggest Threat to American Health for This Century

• Untreated obesity harms every body system
• Chronic diseases resulting from obesity cost more than $1 trillion annually

What Is Obesity?

• A complex, chronic disease
  • Defined by excess adipose (fat) tissue
  • > 100 potential causes
  • Many subtypes
  • Not fully understood
  • Badly misunderstood by the public
What Makes Obesity a Disease?

A disease:
- Has characteristic signs and symptoms
- Impairs normal body functions
- Causes harm to health

Obesity:
- Characterized by abnormal accumulation of fat
- Impairs normal metabolic function
- Causes harm to virtually every organ system

Isn’t Obesity Just the Result of Eating More Calories than You Burn?

Energy Balance Is More than Just Diet and Exercise

Calories Consumed from Food

Calories Burned during Physical Activity

In

Out

CARBS

PROTEIN

FAT

RMR

TEF

Total Energy Expenditure (TEE)

Social Psychology

Personal Psychology

Food Consumption

Food Production

Physical Activity

Physiology

Isn’t Obesity Just the Result of Eating More Calories than You Burn?

Weight Regulation Is a Complex Adaptive System
About 60% of Obesity Risk Is Inherited

Body Mass in Twins

Monozygotic Twins (Intrapair Correlation = 0.66)

Dizygotic Twins (Intrapair Correlation = 0.26)

Except for Our Biases

Obesity Is Much Like Other Diseases

- Biology is the dominant driver
- Environment shapes biological responses
  - Food supply
  - Microbes
  - Trauma & stressors
  - Many other factors
- Personal choices can help or hurt

Two Kinds of Bias

Are Pervasive in Obesity

- Weight bias directed at people with obesity
- Intellectual bias favoring personal convictions

How Bias Undermines Progress Against Obesity

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What Is Bias?

Bias is an inclination or outlook to present or hold a partial perspective, often accompanied by a refusal to consider the possible merits of alternative points of view. Biases are learned implicitly within cultural contexts. People may develop biases toward or against an individual, an ethnic group, a nation, a religion, a social class, a political party, theoretical paradigms and ideologies within academic domains, or a species.

- Adapted from Psychology: Contemporary Perspectives
  Paul Okami

Two Kinds of Bias Flows from Common Assumptions About People with Obesity

Photograph courtesy of the UCONN Rudd Center

Untitled, photograph by Boohoomian / flickr
**Appearances Tell You Nothing About a Person’s Health or Lifestyle**

**Weight Bias in Employment**

- Inequitable hiring practices
- Prejudice from employers
- Lower wages
- Disciplinary action
- Wrongful job termination

**Weight Bias in the Media**

- Stereotypical portrayals
- Abundant but often ignored
- Reinforces social acceptability of bias
- Affects public perceptions about obesity

**Weight Bias Invades Every Corner of Life**

Substantial evidence of bias in:
- Media
- Employment
- Education
- Interpersonal Relationships
- Youth
- Healthcare

**Students with Obesity Face**

- Harassment and bullying
  - From other students
  - From teachers
- False and low expectations from teachers
- Barriers to opportunities

Source: Puhl, Peterson, Luedicke, Pediatrics, 2012

**Weight Bias Persists in Universities**

- Candidates for undergraduate admission
  - Identical but for weight status
  - Candidates with obesity judged less qualified
- Study of graduate psychology programs
  - Interviews favored thinner candidates
  - Regardless of qualifications

Source: Bumsetsu et al., Obesity, 2013; Puhl & King, Best practice & research Clinical endocrinology & metabolism, 2013.
Health Professionals Harbor Bias Against Patients with Obesity

- Non-compliant
- Lazy
- Lack self-control
- Awkward
- Weak-willed
- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010.

Encountering Bias Discourages Patients from Seeking Care

- Delaying appointments
- Avoiding routine preventive care
- Seeking care in emergency departments
- More frequent doctor shopping

Bias in Policy that Favors Personal Convictions over Evidence

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Bias Compromises Quality of Care

- Less empathetic care
- Less preventive care
- Patients feel berated and disrespected
- Obesity blamed for every symptom

“You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat.”

The Impact of Bias Starts with Research & Scientific Literature

- Observational studies
- Short-term endpoints
- Surrogate endpoints
- Publication bias
- Repetitive studies build a bias of familiarity

“Many conjectures commonly advanced as recommendations to reduce weight gain or promote weight loss – ‘eat breakfast every day,’ ‘eat more fruits and vegetables,’ ‘eat more meals with family members,’ ‘reduce fast food availability,’ ‘eliminate vending machines from schools,’ etc. – could be tested and we should challenge ourselves to do so more often.”

Casazza and Allison: Stagnation in the clinical, community and public health domains of obesity

Source: UCONN Rudd Center
Bias Has an Insidious Effect on Access to Effective Obesity Care

The best place to start is by simply telling the patient the truth.
“Sir or Madam, it’s not OK to be obese. Obesity is bad. You are overweight because you eat too much. You also need to exercise more. Your obesity cannot be blamed on the fast food or carbonated beverage industry or on anyone or anything else. You weigh too much because you eat too much. Your health and your weight are your responsibility.”

Robert Doroghazi, MD
AJM, Mar 2015

For Obesity The Standard of Care Is No Care

- Most PCPs do not routinely address obesity
- If they do, they instruct the patient to lose weight
  - Referral to IBT is uncommon
  - Most physicians will not consider drug therapy
  - Few are considered for surgery

Self-Care Is Too Often the Only Option Available for Obesity

Health Plans Have Long Discouraged People from Seeking Obesity Care

- Routine policy exclusions for obesity “Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
- Requirements for pre-authorization

Access to Evidence-Based Care Can Help People with Obesity

General Population

“Do you have health insurance that would pay the cost of [ ] if you needed it?”

Note that remaining respondents were unsure of coverage.

Source: Kyle et al. ObesityWeek 2015
Study Findings

- Consumers most often report not having health insurance that will cover obesity treatment
- Even when employers target BMI in wellness programs
  - As they increasingly do
  - Consumers often say their health insurance excludes obesity treatment

Measures of Blame for Obesity

Shifting Public Views of Obesity
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Competing Obesity Narratives

- Moral Failure
  "Obesity is such a big problem because too many people don’t take personal responsibility for eating right and exercising. It’s disgusting."
- Addiction
  "Obesity is such a big problem because too many people get hooked on junk food and sugary drinks. They’ve become addicted and can’t help themselves."
- Environment
  "Obesity is such a big problem because the food industry sells so much unhealthy food while modern lifestyles make adequate exercise impossible."
- Disease
  "Obesity is such a big problem because too many people get blamed for this disease instead of getting the medical help they need."

In Ongoing Tracking We Measure Signals of Bias and Stigma

- Standardized questions
- Tracking over time
- Utilizing Google Surveys
- Targeted survey of Paso del Norte region
  - More than 5,000 total respondents
  - Matched regional & national sample

Public Agreement with Obesity Narratives
Evidence of Progress in Access to Care
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Milestones in Regarding Obesity as a Disease

Improvement in Obesity Med Coverage Largely Anecdotal
• Transparency lacking
• 2014: OPM warns against excluding obesity meds from federal employee plans
• 2015: NCOIL calls for coverage of the “full range of obesity treatments”
• Formularies with 74 million covered lives now include obesity meds
  – Aetna and Express Scripts began covering obesity meds in 2012
  – Saxenda was added to the CVS Caremark 2016 formulary

CMS Expanding Coverage of Diabetes Prevention & Obesity Care

Summary
• Obesity is a complex chronic disease
• Blaming and shaming people with obesity
  – Leads to worse health
  – Is all too common
• Bias has fostered unhelpful policies
• We see encouraging signs of progress toward better policies and practices
More Information

• More information: www.conscienhealth.org/news