CONTEMPORARY ATTITUDES TOWARD OBESITY DIAGNOSIS AND MANAGEMENT:

COMPARATIVE FINDINGS FROM PATIENT AND PRIMARY CARE SURVEYS

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Background

Obesity has historically been under-diagnosed and under-treated in the US, with attitudes and perceptions among patients and healthcare professionals (HCPs) often cited as key factors contributing to limited adoption of comprehensive management strategies, including the use of anti-obesity medications (AOMs).[1-3]

Objective

To evaluate contemporary perspectives regarding the recognition and management of obesity among primary care physicians (PCPs) and patients with obesity (PO), and to compare how each group views these issues across key domains.

Methods

A 38-item, IRB-approved online survey was completed by 742 PO recruited through the Obesity Action Coalition from July-August 2025. A 37-item online survey was completed by 100 randomly selected PCPs in June 2025. Both groups received honoraria for their participation.

Survey Demographics

PRIMARY CARE PHYSICIANS
(N = 100 MD/DO)

SPECIALTY
FAMILY MEDICINE: **82%**
INTERNAL MEDICINE: **18%**

PRACTICE SETTING
COMMUNITY: **85%**
ACADEMIC: **15%**

MEDIAN YEARS IN PRACTICE
>25 (42%)

MALE >67% **FEMALE** 37%

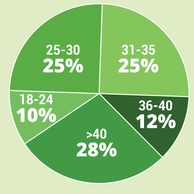
PROPORTION OF PATIENTS WITH OBESITY

PATIENTS WITH OBESITY
(N = 742)

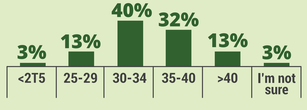
WHITE 62% **BLACK** 24% **LATINO** 6%

MALE 48% **FEMALE** 51%

AGE



ESTIMATED CURRENT BODY MASS INDEX (BMI)



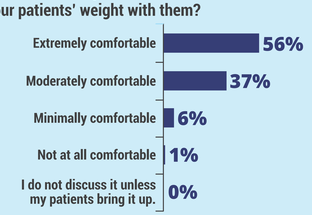
Key Findings

COMFORT DISCUSSING WEIGHT

PCPs

How comfortable do you find it to discuss your patients' weight with them?

64% of PCPs believe they have received adequate training to manage PO



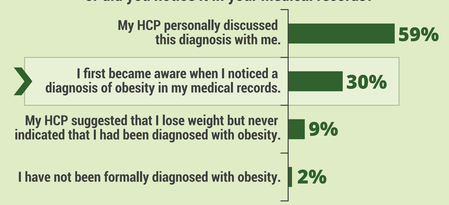
PATIENTS

How comfortable do you think your HCP finds it to discuss your weight with you?

APPROACH TO DIAGNOSIS

PATIENTS

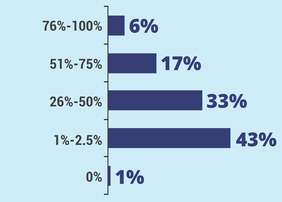
Did your HCP personally discuss the diagnosis of obesity with you, or did you notice it in your medical records?



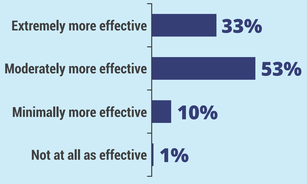
APPROACH TO AOMS

PCPs

What percentage of the time do you prescribe AOMs in your patients with obesity?

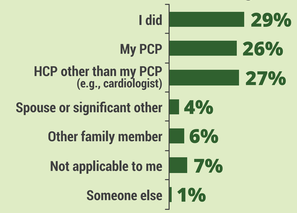


How effective do you think AOMs are, relative to lifestyle and behavioral changes such as diet and exercise?



PATIENTS

Who initiated discussions about using an AOM?



84% of PO indicated their HCP discussed AOMs with them

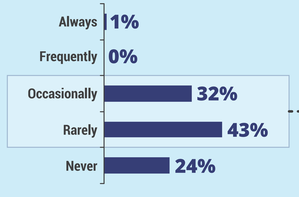
66% of PO indicated they would like to lose more than 40 pounds.

TOP FACTORS WHEN CHOOSING AN AOM **1** Long-term safety 62% **2** Cost 56% **3** Expected degree of weight loss 53%

BIAS AND STIGMATIZING LANGUAGE

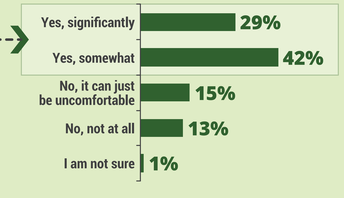
PCPs

To what extent do you believe your own biases impact your care of patients with obesity?



PATIENTS

Do you feel that your HCP's bias toward your weight impacts your care?



43% of PO indicated that members of their healthcare team use stigmatizing language frequently (more than 25% of the time).

Conclusions

- There are continued discrepancies regarding comfort discussing the diagnosis of obesity, with clinicians reporting greater levels of comfort than patients. However, both groups generally felt comfortable with the topic.
- Though most PCPs discussed AOMs with patients and felt they were highly effective, many prescribe them somewhat infrequently.
- Further research is needed to address the source of this discrepancy. However, discordant attitudes between patients and clinicians were reported in multiple areas including perceptions of bias and weight loss goals. Accordingly, biases and suboptimal communication may contribute to the findings with AOM use.

References

1. National Institutes of Health Website. 2021. https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity. 2. Petrin C, et al. Obes Res Clin Pract. 2017; 11(3):352-359. 3. Prunty A, et al. Int J Obes 2023;47(1):33-38.

Disclosures

Dr Angela Fitch - SPEAKER/ADVISOR: Amgen, Boehringer Ingelheim (BI), Currax, Lilly, Metsera, Novo Nordisk, Seca

Dr Christopher Still - CONSULTANT/SPEAKER: BI, Currax, Lilly, Novo Nordisk

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