

# IL RUOLO DEL DIETISTA NEL TRATTAMENTO DELL'OBESITÀ

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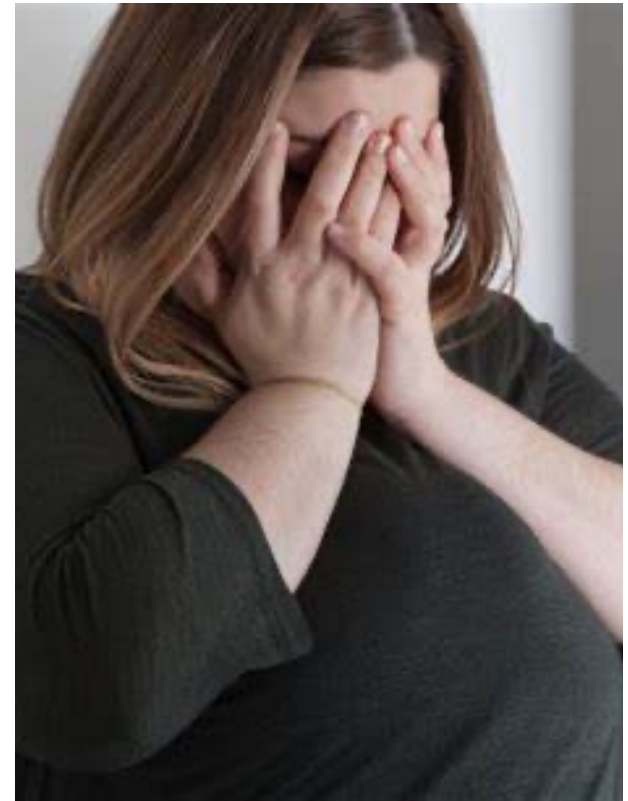
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# Overweight and obesity

- Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese.

WHO

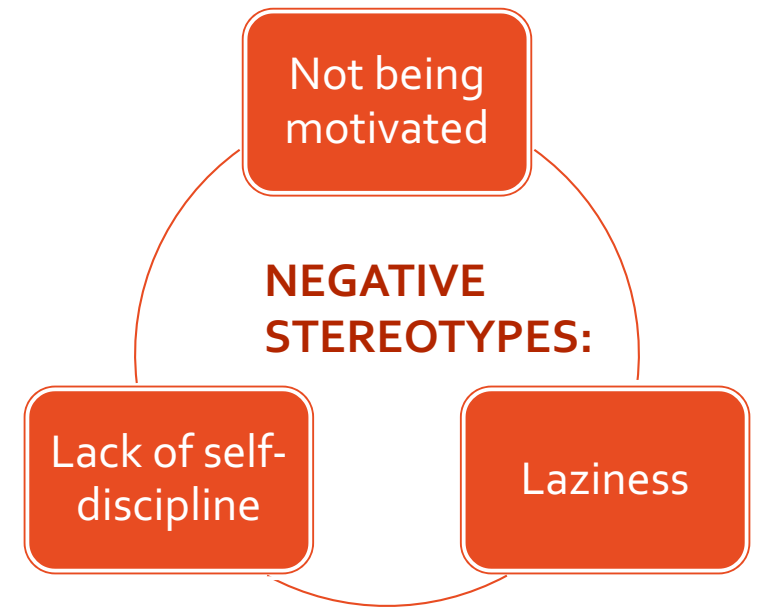
- **Overweight and obesity are multifactorial conditions.** Besides having negative physiological consequences on well-being and health, **this issue transcends to the social level.**



# Overweight, obesity and stigma

- **STIGMA:** A mark of disgrace associated with a particular circumstance, quality, or person. Oxford Language

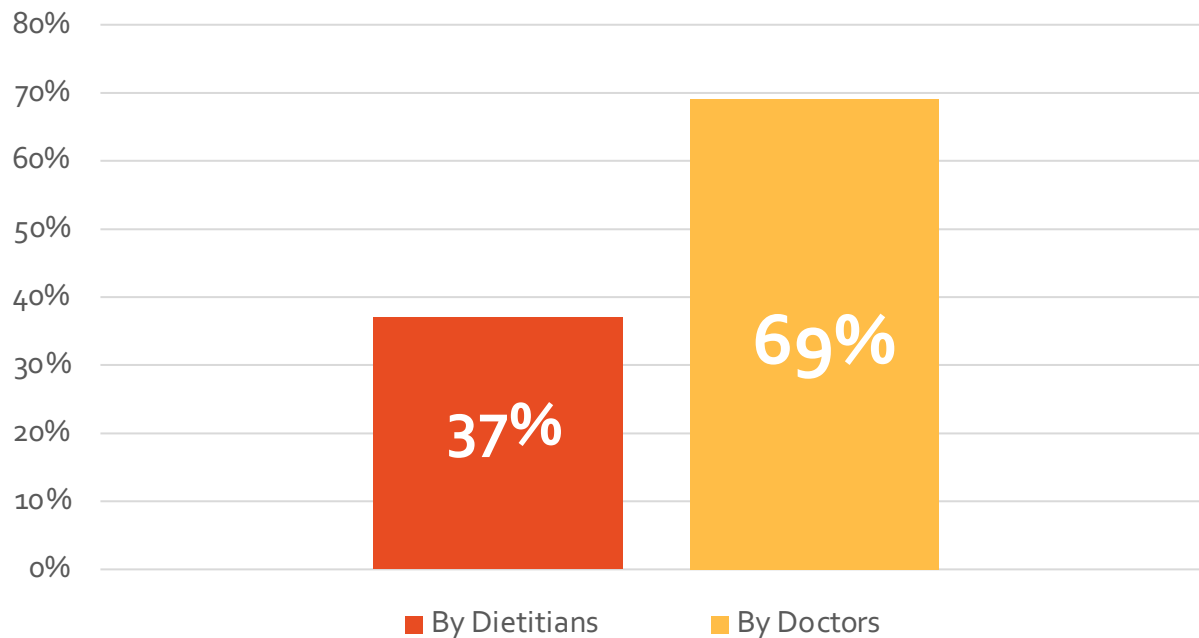
“WHEN A PERSON IS LABELLED BY HIS/HER ILLNESS IS NO LONGER SEEN AS THE PERSON HE /SHE IS, BUT AS A PART OF A STEREOTYPED GROUP”



# Prejudice toward obesity

Health care professionals showed generic prejudice towards obesity, holding that the reason for extrem overweight was due to personal misconduct.

Wight prejudice experienced by patients



\* Dietitians and Nutritionists did not show clear negative weight prejudices, but they saw the patients as being responsible for it.

# Determinants of weight stigma

**AGE / AMOUNT OF EXPERIENCE:** older professionals with more experience in treating obesity expressed less weight bias compared to young professionals.

**PERSONAL BMI / PROFESSIONAL'S OWN WEIGHT:** a greater (self-reported) BMI is linked to less negative attitudes or lower fat phobia. Participants with a rather healthful weight tended to show more negative attitudes towards people with obesity and overweight.

**BELIEFS:** belief that obesity is due to behavioural factors rather than physiological or environmental causes.

## 3 examples of behavioral discrimination:

1	SHORTER MEETINGS	Instrumental avoidance
2	LESS EFFORT	Professional avoidance
3	NEGATIVE TONE OR LANGUAGE	Interpersonal avoidance

“Seeing patients with obesity as competent and having positive attributes, might do them good in terms of treatment seeking by having a beneficial effect on their self-image and hence in their weight reduction endeavors”

# ATTENTION!

- **Weight stigmatization** in health care can result in **impaired outcomes** for patients with obesity.
- Assuming that obese patients are responsible for their excess weight and associated health conditions can have revers or **negative effects on the treatment out come** and on the patient's physical and mental health.



# Improving the effectiveness of obesity treatment by combining a diet and motivational techniques – Pubmed

Primary-care patients were randomized into 2 groups:

- 1. Intervention group** received: standard exercise and nutrition information + up to five face-to-face motivational interviewing sessions, delivered by a physical activity specialist and registered dietician over a 6-month period.
- 2. Minimal intervention comparison group** received: the standard information only.



Results: **Significant differences** between the 2 groups for the measures of **walking** and **cholesterol**. Obese and hypercholesterolemic patients at baseline exhibited **significant improvements in BMI** and **cholesterol** respectively among those allocated to the intervention group compared to the comparison group.

- A "motivational interviewing" intervention, delivered in the primary care setting, can contribute to a reduction in cholesterol and a significant increase in walking at both 6- and 12-months post-intervention, compared to an information-only group, for a sample with high levels of overweight or obesity.
- **The American Heart Association recently recommended motivational interviewing to promote weight loss.**

# Conclusion

- **Weight stigmatization** could negatively **affect treatment outcomes** or keep the patient from seeking medical advice. **Patient-centered care** does not only include functional skills and theoretical expertise, but it is also about **interaction and communication, motivation and patience**, and probably most of all **compassion and kindness**.
- **If dietitians believe that their patients are just lazy**, unmotivated or not able to set realistic goals, **it will be difficult for them to plan strategies for their patients' weight loss**, provide enough support, have sufficient counseling skills, sympathy and caring attitude.
- **"Stigma and its consequences should be included into educational programs to optimally prepare dietitians and nutritionists"**.

# Bibliography

- 1.- World Health Organization: [https://www.who.int/health-topics/obesity/#tab=tab\\_1](https://www.who.int/health-topics/obesity/#tab=tab_1)
- 2.- Jung FU, Luck-Sikorski C, Wiemers N, Riedel-Heller SG. Dietitians and Nutritionists: Stigma in the Context of Obesity. A Systematic Review. 2015;10(10). Published 2015 Oct 14. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4605484/>
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