Response to debate in Canadian Family Physician, May 2012

Should obesity be treated?

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In reading the debate in the recent issue of Canadian Family Physician, we were astonished and disappointed, both as clinicians and researchers, to discover strong attitudes suggesting that obesity should not be treated. We found it particularly alarming that doctors should feel so hopeless and no doubt transmitting this frustration to their patients. Thus, we are concerned that numerous obese individuals will be discouraged from taking better care of themselves. This essay examines the basis for hopefulness in obesity treatment research, considering the results of our own research program.

In thinking about whether or not obesity should be treated we considered the impact of the well-documented negative bias among health professionals, including physicians, nurses, psychologists, dietitians and others, against obese people and negative attitudes toward the subject of weight management. The obese individual is blamed for the problem and is thought to be perhaps less deserving of care. Such biases, implicit and explicit, have been shown time and again.

It is our opinion that those offering far-reaching conclusions about whether obesity “should” be treated2, 3 need to recognize the possibility of their own negative bias towards the obese patient and the weight management process. Negative attitudes in practitioners may be linked to their feeling ill-equipped to conduct this type of counseling.

It is unknown to what extent practitioners are conscious of such feelings of low self-efficacy. Doctors very frequently prescribe healthy behavior like better eating, exercise and stress reduction.5, 6 In fact these are the fundamentals of weight management. Do doctors have greater self-efficacy for influencing health behaviour than they have for influencing weight management? There is a paradox if doctors recognize and support the practice of healthy

behavior (eating, exercise, substance use, stress, mood, sleep), but dismiss the likelihood of successful weight management, because if an obese person improves on these health behavior dimensions isn't it a virtual certainty that they will lose weight?

Most of the available obesity treatment research has looked at outcomes primarily in terms of weight change, with insufficient attention to concurrent changes in behavior, attitudes and emotions, and there is almost no consideration of treatment "process." What is needed is a theory-based account of how processes lead to weight control outcomes, over time. Without a strong theory, if we observe a negative outcome there is no way to use this information to engineer better treatments. Our research is an example of a more theoretically-based approach, an analysis of process and outcome in weight management based on a reliable set of measures of psychological variables and the therapeutic alliance, as well as BMI and other physiological variables.

If the outcome of obesity treatment is very poor, as some believe, then we must try harder to understand why results are as they are, and develop a better theory that will predict more successful outcomes. This is not the time for hopelessness. In order to develop and test such a theory, we need studies with multiple observations over time and conditions. This type of research design is a perfect fit for obesity treatment, which involves ongoing treatment visits and assessments over a long period of time. In recent years we have used this type of repeated measures design, employing a multi-level modeling analysis to show:

(1) early (approximately one month) improvements in both weight and eating habits (less uncontrolled eating) predict better later weight changes (up to 9 months).
This indicates we must pay very close attention to the early treatment results;

(2) changes in "negative" weight control motivation (feelings of resentment, regret, doubt and effort) are related to changes in weight and improvements in eating behavior and mood, while "positive" weight control motivation (beliefs that weight is causing physical or emotional suffering, and expectations that better weight control will have physical or emotional benefits) is not associated with weight or psychological changes.

It is clear that the negative motivation
dimension must be a focus of treatment research;

(3) improvements in psychological variables (eating, depression, stress, perfectionism, negative motivation) are related to improvements in the therapeutic alliance between clinician and patient; the alliance is related to weight loss outcomes, but this effect is fully mediated by changes in psychological variables. Thus, the alliance directly influences the patient's mood and behaviour, which is then directly related to weight change.

Our combined body of research leads us to conclude that the outcomes of weight control treatment are more predictable than previously believed (see also10). This research brings needed optimism for practitioners deciding to venture into the field of helping people with their weight. Patients often feel hopeless about weight control and are seeking support from their doctors and therapists. We must practice hope, as we continue to do theory-driven research to try to better understand the processes of weight control failure and success.

We were motivated to write this response to counter what we saw as a particularly negative viewpoint that some (but not all11) professionals seem to have about obesity treatment. We believe it is important to promote a stronger commitment to treat this problem. Our research shows that some of the causes of success and failure are controllable, such as helping patients to address their negative attitudes about the weight control process and working to establish a good working alliance. In this regard we would point at that our research shows it is not the initial levels of psychological variables (e.g. depressed mood, emotional eating) or the alliance that predicts outcome, but “changes” in these variables. Patients improve (and backslide) in all of these dimensions simultaneously, which shows that practitioners must be sensitive to such changes. If we accept the premise that lifestyle change is possible, although a difficult, variable and long-term process, we are likely to achieve better outcomes. Surely we must not stop trying to better understand weight control, as we work to develop better ways to help individuals improve all of their health behaviour.

References

1. Puhl, R.M., & Heuer, C.A. The stigma of obesity: A review and update. Obesity 2009, doi:10.1038/oby.2008.636.

2. Ladouceur, R. Should we stop telling obese patients to lose weight? Canadian Family Physician 2012, 58, 499.

3. Havrankova, J. Is the treatment of obesity futile? Canadian Family Physician 2012, 58, 508-510.

4. Greenwood, J.I.J. The complexity of weight loss counseling. J Am Board Fam Med 2009, doi: 10.3122/jabfm.2009.02.080256.

5. Foster, G.D.,Wadden, T.A., Makris, A.P., Davidson, D., Swain Sanderson, R., Allison, D., & Kessler, A. Primary care physicians' attitudes about obesity and its treatment. Obes Res 2003, 11, 1168-1177.

6. Phelan, S., Nallari, M., Darroch, F.E., & Wing, R.R. What do physicians recommend to their overweight and obese patients? J Am Board Fam Med 2009, 22:115–122.

7. Stotland, S., & Larocque, M. Early treatment response as a predictor of ongoing weight loss in obesity treatment. British J of Health Psych, 2005, 10, 601–614.

8. Stotland, S., Larocque, M., & Sadikaj, G. Positive and negative dimensions of weight control motivation. Eating Behaviors 2012, 13, 20–26.

9. Larocque, C., Stotland, S., Larocque, M., Lecomte, C., Savard, R., & Sadikaj, G. Therapeutic alliance, psychological variables and outcome in obesity treatment. (In preparation).

10. Stubbs, J., Whybrow , S., Teixeira, P., Blundell, J., Lawton, C., Westenhoefer, J., …& Raats, M. Problems in identifying predictors and correlates of weight loss and maintenance: implications for weight control therapies based on behaviour change. Obesity Reviews 2011, 12, 688-708.

11. Moyer, V.A. Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation Statement. Ann Int Med 2012, 157, 1-6.