

Evaluating the Role of Obesity on Chronic Disease Management in Primary Care

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Abstract

Background: Worldwide, rates of obesity are increasing. Genomic information suggests a shared pathway for the development of obesity and other serious chronic illnesses. While more evidence is emerging to support obesity as a disease, many health care providers continue to make pejorative assumptions and very few recommendations are developed for this group which may lead to suboptimal care.

Objectives: To determine whether patients with chronic disease treated in primary care who are obese receive less appropriate health care.

Methods: Data from a nationally representative survey of non-institutionalized US respondents from 2011-2015 (Medical Expenditure Panel Survey) was modelled using multiple logistic regression for different healthcare utilization. Respondents who were children (28.5%), missing height or weight (2.3%), in active treatment for cancer (2.2%), pregnant (2.4%), or underweight (1.1%) were excluded. Obesity was defined categorically as Grade I BMI 30 – 34.9 kg/m², Grade II BMI 35 – 39.9 kg/m², and Grade III ≥ 40 kg/m². Potential confounding factors controlled for in regression models included sex, age, poverty status, education, race, insurance, having a usual source of health care, geographic region and comorbidities.

Results: Of the 110,368 respondents, 19.3% were Grade I, 7.9% were Grade II and 5.1% were Grade III. Obese respondents were more likely to have their cholesterol measured (OR: 1.37; 95%CI: 1.24-1.52) and BP checked (OR: 1.07; 95%CI: 1.01-1.13) but were less likely to have 60% or more of their visits to specialists (OR: 0.86; 95%CI: 0.79-0.94) or complete a dental check-up (OR 0.74; 95%CI:0.69-0.80).

Conclusions: People with obesity appear to receive differential care and these patterns have implications for both developed and developing countries. Further exploration is needed to validate our findings and develop effective interventions for chronic disease management in this population.