

EXPLORING WEIGHT STIGMA IMPACT ON PATIENTS SEEKING BARIATRIC METABOLIC SURGERY: A PILOT STUDY

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UNIVERSITÀ DEGLI STUDI DI NAPOLI
FEDERICO II

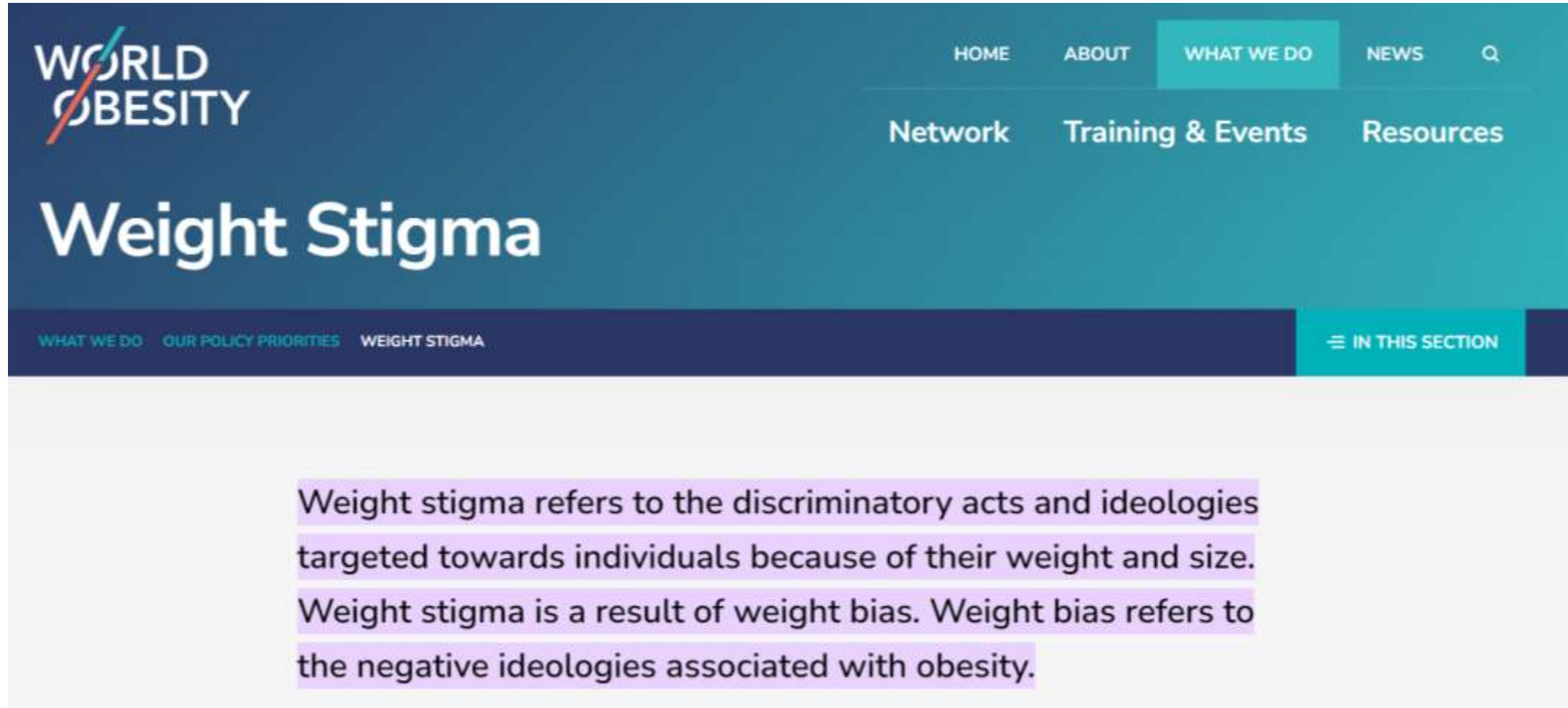


CONFLICT OF INTEREST DISCLOSURE

In accordance with «EACCME criteria for the Accreditation of Live Educational Events», please disclose whether you have or you have not any conflict of interest with the companies:

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The screenshot shows the 'Weight Stigma' page on the World Obesity website. The header includes the 'WORLD OBESITY' logo and navigation links: HOME, ABOUT, WHAT WE DO (highlighted), NEWS, and a search icon. Below the header are links for Network, Training & Events, and Resources. A secondary navigation bar contains WHAT WE DO, OUR POLICY PRIORITIES, and WEIGHT STIGMA (highlighted), followed by a '≡ IN THIS SECTION' button. The main content area features a definition of weight stigma:

Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size. Weight stigma is a result of weight bias. Weight bias refers to the negative ideologies associated with obesity.

<https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma#:~:text=Weight%20stigma%20refers%20to%20the,negative%20ideologies%20associated%20with%20obesity.>



WEIGHT BIAS



WEIGHT STIGMA

- Negative assumptions associated to people with obesity
- Ideological and practical (environmental) bias

INTERNALIZED
STIGMA



- Representations and discriminating actions* motivated by target's weight and body dimensions
 - Education
 - Workplace
 - Interpersonal relations
 - Healthcare
 - Media

*42% of adults in the US refers having lived a form of stigma, for example being teased for her or his weight or being treated unjustly because of it.

(Lee, K. M., et al., International Journal of Obesity, Vol. 45, 2021; Puhl, R. M., et al., International Journal of Obesity, Vol. 45, 2021)

IN EDUCATION



IN THE WORKPLACE



There is consistent evidence of weight discrimination at every stage of employment including; career counselling, interviews and hiring processes, salary disparities, fewer promotions, harsher disciplinary actions and higher contract termination rates. People with obesity are also significantly less likely to be put into a sales or customer-facing position. It has also been shown that people with obesity can be paid less than their healthy-weight counterparts for the same work. This is more pronounced for women with obesity, who can receive up to 6% less for the same work, whilst men with obesity may tend to sort themselves into lower-paying jobs.

IN PERSONAL RELATIONSHIPS



IN HEALTHCARE SETTINGS



IN THE MEDIA



<https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma#:~:text=Weight%20stigma%20refers%20to%20the,negative%20ideologies%20associated%20with%20obesity.cc>



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IN HEALTHCARE SETTINGS



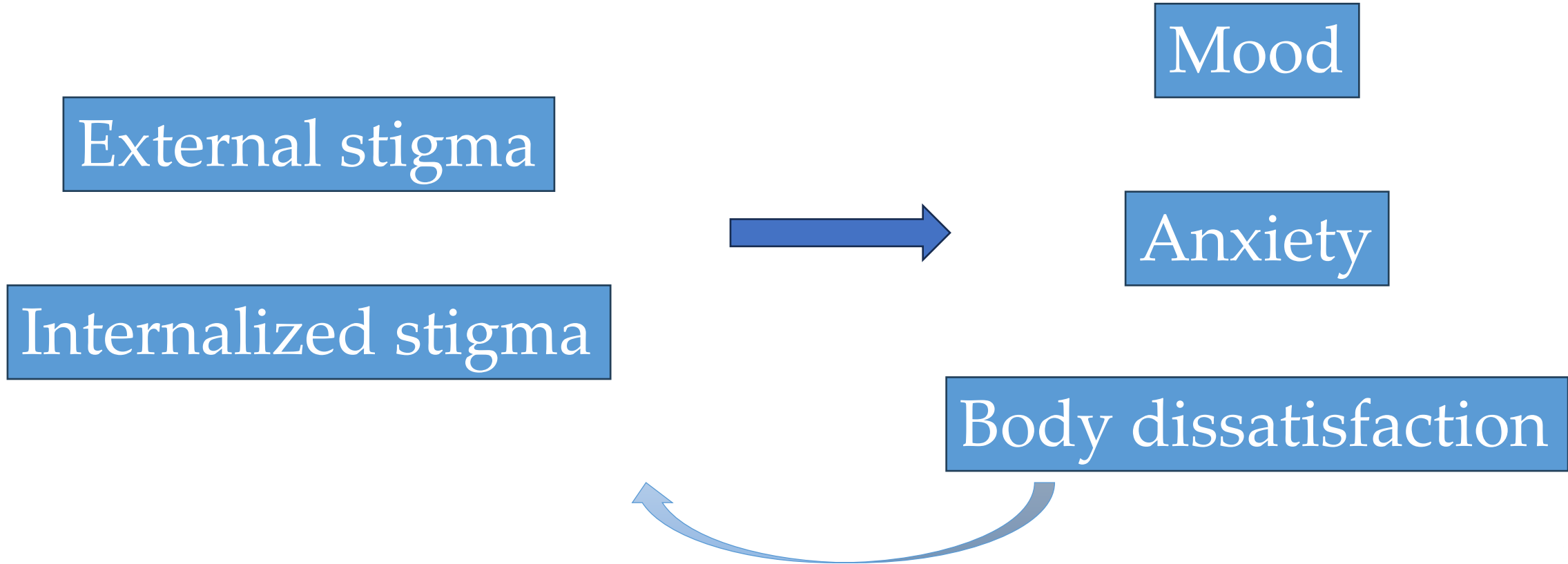
Weight bias persists into healthcare settings. Physicians, nutritionists, dietitians, fitness professionals and exercise science students have all shown a propensity to ascribe stereotypical characteristics such as lazy, weak-willed, and noncompliant. Physicians generally have lower levels of respect for patients with higher BMI and generally spend less time providing consultations to patients with obesity compared to their healthy-weight counterparts. Physicians can also be a direct source of stigmatising comments. In one study by Puhl and Brownell 53% of people with overweight and obesity reported to have received inappropriate comments from their doctor about their weight.

In addition to stigma arising from the physician-patient relationship, many people with obesity report a stigmatising physical environment. This can include gowns, chairs, and examination tables that cannot accommodate people with obesity.

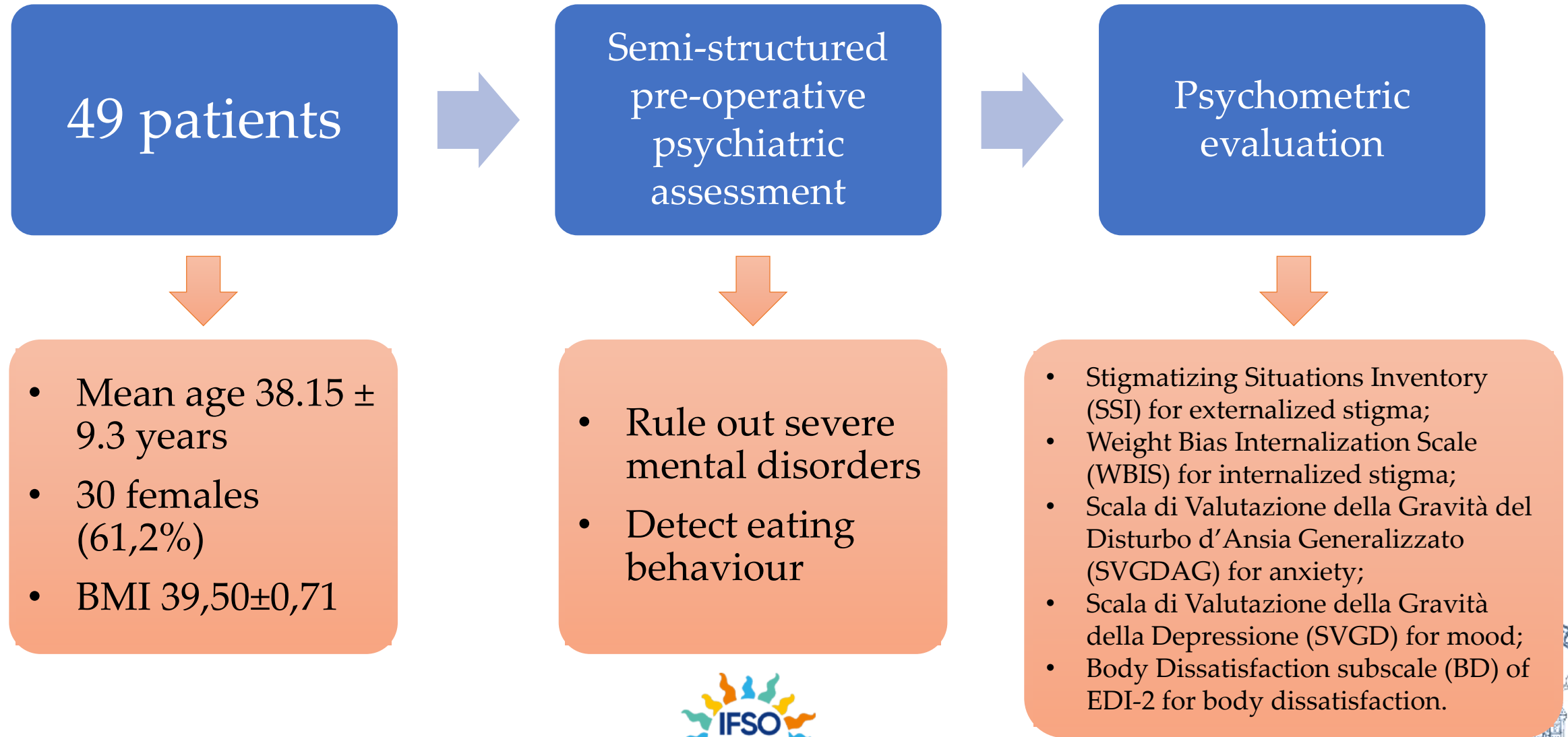
<https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma#:~:text=Weight%20stigma%20refers%20to%20the,negative%20ideologies%20associated%20with%20obesity.cc>



Our study



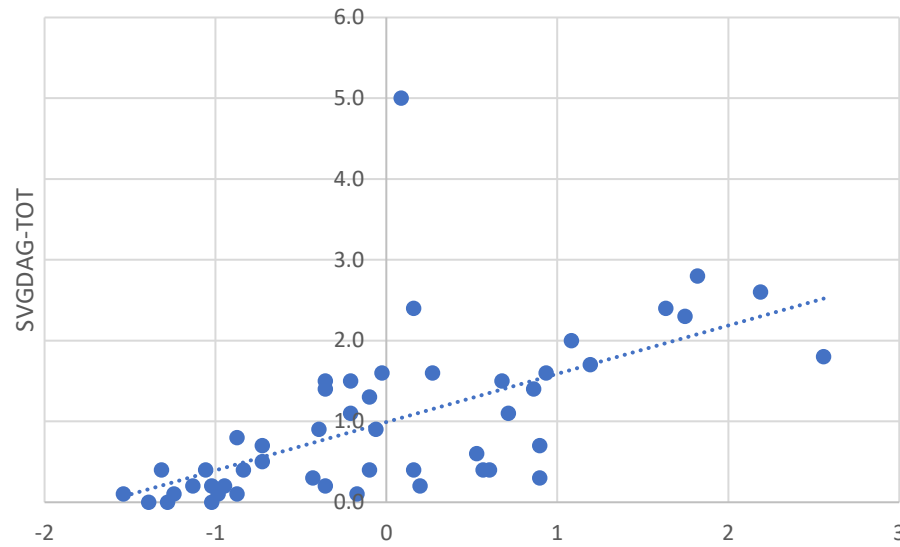
Methods



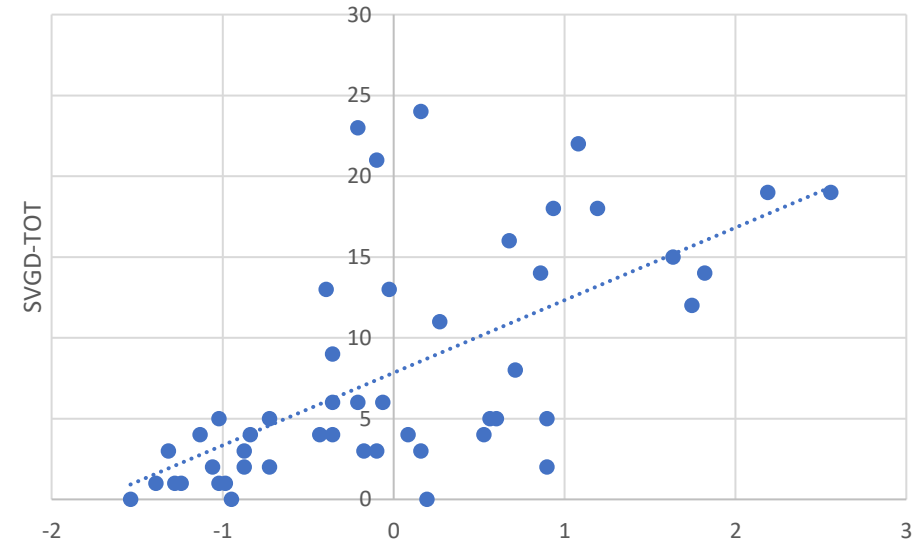
Significant correlations

- ✓ SSI, WBIS ↔ Depression;
- ✓ SSI, WBIS ↔ Anxiety;
- ✓ SSI, WBIS ↔ Body dissatisfaction;
- ✓ SSI, WBIS ↔ Eating disorder or maladaptive eating behaviour;
- ✗ SSI, WBIS ↔ BMI;
- ✗ SSI, WBIS ↔ Childhood obesity.

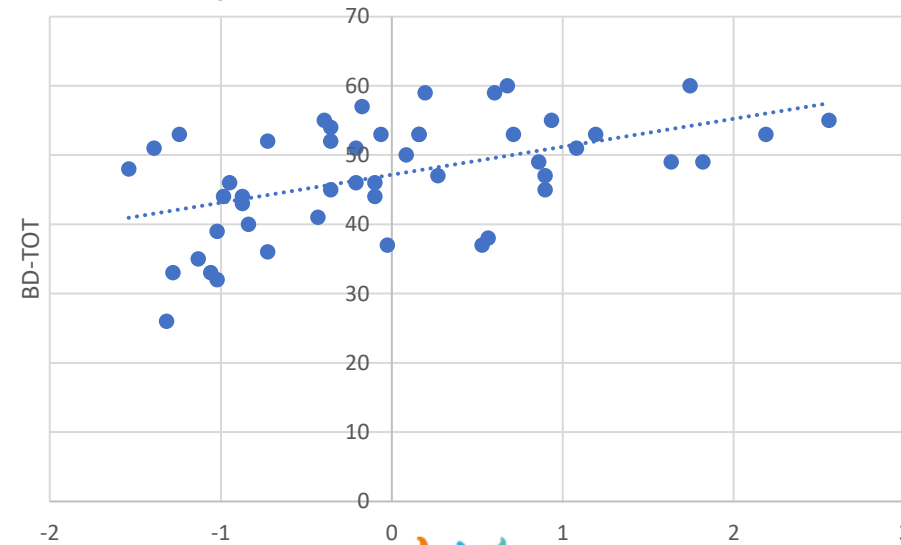
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SSI - Anxiety



SSI - Mood



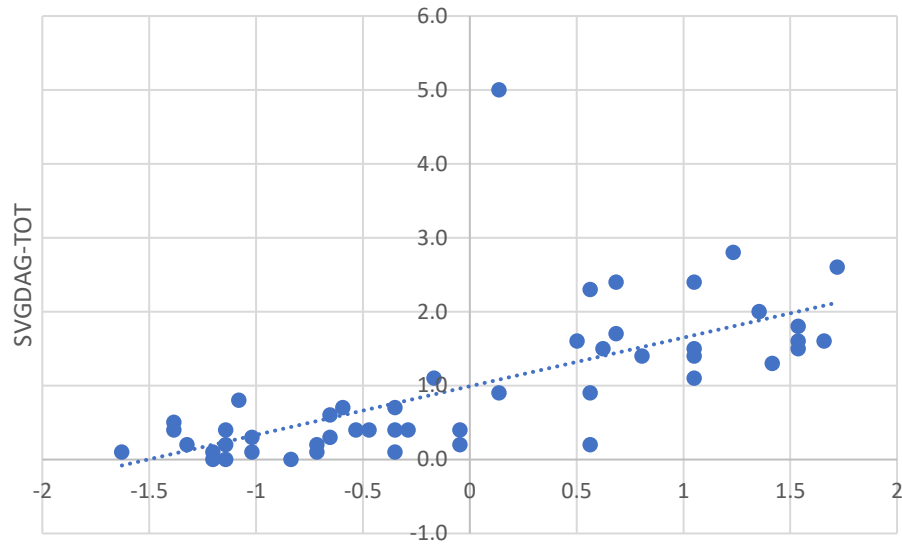
SSI - Body dissatisfaction



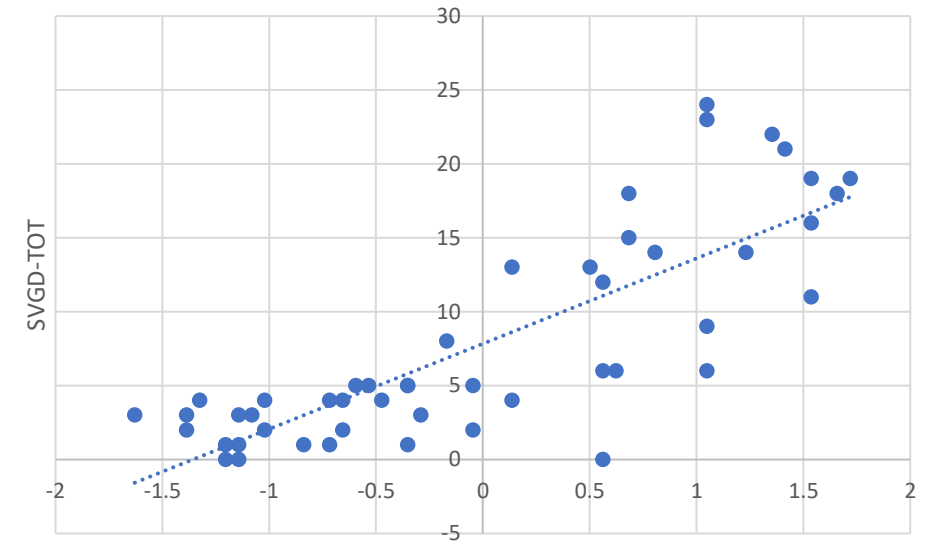
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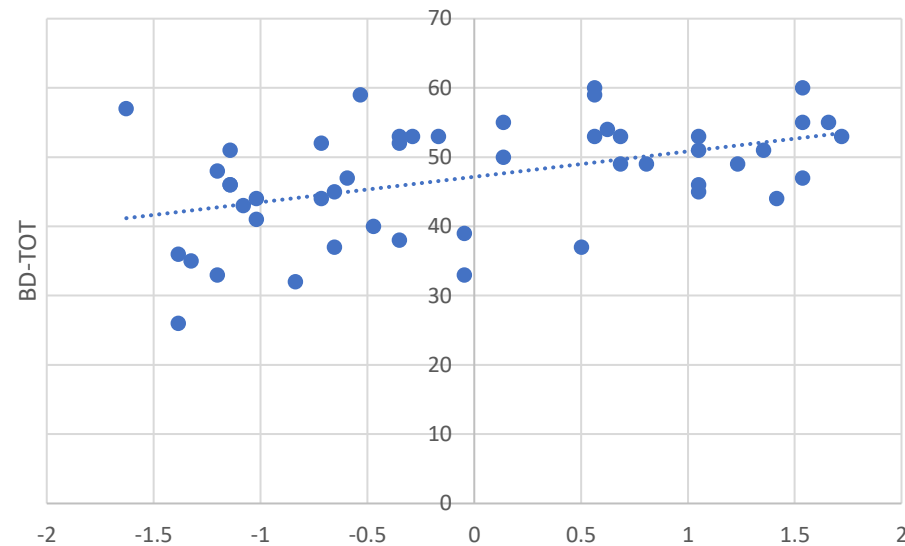
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WBIS - Anxiety



WBIS - Mood



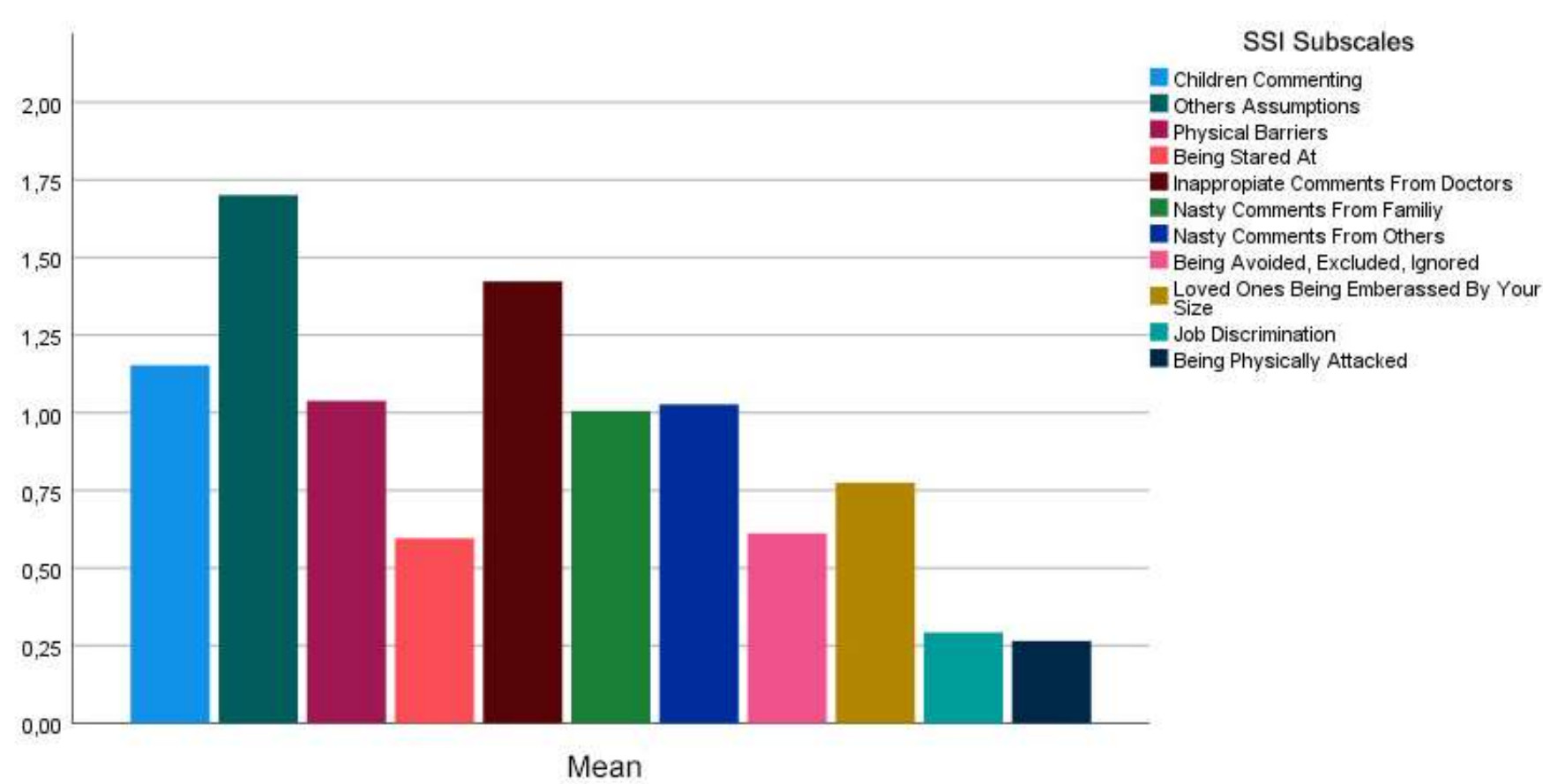
WBIS – Body dissatisfaction



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SSI Subscales scores



Descriptive statistics					
	N	Min	Max	Average	Std. deviation
Children comments	49	0,00	3,00	1,1531	0,92677
Others' assumptions	49	0,00	3,00	1,7012	0,67102
Physical barriers	49	0,00	3,00	1,0388	0,83151
Being stared at	49	0,00	2,40	0,5959	0,61304
Inappropriate comments (doctors)	49	0,00	3,00	1,4235	0,67932
Nasty comments (family)	49	0,00	3,00	1,0057	0,66533
Nasty comments (others)	49	0,18	2,73	1,0273	0,68312
Being avoided excluded ignored	49	0,00	2,50	0,6122	0,75184
Loved ones embarrassed by your size	49	0,00	2,67	0,7755	0,78878
Job discrimination	49	0,00	3,00	0,2924	0,57168
Being Physically Attacked	49	0,00	3,00	0,2653	0,72960

Inappropriate comments from doctors (1,42 - SD 0,68)

- Ryan et al. (2023): patients' perceptions and experiences of weight-based stigma enacted by healthcare professionals


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REVIEW

OBESITY
Reviews **WILEY**

Weight stigma experienced by patients with obesity in healthcare settings: A qualitative evidence synthesis

Leona Ryan¹  | Rory Coyne¹ | Caroline Heary¹ | Susie Birney³ |
Michael Crotty⁴ | Rosie Dunne⁵ | Owen Conlan² | Jane C. Walsh¹

Ryan, L, Coyne, R, Heary, C, et al. Weight stigma experienced by patients with obesity in healthcare settings: A qualitative evidence synthesis. Obesity Reviews. 2023;e13606. doi:10.1111/obr.13606



Conclusions

- Identify critical psychological domains specifically affected by weight stigma that could need pre-operative psychiatric-psychological interventions in order to improve the effectiveness of nutritional or surgical treatment;
- Negative assumptions by others and medical figures are frequently reported by patients → Tackle the stigma experienced by people with obesity:
 - Healthcare professionals' education;
 - Population education;
 - People-first language;
 - Representation in imagery and media.

The screenshot shows the SCOPE eLearning platform. At the top, there are links for 'Sign In', 'English (United Kingdom)', and 'British Pounds'. A search bar is also present. On the left, a 'BROWSE' menu includes 'BACK' and 'COMMUNICATION AND STIGMA'. The main content area displays '3 Results found' for the search 'Communication and Stigma'. The results are sorted by 'A-Z' and show 25 results per page. Three course cards are visible:

- Facilitating Behaviour Change**: Course (4 classes). This module discusses the most difficult part of managing patient education - behaviour change. Educational interventions and cognitive-behavioural approaches contribute greatly here and allow both the preparation and support of patients during this process.
0 GBP
★★★★★
- Overcoming Perceived Barriers in Primary Care**: Course (4 classes). This module highlights some of the most commonly cited barriers to managing patients with obesity in a primary care setting. Dr. Caplan presents a variety of tools to overcome these barriers and outlines numerous effective obesity treatments to initiate in primary care.
0 GBP
★★★★★
- Primary Care Weight Management: Shaping the Conversation**: Course (4 classes). This module gives an overview of how to structure weight management discussions, including establishing positive conversations and avoiding common pitfalls. If weight is a sensitive topic, it explores how well-meaning comments may come across quite differently.
0 GBP
★★★★★

Below these, two more course cards are partially visible:

- Understanding Patient Perspectives on Obesity**: Course (4 classes). This module provides personal viewpoints from both patients and healthcare professionals describing their feelings around fighting obesity and around professional support. It considers the challenges in fighting obesity and the reasons why maintaining weight is so difficult.
0 GBP
★★★★★
- Weight Bias: A Hidden Harm**: Course (4 classes). This is a two-part module on the impact of weight bias. Part 1: 'Consequences for Health and Strategies to Improve Clinical Practice' provides an overview of the nature and extent of weight bias experienced by youth and adults, with specific attention to...
0 GBP
★★★★★

<https://stopweightbias.com/>
https://www.scope-elearning.org/Saba/Web_spf/EU2PRD0110/guest/categorydetail/categ000000000003282/true/xxemptyxx/
 Rubino, F., Puhl, R.M., Cummings, D.E. *et al.* Joint international consensus statement for ending stigma of obesity. *Nat Med* 26, 485–497 (2020). <https://doi.org/10.1038/s41591-020-0803-x>
<https://www.worldobesity.org/resources/resource-library/world-obesity-day-2018-toolkit>

nature medicine **CONSENSUS STATEMENT**
<https://doi.org/10.1038/s41591-020-0803-x>
 Check for updates

OPEN
Joint international consensus statement for ending stigma of obesity

Francesco Rubino^{1,2,52}, Rebecca M. Puhl^{1,47}, David E. Cummings^{4,5,47}, Robert H. Eckel^{4,7}, Donna H. Ryan⁸, Jeffrey I. Mechanick^{9,30}, Joe Nadglowski¹¹, Ximena Ramos Salas^{12,13}, Phillip R. Schauer⁴, Douglas Twenefour¹⁴, Caroline M. Apovian^{15,36}, Louis J. Aronne¹⁷, Rachel L. Batterham^{18,39,40}, Hans-Rudolph Berthoud²¹, Camilo Boza²², Luca Busetto²³, Dror Dicker^{24,25}, Mary De Groot²⁴, Daniel Eisenberg²⁷, Stuart W. Flint^{28,29}, Terry T. Huang^{10,31}, Lee M. Kaplan³², John P. Kirwan³³, Judith Korner³⁴, Ted K. Kyle³⁵, Blandine Laferrère³⁶, Carel W. le Roux³⁷, LaShawn McIver³⁸, Geltrude Mingrone^{1,39,40}, Patricia Nece¹⁵, Tirissa J. Reid⁴¹, Ann M. Rogers⁴², Michael Rosenbaum⁴³, Randy J. Seeley⁴⁴, Antonio J. Torres⁴⁵ and John B. Dixon⁴⁶

People with obesity commonly face a pervasive, resilient form of social stigma. They are often subject to discrimination in the workplace as well as in educational and healthcare settings. Research indicates that weight stigma can cause physical and psychological harm, and that affected individuals are less likely to receive adequate care. For these reasons, weight stigma damages health, undermines human and social rights, and is unacceptable in modern societies. To inform healthcare professionals, policymakers, and the public about this issue, a multidisciplinary group of international experts, including representatives of scientific organizations, reviewed available evidence on the causes and harms of weight stigma and, using a modified Delphi process, developed a joint consensus statement with recommendations to eliminate weight bias. Academic institutions, professional organizations, media, public-health authorities, and governments should encourage education about weight stigma to facilitate a new public narrative about obesity, coherent with modern scientific knowledge.



END WEIGHT STIGMA

WORLD OBESITY DAY 2018

World Obesity Day
 11th October 2018

End Weight Stigma

A campaign toolkit for members and supporters



Thank you for your attention!

