Some See Psychosocial Barriers to Weight Loss

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SEATTLE — Money and time are the leading barriers to seeking weight-loss treatment among overweight and obese adults, but stigma and a belief that one is too heavy for treatment become more influential barriers as people get heavier.

Little is known from the literature about patterns of treatment seeking for obesity over time, Anna C. Ciao said at an international conference sponsored by the Academy for Eating Disorders. She also said little is known about barriers that might prevent treatment seeking from taking place.

An anonymous online survey offered to overweight or obese men and women aged 18 years or older addressed some of these issues, according to Ms. Ciao, a graduate student at the University of Hawaii, Honolulu.

The survey asked about seven treatments of increasing intensity (based on level of professional involvement): treatment on one's own by taking steps such as reducing caloric intake, reading self-help books, using self-help online programs, turning to commercial programs such as Weight Watchers, seeking help from professionals other than medical doctors such as nutritionists and psychotherapists, turning to medical doctors, and having weight-loss surgery.

The survey also asked about five barriers to seeking treatment: money, time, stigma, shame, and a belief that one is too heavy for the treatment.

Of the 154 respondents, 76% were white, 16% were black, 2% were Hispanic, and the rest were of other or mixed ethnicities, Ms. Ciao said at the conference, cosponsored by the University of New Mexico. Eighty-six percent were women. The respondents' mean age was 30 years (range was 18-67 years). Their mean body mass index (BMI) was 33 kg/m^2 (range was 25-80); 41% were overweight, and 59% were obese.

Among the seven treatments, treatment on one's own was the most commonly sought, desired, and planned. Overall, 77% of respondents had sought this treatment; 36% desired it but had no current plans, and 51% planned to pursue it in the near future. In contrast, surgery was the least commonly sought (8%), desired (18%), and planned (8%) treatment.

"Despite these high levels of endorsement of treatment seeking, a substantial number of people did not say yes to seeking any kind of treatment," Ms. Ciao said. Eleven percent had not sought any of the treatments; in addition, 28% did not desire any, and 25% had no plans for any. However, she noted, respondents were limited to the treatments listed on the survey.

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Of the five barriers to treatment, the most commonly cited overall was money, and the second most commonly cited was not having enough time. "In general, money and time were cited as barriers for the more intensive types of treatments, like commercial programs, other professionals, and medical doctors," Ms. Ciao said. Most respondents reported no barriers to three less-intensive treatments: treatment on one's own, self-help online programs, and self-help books.

BMI was correlated with the total number of treatments sought but not with the number desired or planned.

"Heavier people sought a greater number of treatments in the past but didn't necessarily plan to seek or desire to seek more treatments in the future," Ms. Ciao said. That disconnect might suggest "suggest some discouragement from the failed weight-loss attempt," she said.

BMI also was correlated with the total number of barriers across treatments, indicating that heavier people perceive more barriers to treatment generally, she said. Moreover, BMI was correlated with stigma and being too heavy for treatment individually. "Feeling too heavy may reflect a sort of anticipated failure or an expectation that weight-loss treatment may not work for them," Ms. Ciao said.

Ms. Ciao reported that she had no conflicts of interest in association with the study. ■