

Many Patients Don't Link Their Obesity With CVD

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WASHINGTON — Obese patients with coronary disease don't always see their excess weight as being part of the problem, Francisco Lopez-Jimenez, M.D., and his associates reported in a conference on cardiovascular disease epidemiology and prevention, sponsored by the American Heart Association.

A prospective survey of 229 patients

who had recently been hospitalized for a coronary syndrome or revascularization revealed that, despite being aware of their excess weight, few actually perceived that it was related to their heart problems.

"Don't assume your patients understand this. You must make them aware of the implications of obesity with regard to heart disease, because how people perceive themselves drives their behavior," Dr. Lopez-Jimenez, of the Mayo Clinic and Mayo Foundation, Rochester, Minn.,

said in an interview with this newspaper.

The patients had a mean age of 66 years and a mean body mass index of 30.5 kg/m². Most were either overweight (45%) or obese (33%); 77% were male. On average, the patients perceived themselves as being 22 pounds overweight, which was fairly accurate. "It was interesting ... people were more or less realistic in estimating how overweight they were," he said.

The investigators looked for factors that were correlated with self-perception of risk

for heart disease. After adjustment for sex, comorbidities, socioeconomic status, and other potential confounders, only four factors—age, history of diabetes, and levels of readiness to change for weight loss and exercise—were significantly correlated with the patient's perceived risk for heart disease.

There was no such correlation with self-perception of obesity, despite the fact that 67% of the patients had endorsed the general concept that obesity is a risk factor for myocardial infarction.

"It is complicated ... In general, we tend to recognize risky habits, but fail to recognize ourselves at risk," he said, adding that studies in patients who smoke, have AIDS, and engage in other risky behaviors have shown similar tendencies.

At the 6-month follow-up, the belief that obesity is a risk factor for heart disease was the strongest predictor of weight loss. History of diabetes and self-perceived ex-

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DR. LOPEZ-JIMENEZ

cess weight were also significantly correlated with weight loss, but self-perceived risk for heart disease was not.

Although these data suggest some denial on the part of patients, a previous study by Dr. Lopez-Jimenez and his associates indicated that underappreciation of obesity as a cardiovascular disease risk factor extends to clinicians as well. In a randomly selected sample of 627 patients discharged after an MI during 2001-2002 from five U.S. teaching hospitals, BMI had been documented in the charts of only 14% and waist circumference in none, despite the fact that 83% were overweight, including 55% who were obese and 8% who were morbidly obese (*Int. J. Obes. Relat. Metab. Disord.* 2005;29:137-41).

In only 20% of patients with a BMI at or above 30 was the diagnosis of obesity documented as a current medical problem, part of the past medical history, or as a final diagnosis. The proportion that received dietary counseling (61%) was identical for those with a BMI at or above 25 and those with a BMI below 25.

Weight loss was described as part of the treatment or among the goals at discharge for just 7% of overweight and 9% of obese patients. There was no change in either the recognition of obesity or the proportion of obese patients for whom weight loss was described as part of the treatment plan or among the goals at discharge between the 301 patients seen before the Surgeon General's Call to Action on obesity in December 2001 and the 326 seen after.

"Physicians also need to recognize obesity as a major health problem and to follow the awareness with some action. This should be particularly relevant for patients who already suffer the consequences of obesity like [those] with heart disease or diabetes," Dr. Lopez-Jimenez said. ■