Patient Perspective: Meaningful Weight-loss and Associated Tolerance for Risk

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Challenge

- A singular “patient perspective” on meaningful weight-loss does not exist.
  - 90+ million people in the U.S. with obesity. Obesity doesn’t discriminate as we have people of all races, ethnicities, socioeconomic statuses, etc. with obesity.
  - People need ability to make choices among interventions that are evidence-based, but not every intervention needs to work for everyone.
  - Healthcare system (insurers) seem focused on obesity as an acute problem and provide “one and done” type solutions (i.e. one surgery or treatment per lifetime).
  - Many with obesity don’t even consider themselves patients.

What's Meaningful?

- Most people haven't yet bought into the value of modest weight-loss (3-10% TBL).
- Average range of weight-loss being sought is 15-30% TBL.
- Most seem focused on health and ability to improve activities of daily living as their reason for weight-loss. However, issues related to cosmesis rise up in the equation as well.
- Unrealistic expectations are a major problem.

Risk

- Risk tolerance is widely variable as well. Some are willing to tolerate any risk and others none at all.
- Low utilization of bariatric surgery (the majority of Americans have insurance coverage for bariatric surgery) seems to suggest that many with obesity aren't willing to accept certain risks but other more complicated factors like fear of failure, etc. may play a role.
- Overcoming the public's knowledge of past poor performances of old drugs/devices likely plays a key role.

A Request:

Recommendation:

Adopt People-First Language for obesity for all FDA projects related to obesity. Simply put, eliminate the use of the word “obese” and replace with:

“Individuals with obesity”
or
“Patient with obesity”

People-First Language

Rationale:

- Bias and discrimination against people with obesity impact patient care.
- Language use contributes to the problem.
- Matches efforts of other diseases, disabilities and/or conditions.

Kyle, T, Puhl, R. Putting People First In Obesity *Obesity* Feb 2014

People-First Language

American Medical Association Style Guide:

"Avoid labeling (and thus equating) people with their disabilities or diseases (e.g., the blind, schizophrenics, epileptics). Instead put the person first. Avoid describing person as victims or with other emotional terms that suggest helplessness (afflicted with, suffering from, stricken with, maimed). Avoid euphemistic descriptions such as physically challenged or special."

Iverson C et cal. AMA Manual of Style. 10th ed. 2007: 416-417

People-First Language

Conclusion:

"Obese is an identity. Obesity is a disease. By addressing the disease separately from the person – and doing so consistently – we can pursue this disease while fully respecting the people affected."

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