



Physicians Unlikely to Document Obesity in Patient Records

Obesity is more than twice as likely to be treated seriously if physicians jot the formal diagnosis down in medical records -- a relatively uncommon act by clinicians.

Only about one in five obese patients have a diagnosis of obesity documented, according to a review of the records of almost 10,000 patients, Aditya Bardia, M.D., of the Mayo Clinic, and colleagues, reported.

Of 2,543 patients who met a standard criterion for obesity -- a body mass index of 30 or more -- only 505 had obesity listed by Mayo physicians as a diagnosis, they wrote.

Mayo staff physicians were 45% less likely to diagnose obesity than residents ($P<0.001$), they found. The authors speculated that "staff physicians may not conceptualize obesity as a disease (perhaps because Medicare did not initially allow it as a billable diagnosis), may spend less time with patients than residents, and may be more concerned about reimbursement issues."

A BMI of more than 35, obstructive sleep apnea, and/or a diagnosis of diabetes increased the likelihood that obesity would be noted in patients' charts ($P<0.001$ for BMI > 35 and obstructive sleep apnea, $P=0.007$ for diabetes).

Nonetheless, patients who did have that diagnosis were 2.39 times more likely to have an obesity management plan documented in the charts ($P<0.001$).

Dr. Bardia and colleagues used the clinic's primary care database to identify 9,827 patients who had general medical examinations from Nov. 1, 2004 to Oct. 31, 2005. Patient files included demographic information, BMI, and comorbidities, as well as documentation of obesity diagnosis and management plans.

Among the findings:

- Among the 2,543 obese patients, 40% were men and the median age was 58.
- The mean BMI of obese patients was 35.4 (± 10.6).
- Most of the obese patients -- 1,717 -- were seen by staff physicians.
- Men were about 40% less likely to be diagnosed with obesity and the likelihood of diagnosis declined about 3% per year for every year over 58 ($P<0.001$ for both).

The authors acknowledged it was "possible that physicians discussed obesity with their patients but did not document it," a possibility that could explain why some patients had documentation of an obesity management plan with no notation of obesity in their records.

The study was limited by its single-institution design, as well as by the lack full evaluation of a

number of variables including race, education, and income. Finally, they said they did not "directly evaluate" whether documented obesity management plans resulted in weight loss.

Mayo Clinic Proceedings: Bardia A et al "[Diagnosis of Obesity by Primary Care Physicians and Impact on Obesity Management](#)" *Mayo Clin Proc* 2007; 82:927-932

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FACT:

Januvia Experiences Significant Growth: - According to a survey, prescriptions for the diabetes drug Januvia have grown nearly threefold between the first week of 2007 and the week ending July 20, making it one of the fastest-growing drugs in the diabetes market. Januvia had nearly 60,000 prescriptions during the week ending July 20, more than 2,500 of which were new-patient prescriptions.

It was reported that patients were switched from metformin 21%, Avandia 17% and Actos 13%.

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