Background
One third of US adults are obese and it is projected that by 2030 half of US adults will be obese.\(^1\)
As per the National Heart, Lung and Blood Institute (NHBLI) guidelines, behavioral therapy i.e. weight reduction, diet and exercise is the first line of therapy for obesity management.
The US Preventive Service Task Force (USPSTF) strongly recommends that clinicians should screen all patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss.\(^2\)
Despite consensus that obesity needs physicians’ attention, many obese patients fail to receive needed medical care.

Research Objective
The study aimed to identify predictors of obesity treatment in ambulatory care settings.

Methods
Data Source: National Ambulatory Medical Care Survey (NAMCS) 2006 – 07
- A national level multi-stage probability annual surveys of visits to private office-based physicians.
Study Design: Retrospective cross-sectional study which included all adults (age ≥ 20 years) who were obese.
- Obese adults were defined as any adult having BMI ≥ 30 kg/m\(^2\) or diagnosis of obesity (International Classification of Diseases, the 9\(^{th}\) Revision, Clinical Modification code - 278).
Conceputal Framework and Variables:
- Outcome variable: Obesity management (either an anti-obesity medication prescription or counseling received for obesity).
- Independent variables: Predisposing, enabling and need characteristics.

Statistical Analyses:
- Descriptive statistics - Chi-square and student’s t-test to test for difference between obese adults who received obesity management and those who did not for categorical and continuous variables, respectively.
- All statistical analyses were adjusted for NAMCS complex survey design in order to extrapolate findings at national level.
- All analyses was conducted using SAS v 9.2

Results

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<thead>
<tr>
<th>Provider</th>
<th>OR (95% CI)</th>
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<tbody>
<tr>
<td>PCP</td>
<td>2.38 (1.69, 3.36)</td>
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<tr>
<td>Specialist</td>
<td>1.00</td>
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### Discussion
Despite the fact that US ranks number one for obesity prevalence and strong recommendation by USPSTF to offer intensive counseling, physician in ambulatory care settings still failed to provide obesity management.
The available choices for pharmacotherapy for obesity are limited. Behavioral therapy such as counseling are devoid of adverse effects and physicians should not miss the opportunity to provide obesity management for weight reduction using behavioral methods.

### References