



Maternal Preference of Describing Overweight / Obesity in Their Children

Sandra E. Moore MD MS, Charlie Harris PhD, Fredly Bataille MD, Fabiola Balmir
Morehouse School of Medicine. Atlanta, GA

BACKGROUND

Primary care physicians (PCPs) regularly monitor patients' weight, height and BMI from early childhood. PCPs are charged with the responsibility of alerting parents (and children) of their child's weight category and the medical consequences of overweight and obesity. Overweight and obesity are well defined by the medical community, however there are few studies that examine the nomenclature those overweight/obese patients prefer physicians use to describe their "excess" fat. We found no studies that examine parents' preferred nomenclature that physician should use to describe their child's excess fat. Wadden et al, studied preferred nomenclature in obese adults and found that practitioners may wish to avoid the use of potentially derogatory terms such as fatness and obesity when broaching the topic of weight management with patients.¹ Dietz et al, proposed that although the term "obesity" emphasizes the serious implications of excess body fat for the risk of medical complications, concerns were raised with respect to the use of this term with children, adolescents, and parents.² This study evaluated the preferred nomenclature mothers would like physicians to utilize when describing their child who is overweight or obese.

OBJECTIVES

To described maternal preference of nomenclature used to describe overweight/obese children.

METHODS

This was a cross-sectional study using The Morehouse School of Medicine Obesity Health Belief Survey (MSM - OHBS), which measured BMIs of mother and child, and collected data on maternal health beliefs about weight from African American mothers in Atlanta. Mothers were asked two questions: "Pretend that your child has been weighed by the doctor's office and your child weighs A LITTLE more than he or she is supposed to weigh. If the doctor wanted to talk to you about this, which of the following words is the BEST word for the doctor to use to describe your child condition to you?" The second being phrased the exact same way substituting "A LOT" for "A LITTLE". Possible responses included "at risk" for overweight, overweight, weight problem, unhealthy BMI, big boned, excess body fat, obese, heavy, unhealthy weight or thick. In addition we compared responses of: 1) normal weight versus overweight/obese mothers and 2) mothers of normal weight versus mothers of overweight/obese children.

Descriptive statistics were calculated. Chi-squared was used to identify associations between the dichotomous and categorical data.

RESULTS

N=122. Seventy-two percent of mothers were overweight or obese and 36% of children were overweight or obese. To describe overweight children (those described as weighing "A Little" more than they should), 58% of mothers preferred the terminology "at risk for overweight", 12.5% "unhealthy weight", and 9.8% "weight problem". To describe obese children (those described as weighing "A Lot" more than they should), 29.6% of mothers preferred the terminology "overweight", 18.5% "unhealthy weight", 17.6% "weight problem", and 13.9% "at risk for overweight". There was no statistically significant difference in nomenclature preference between: 1) normal weight and overweight/obese mothers nor 2) mothers of normal weight and mothers of overweight/obese children.

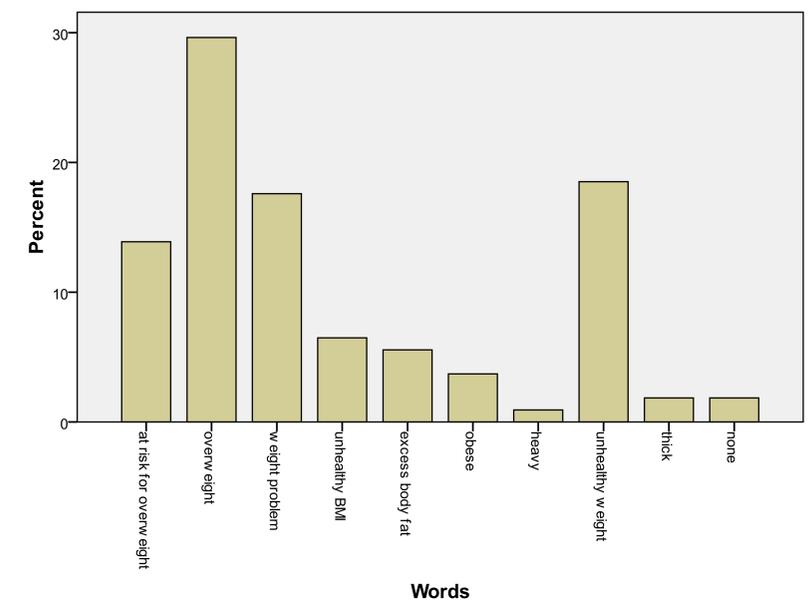
TABLE 1. DEMOGRAPHICS

	N	%
Caregiver's marital status		
Married	24	19.8
Single	83	68.6
Living with significant other	14	11.6
Total	122	100.0
Caregiver's educational level completed		
Grade/Middle school	5	4.2
High school	76	63.3
Technical school	25	20.8
College graduate	11	9.2
Advanced degree	3	2.5
Total	120	100.0
Household income		
Less than \$5,000	24	20.0
\$5,000 - \$9,999	25	20.8
\$10,000 - \$14,999	16	13.3
\$15,000 - \$24,999	24	20.0
\$25,000 - \$34,999	19	15.8
\$34,000 - \$49,999	8	6.7
\$50,000 or greater	4	3.3
Total	120	100.0
Type of insurance		
None	9	7.4
Medicaid	93	76.2
Medicare	2	1.6
Private insurance	18	14.8
Total	122	100.0

TABLE 2. WEIGHT CATEGORIES

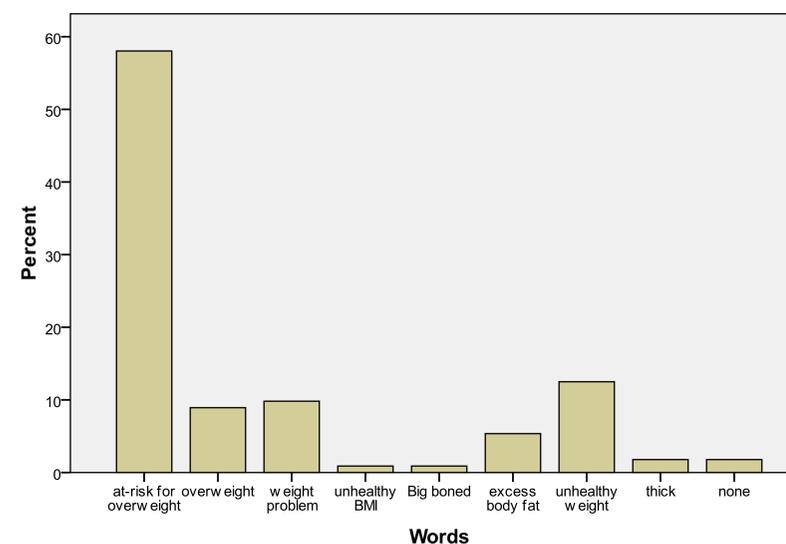
	N	%
Caregiver's BMI category		
Underweight	2	1.7
Normal weight	31	26.1
Overweight	31	26.1
Obese	55	46.2
Total	119	100.0
Child's BMI category		
Underweight	5	4.4
Normal weight	68	60.2
Overweight	14	12.4
Obese	26	23
Total	113	100.0

Preferred Nomenclature for "Obesity"



In this study, caregivers in an urban community clinic setting preferred physicians use medical terms (as oppose to lay terms) when describing overweight and obesity in children. Word preference was the same regardless of maternal or child BMI status. In 2007, the Expert Committee recommended the use of the terms overweight and obese to describe patients between the 85th-94th percentiles and > 95th percentile, respectively.³ This was a change from "at-risk" for overweight and overweight to describe the same BMI percentiles. It was thought that these terms more accurately reflected the clinical implications and were more continuous with adult terminology. Although it may be more ambiguous, participants in this study preferred "at-risk" for overweight and did not like the term obese. They also liked terms, such as "unhealthy weight" and "weight problem". This may be because there is less stigmata associated with these words. Also these words may emphasis more of the health risk than "obese". Based on our findings, clinicians should avoid lay terms such "thick" or "big-boned". When broaching a sensitive matter such as overweight and obesity, parents may be unresponsive or difficult to engage in discussions if they have initial negative perceptions of the terms used. By evaluating what these nomenclature preferences are and using them to describe patients, physicians could potentially avoid offending or evoking defensive attitudes caregivers and/or patients may have when discussing a sensitive topic such as weight. These results could aid the primary care physician establish a positive rapport, engage parents and develop a useful dialogue with caregivers.

Preferred Nomenclature for "Overweight"



DISCLOSURE INFOMRATION: This publication was made possible by Grant Number 5P20RR11104 from the National Center for Research Resources (NCRR), a component of the National Institutes of Health (NIH)

A special thank you to Dr. William, H. Dietz, MD PhD, Director, Division of Nutrition, Physical Activity, and Obesity, NCCDPHP, Centers for Disease Controls and Prevention

REFERENCES

- Wadden, TA, Didie E. What's in a Name? Patients' preferred terms for describing obesity. *Obes Res.* 2003;11:1140-1146.
- Dietz WH, Story MT, Leviton LC. Issues and implications for screening, surveillance, and reporting of children's BMI. *Pediatrics* 2009;124:S98-S101.
- Barlow SE. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics.* 2007;120 (suppl 4):S164 -S192

EMAIL : fbataille@msm.edu