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Tertiary care overweight and obesity management in Bangladesh: An exploration of the level of awareness and common barriers of physicians

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The aim of the present study was to assess the knowledge, attitudes and identify the barriers of the physicians regarding overweight and obesity management. A simple cross sectional study was conducted among 155 physicians through a standard questionnaire from 3 selected governments and 1 private hospital of Dhaka city, Bangladesh. Mean age of the 155 physicians were 31.88±5.92. Majority of them 80 (51.60%) were unable to answer the correct prevalence of overweight but also a 75(48.40%) could mark the right answer. A substantial proportion 71 (46.70%) of the physicians mentioned that they do not have much to do controlling weight problem in Bangladesh context. Majority of the physicians 148(95.5%) use BMI to measure weight problems, whereas only 13 (8.4%) practice waist circumference as a diagnostic tool. As weight management strategies most of the time 122 (85.3%) advice to modify the life style, while 93 (68.4%) occasionally refer to dietician. About 74 (47.7%) of the physicians reported lack of motivation, 73 (47.1%) mentioned short consultation time and 60 (38.7%) said that lack of national policy or management guideline are few barriers to treat weight problems. Again, perceived barriers like lack of parental support, lack of a national policy were statistically significant ($p < 0.05$) with their occupational designation. This present study being the first one in country suggests for future large scale research to define physician's role, need of further training and identify the new strategies to include in the health system for dealing with this growing epidemic.

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Developing a patient and provider interface for individualized patient care

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Obesity rates are on the rise in USA and globally with over 641 million individuals with obesity, a major risk factor for many chronic diseases. The American Board of Obesity Medicine has certified 1,590 Diplomats, but there continues to be a lack of obesity specialists available to patients and most turn to their primary care provider for help. Studies show that patients and providers want to have better understanding of different treatment options currently available as well as new innovations. There is a need for solutions that bridge the knowledge gap for both the patients and providers as well as enable patient engagement and drive patient outcomes in obesity care. H₂O- Health to Outcomes, a patient-provider solution for obesity, is being developed by a team of cross-sector professionals that includes obesity specialists, doctors, clinicians, consumer groups, data scientists, information experts and technology specialists. It will enable providers to determine the closest treatment match for similarly situated patients. In addition, it will support real-time patient engagement and monitoring throughout the treatment cycle including feedback loops to reinforce or adjust treatment. By combining medical science, individual status, lifestyle, behavior and other data sources the solution engine will leverage different machine learning and statistical methods to generate best fit patient treatment options. These options are based on identification of patient type, high responders, as well as cost, quality, outcome and utilization data. Two important elements of the Patient-Provider Solution are the provider and patient interfaces. The interfaces will support the patient and provider with real-time information and education to guide the decision making process, track progress and offer support during the patient's journey.

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