

## **MON-LB105: Resident Obesity Management: Comfort Correlates with Action**

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The projected prevalence of obesity in the US is 50% by 2030.<sup>1</sup> Little data exists on resident physician obesity management in their primary care clinics.<sup>2</sup> We aimed to explore internal medicine (IM) resident comfort, knowledge, and treatment practice of obesity in primary care.

IM residents at one academic medical center (N=125), at 5 primary care sites were anonymously surveyed about knowledge, comfort, and practice behaviors around obesity management. In this exploratory analysis, respondents self-reported comfort with lifestyle counselling and weight management medication (WMM) prescription on 4-point Likert scales; scores were combined into an overall Comfort Score (CS). Correlation analysis (Pearson's correlation) compared CS with the following Clinical Actions: referral to lifestyle specialists, lifestyle counseling, WMM prescription, and bariatric surgery referral.

The response rate was 70/125 (56%). Most residents (91%) reported discomfort with prescribing WMMs and most (84%) had never prescribed one. While most residents (81%) were "comfortable" or "somewhat comfortable" with lifestyle counseling, only 33% reported consistently providing it. Of the 31% of residents that correctly identified indications for bariatric surgery, only 9% reported referring patients they considered appropriate for surgery. Notably, a higher CS was significantly correlated with more frequent bariatric surgery referrals ( $r = 0.29$ ;  $p = 0.015$ ), lifestyle counselling ( $r = 0.33$ ;  $p = 0.004$ ), WMM prescription ( $r = 0.32$ ;  $p = 0.006$ ), and lifestyle specialist referral ( $r = 0.25$ ;  $p = 0.035$ ). Reported barriers to lifestyle counseling were lack of time (93%), poor familiarity with resources (50%), and lack of training in motivational interviewing (36%). Barriers to WMM prescription were unfamiliarity with the medications (84%) and side effect concerns (61%). Finally, 90% desired more training in pharmacotherapy, and 77% wanted more information on referral processes for surgical and medical interventions.

Most residents surveyed do not feel adequately prepared to provide evidence-based management of obesity via lifestyle changes counseling, WMM prescription, or specialty care referral. Comfort and knowledge of system processes/resources and WMMs are critical to resident management of obesity. These are potential targets for educational intervention in residency curricula that may improve care for patients with obesity.

1. Ward ZJ, Bleich SN, Cradock AL, et al. Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. *N Engl J Med*. 2019;381(25):2440-2450. doi:10.1056/NEJMsa1909301. 2. Huang J, Yu H, Marin E, Brock S, Carden D, Davis T. Physicians' Weight Loss Counseling in Two Public Hospital Primary Care Clinics. *Acad Med*. 2004. doi:10.1097/00001888-200402000-00012.