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Obstetrics and Gynaecology: Obesity Counselling

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INTRODUCTION

Obesity affects 37% of Americans and increases women's risk of a variety of health issuestreated by obstetricians and gynaecologists (OB/GYNs), including abnormal uterine bleeding, infertility, spontaneous abortion, fibroids, urinary incontinence, pelvic organ prolapse, gestational diabetes, and preeclampsia. Obesity is also a known risk factor for a variety of malignancies, including endometrial cancer, but most women are unaware of this risk. Lifestyle, medicinal, and surgical therapies that lower a woman's BMI can reduce her risk of developing health problems [1].

ABOUT THE STUDY

The influence of weight reduction therapies on cancer recurrence and survivorship has been noted in the oncology sector, and some studies have demonstrated that weight loss can enhance patient health markers and quality of life after endometrial cancer therapy. OB/GYNs are particularly positioned to educate women about the health dangers of obesity because they care for them throughout their lives.

Obese women should receive counselling and referral services, according to the American College of Obstetricians and Gynecologists. Time restrictions, information gaps for obese patients, patient/provider discomfort with the topic, and poorly aligned incentives for obesity counselling have all been identified as significant hurdles to effective counselling and weight-loss therapies by physicians [2]. OB/GYNs' opinions toward counselling patients in the outpatient setting about the health impacts of obesity. Missouri has the 17th highest obesity rate in the country, and is thus well positioned to study the impacts of obesity counselling in an OB/GYN population. Our goal was to identify weight control counselling impediments and ways for overcoming such barriers.

Obesity counselling

In the United States, obesity is an illness that disproportionately affects women. According to the most recent statistics from the National Health and Nutrition Examination Survey (NHANES), the overall age-adjusted prevalence of obesity among women in the United States was 40.4%, compared to 35% among males. An analysis of longitudinal data from 2005 to 2014 revealed significant increases in the prevalence of obesity among women, but not among men. Obesity affects non-Hispanic black women disproportionately, with an age-adjusted prevalence of 57%, compared to 38% for non-Hispanic white women, 46.9% for Hispanic women, and 12% for non-Hispanic Asian women [3-6]. Obesity has been linked to an increased risk of cardiovascular disease, type 2 diabetes, and cancer.

CONCLUSION

Obesity is linked to a high rate of morbidity and mortality, as well as a variety of female-specific comorbid disorders, and it affects many women who visit gynaecological clinics. Behavioral counselling, medication, and bariatric surgery are examples of evidence-based treatment options that have been found to reduce weight and obesity-related comorbid disorders. Obesity in their patients should be addressed by practising obstetric and gynecologic physicians.

CONFLICTS OF INTERESTS

There is no conflict of interest to declare.

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