CAPSULE COMMENTARIES

Capsule Commentary on Wee et al., Sex, Race, and Consideration of Bariatric Surgery Among Primary Care Patients with Moderate to Severe Obesity

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J Gen Intern Med 29(1):176

DOI: 10.1007/s11606-013-2631-x

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The number of patients undergoing bariatric surgery is a fraction of those who are eligible, and racial and gender differences exist in rates of bariatric surgery utilization.¹ In this study, Wee and colleagues² examined factors that might contribute to racial and gender differences in the decision to undergo bariatric surgery. They surveyed a diverse sample of over 300 primary care patients with body mass index (BMI) ≥ 35 . As anticipated, they found that African Americans and men were less willing to consider bariatric surgery than Caucasians and women, respectively. Interestingly, higher weight-related quality of life among African Americans appeared to account for a substantial portion of this racial difference. Patients who had hypertension, a lower quality of life, received a physician's recommendation for bariatric surgery, or were younger were more likely to consider bariatric surgery. Compared to Caucasians, African Americans and Hispanics reported a significantly higher willingness to consider bariatric surgery if advised so by a doctor, a particularly interesting finding in light of evidence that African Americans and Hispanics generally report lower trust in their healthcare providers.^{3,4}

A limitation of this study is that the outcome variable—willingness to consider bariatric surgery—is only a proxy for actually undergoing bariatric surgery. Factors that may explain the leap from considering surgery to undergoing bariatric surgery need to be studied. Further research on patients' reasons for unwillingness to consider surgery could also be enlightening. In the study by Wee et al., patients not willing to consider bariatric surgery most often attributed their unwillingness to believing

that surgery was “too risky.” A substantial portion also endorsed the option of “other” when asked for their reason. Further survey-based research could provide information on the accuracy of patients' risk perceptions, while qualitative research could be valuable in shedding light on the unidentified reasons for unwillingness to consider surgery.

Physicians must be mindful of the impact they can have on patients' decisions to undergo bariatric surgery. Patients deserve accurate, unbiased and thoughtfully delivered information on the risks and benefits of bariatric surgery. Such advising would benefit both patients electing to obtain surgery and those who decline surgery.

Conflict of Interest: The author declares that she does not have a conflict of interest.

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