The Role of Occupational Therapy in Obesity Management

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Abstract

Obesity has become a significant and wide-ranging health and social epidemic occurring in both developed and developing nations and across all age cohorts. Occupational therapists provide interventions to individuals, groups, and populations in order to effect change, optimize health, and improve quality of life. Accordingly, occupational therapy services are often integral in addressing obesity-related illnesses and subsequent limitations while managing weight through attention to lifestyle, and the promotion of healthy, active lifestyles. The purpose of this position paper is explain to persons within and outside of the profession the role of occupational therapists, and/or occupational therapy, in obesity management, from an individual and population perspective.

Obesity has become an increasingly common condition that problematically places those affected at an elevated risk for a broad range of acute/chronic health conditions including but not limited to hypertension, type-2 diabetes, coronary artery disease, stroke, sleep apnea, muscular-skeletal difficulties, hyperlipidemia, and several forms of cancer. In addition, obesity is also believed to contribute to the development and manifestation of various psychological conditions and mental health problems (i.e., anxiety, depression, stigmatization, etc.). As such, obesity is now considered a multi-factorial chronic disease itself, associated with a myriad physiological, psychological, and quality of life deficits. Like many other chronic diseases, the etiology of obesity cannot be linked to one primary cause. Rather, an intricate interplay of biopsychosocial factors – most notably genetics, poor diet, and/or sedentary behaviour – are believed to contribute to the development and maintenance of the condition.

Defined as a body mass index (BMI) score of 30 kg/m² and above, obesity has reached epidemic/pandemic status in many countries throughout the developed and developing world. Globally, over 1.4 billion people are considered overweight (BMI ≥ 25 kg/m²) or obese and obesity has become the fifth leading cause of death worldwide, in large part due to increased risk of various significant comorbidities (i.e., cardiovascular disease, diabetes, various cancers). Within the obesity spectrum, the rate of morbid obesity (BMI ≥40 kg/m²) is growing most rapidly and across all age cohorts. Equally troubling is that approximately one-third of North American children 6 to 19 years of age are considered overweight or obese (defined as being at or above the 85th percentile of the sex-specific BMI-for-age growth chart), putting them at risk for a variety of the aforementioned health risk and concerns. In Canada, approximately one in four Canadians are clinically obese, creating significant challenges for the Canadian health care system.

In 2008, the economic impact of obesity in Canada was estimated to be $7.1 billion, up 19% from 2000. As a result of the numerous health complications within the clinically obese population, the average health care costs now exceed $10,000 per patient per year. Given the severity of the disease and significance of the economic and health care burdens involved a need for intervention at both clinical and population levels is paramount.

Accordingly, various strategies, ranging from health promotion initiatives, improvements in education, and increased funding for bariatric surgery have been proposed and/or adopted to some degree. However, given the multi-factorial nature of obesity, a multi-factorial approach should also be utilized in managing obesity. Specifically, in order to effectively manage obesity at an individual or population level, a multi-disciplinary approach, comprised of allied health care practitioners and specialists, is essential in order to attain optimal results for individuals living with obesity. Of particular
interest and intrigue is the role of the occupational therapist in various aspects of obesity management.

Occupational therapy is the art and science of enabling engagement in everyday living through occupation. In addition, the profession enables highly trained individuals to promote and develop the health and well-being of others.\textsuperscript{16} As a form of prevention and intervention, occupational therapists assist people with physical, psychological, and environmental conditions through education and the use of assistive devices designed to improve their quality of life.\textsuperscript{17} In terms of obesity, overall treatment/management options may include education, counseling, rehabilitation, lifestyle modification, pharmacotherapy, and/or bariatric surgery.\textsuperscript{18}

Given the context of obesity and its current treatment modalities, obesity management is of great interest to the occupational therapist. Occupational therapists (OT) consider obesity within the chronic disease/illness paradigm or as a health condition across the obesity spectrum (stage 1-4 or class I-III).\textsuperscript{19} Class I obesity is defined as a BMI (kg/m\textsuperscript{2}) between 30.0-34.99, class II obesity as a BMI between 35.0-39.99 and class III as a BMI ≥ 40.00. Occupational therapists are trained to provide vital insight into enabling participation in physical activity, developing functional environments, maintaining independence and addressing societal challenges posed by physical limitation, including obesity.\textsuperscript{19} As such, individuals living with obesity are likely to benefit from the services of an occupational therapist.

Through advocacy, occupational therapists promote client services to address obesity. These may include goal setting activities, health promotion undertakings, job site analysis, equipment adaptation and support with activities of daily living. Furthermore, therapists are ideally situated to address the stigma related to obesity through research, education, and self-reflective practice.\textsuperscript{16} For instance, therapists may liaise between an employer and employee in order to minimize the stigma associated with obesity and facilitate a timely return to work when applicable. The therapist plays a pivotal role in the return to work process and meeting both the needs of the worker and the employer. Facilitating improved communication and setting realistic goals will help foster a collegial atmosphere and decrease workplace absenteeism. Obese individuals frequently experience bias, stigmatization and discrimination due to weight.\textsuperscript{20,21} Weight bias refers to “the inclination to form unreasonable judgments based on a person’s weight”.\textsuperscript{22} Stigmatization refers to a generalized devaluation and social exclusion of individuals as a result of deviance in particular attributes, like being overweight.\textsuperscript{23}

As part of a multidisciplinary team, the role of the occupational therapist includes working closely with clients/patients in developing, designing and implementing client-centered goals. Like other allied health professions, occupational therapists focus on client-centered approaches to practice. Whether during assessments, treatments or at team rounds, the client is the focus of the occupational therapy. The OT’s relationship with each client is to bring their knowledge and expertise to help increase the client’s occupational performance and allow the client to make informed decisions. Moreover, a therapist is often critical in placing the values of meaningful occupations and considering assessments that increase function and a client’s occupational performance. Using different assessment processes that measure occupational performance issues and components, the therapist gathers evidence to select a treatment plan that would fit the client’s unique needs.

The functional, social and medical sequelae of obesity are consistent with other chronic conditions that result in disability.\textsuperscript{24} With the current prevalence of obesity and the role that occupational therapy plays in the management of chronic conditions, OTs come into contact with obese persons in their clinical practice on a regular basis.\textsuperscript{16} People with obesity should have access to evidence-based, interprofessional and collaborative health services throughout their lifespan.\textsuperscript{16}

Occupational therapists are ideally situated to provide care to people with obesity. Healthy occupations, in the framework of obesity prevention, refers to participation in physical activity and the intake of a nutritionally balanced diet.\textsuperscript{25} This necessitates skills and access to participate in physical activity and healthy food choices. In the context of obesity treatment, healthy occupations include, in addition to physical activity and healthy eating, access to services that meet the biopsychosocial needs of persons with obesity.\textsuperscript{25,26}

Obesity is a chronic disease for which treatment options include lifestyle modification, pharmacotherapy, and surgery.\textsuperscript{27} OTs are pivotal contributors to a health care team for persons with obesity, as in other areas of chronic disease prevention and management.\textsuperscript{16} OTs need to be informed of current evidence based practices and should be leaders in terms of enabling clients, groups and communities to engage in meaningful activities that will enhance or improve their health. Clients with obesity are at risk for occupational deprivation in the areas of self-care, leisure and productivity. Therefore, persons at risk of developing obesity or persons with obesity would benefit from access to occupational therapy services.\textsuperscript{16}

Obesity is a multifactorial condition that for some clients is a temporary state. However, for other individuals, obesity is a chronic condition that will require occupational therapists to work closely with individuals to develop client-centered goals that improve their occupational performance. Obesity and weight bias are growing issues in Canadian society and must be regarded as serious problems. This stigmatization has serious socio-economic, health and psychological consequences for obese individuals. Now that the types and prevalence of weight bias have been identified, the focus must move toward identifying how to rectify this societal issue. The mechanism underlying the stigma must be identified so that effective intervention strategies can be developed and implemented.
order to develop policy that addresses the stigmatization of obesity in the workplace and to better understand weight bias and its underlying mechanisms more field research is necessary. As a public health issues, there is a need to educate the public and employers on the topics of obesity and weight bias in order to raise awareness of this pervasive issue. The continued development of preventative strategies targeting weight stigmatization and stigma management in the workplace and other institutions is necessary. Finally, there is also a need to advocate change in current legislation in order to prohibit discrimination and protect obese individuals from weight related discrimination.

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