

Are Obese Orthopaedic Trauma Patients Ready to Lose Weight?

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INTRODUCTION:

It is well described that obesity is a risk factor for poor health outcomes in medicine and orthopaedic trauma is no exception. The greater biomechanical stresses of being overweight can lead to an increased incidence of posttraumatic arthritis and fixation failure and regaining range of motion and wound healing may be delayed. The University of Rhode Island Change Assessment (URICA) score is a validated scale used to assess a patient's readiness for change. It is a 32-question survey with four resulting categories: precontemplation, contemplation, action, and maintenance. The purpose of this pilot study was to assess if orthopaedic trauma patients are ready and willing to take steps toward change and losing weight.

METHODS:

This multicenter study enrolled postoperative patients presenting to orthopaedic trauma clinics with BMI >30.0. Eligible patients were given the URICA survey to complete at the 2-week or 6-week postoperative visit and were referred to the weight loss clinic at our institution. Patient demographic information was extracted from the electronic medical record. Chi-square and ANOVA tests were used to analyze the URICA survey results.

RESULTS:

Eighty patients were recruited for the study and have been enrolled. In total, 41% were male and 59% were female with the mean age being 44.2 years old (SD 15.8). The mean starting BMI was 41.9 (SD 11.6). BMI was also broken down into four categories, 20% were obese (BMI 30.0–34.9), 37% severely obese (BMI 35.0–39.9), 31% morbidly obese (BMI 40.0–49.9), and 12% super obese (BMI >50.0). There were no statistically significant differences in BMI, age, or marital status, but there were significantly more females in the action category ($p=0.036$). Twenty-six percent of patients were in the precontemplation category, 58% were in contemplation, 16% were in action, and 0% were in maintenance. Overall, 74% of all patients were either contemplating change or actively trying to change.

DISCUSSION AND CONCLUSION:

Almost 3/4 of the patients fell into either the contemplation or action categories, suggesting that the majority of patients were ready to change and lose weight. This highlights the importance of the next steps, which are asking the patient if they want to make a change and ensuring that there are adequate resources for orthopaedic trauma patients to lose weight. Future studies will focus on the success of these referral pathways and ultimately clinical weight loss.