Perceptions of Bariatric Surgery among Primary Care Physicians in northern Israel

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INTRODUCTION

Obesity is a chronic metabolic disease with global distribution among adults and children that affects the quality of life and the daily functioning. Furthermore, it increases the incidence of serious comorbidities, such as diabetes mellitus, hypertension, sleep apnea and others. Family physicians are a major and important part of morbid obesity treatment. Better understanding of obesity and its treatment options can increase patients' referral rates to the various treatment modalities, including bariatric surgery.

METHODS

This is a quantitative cross-sectional study using a self-report questionnaire among family physicians in community clinics in the northern district of Israel. The questionnaire distributed to physicians was a quantitative questionnaire that examined perceptions, attitudes and approaches to managing morbid obesity among family physicians.

Table 1: Demographic characteristics of physicians

		All respondents (N=246)
Mean age, years (SD)		46.5 (12.3)
Gender, n (%)	Male	179 (74)
	Female	63 (26)
Ethnicity/Religious	Jewish	59 (23.9)
	Arab (Christiane)	40 (16.2)
	Arab (Muslim)	134 (54.3)
	Other	8 (3.2)
Number of years in practice, n (%)	0-10 years	101 (41.6)
	More than 10 years	142 (58.4)
Country of Study	Israel	64 (25.9)
	Abroad	180 (73.77)
Practice location, n (%)	Urban	117 (48.35)
	Rural	125 (51.56)
Practice type, n (%)	Independent	74 (30.8)
	Multi-disciplinary	166 (69.2)
Weekly patient volume[a], n (%)	0-50 patients	24 (9.7)
	51-100 patients	61 (24.7)
	101-150 patients	59 (23.9)
	More than 150	97 (39.3)
Percentage of morbidly-obese patients seen during the last year, n (%)	0-20%	142 (58.9)
	20-30%	87 (36.1)
	30-50%	12 (5.0)

[a] Number of patients seen in clinic every week

Tabe 3: The relationship between Demographic characteristics of physicians and referral rates for bariatric surgery

			Referral rates	p-value
Mean age, years (SD)		221	50.48(23.12)	$p = 0.260$
Gender, n (%)	Male	172	49.70(22.89)	$p = 0.439$
	Female	60	52.43(24.93)	
Ethnicity/Religious	Jewish	58	54.28(19.57)	$p = 0.350$
	Arab (Christiane)	35	51.26(27.81)	
	Arab (Muslim)	130	48.03(22.64)	
	Other	6	55.55(38.61)	
Number of years in practice, n (%)	0-5	73	53.49(28.46)	**$p = 0.048$**
	6-10	23	53.27(23.34)	
	10-15	31	56.61(23.09)	
	15 מעל	106	45.84(18.53)	
Number of years in practice, n (%)	0-10 years	96	53.44(27.20)	$p = 0.097$
	More than 10 years	137	48.28(20.08)	
Country of Study	Israel	57	51.21(22.23)	$p = 0.766$
	Abroad	175	50.14(23.84)	
Practice location, n (%)	Urban	112	52.88(24.08)	$p = 0.146$
	Rural	120	48.44(22.33)	
Practice type, n (%)	Independent	73	50.75(22.92)	$p = 0.906$
	Multi-disciplinary	157	50.36(23.82)	
Weekly patient volume*, n (%)	0-50 patients	22	62.31(29.02)	**$p < 0.001$**
	51-100 patients	60	56.78(24.92)	
	101-150 patients	56	50.46(21.59)	
	More than 150	93	43.92(19.76)	

Table 2: Physician management of obesity

		All respondents (N=247)
Measurement of patient weight, n (%)	Every visit	21 (8.5)
	Every six month	98 (39.7)
	Every year	116 (47.0)
	Less than yearly	11 (4.4)
Additional measurement used	BMI	241 (97.6)
	Waist circumference	35 (14.2)
	Body Fat	7 (2.8)
Number of patients with overweight or obesity referred to physical activity during the last year, n (%)	None	174 (70.7)
	1-5 patients	5 (2.0)
	6-10 patients	18 (7.3)
	11-20 patients	20 (8.1)
	More than 20 patients	29 (11.8)
Patients with morbid obesity should be referred to dietitian in order to attempt dieting and lifestyle modification before considering surgery, n (%)	yes	181 (74.18)

RESULTS

Results are presented in Tables 1-3 Physicians' demographic characteristics are presented in Table1. In this study, there was no statistically significant relationship between the socio-demographic and professional characteristics of family physicians and their management of morbid obesity. Young doctors with 6-10 years of experience and doctors who studied medicine in Israel were more knowledgeable about obesity. Doctors with high weekly meetings rate and seniority above 10 years tends to refer less patients to bariatric surgery.

CONCLUSIONS

Conducting workshops and annual training courses on the treatment of morbid obesity will increase the level of knowledge and awareness and will increase the percentage of patient's referral for bariatric surgery, especially in older family physicians with high seniority.