Prevalence of Person-First Language in Patients with Obesity Undergoing Anti-Reflux Surgery: A Systematic Review of Case Reports

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BACKGROUND

- Person-first language (PFL) is recognized as a core element of equitable, patient-centered communication, placing a person before their diagnosis (e.g., "patient with obesity" vs "obese patient")
- The American Medical Association and other obesity-focused societies recommend PFL, but its consistent use in surgical literature discussing gastroesophageal reflux disease (GERD) is unknown[1-3]
- Overweight and obesity are common in GERD, often intersecting with other stigmatized comorbidities[4-10]
- Non-PFL language may reinforce implicit bias, affecting patient trust, care access, and health outcomes[11-12]

PURPOSE

1. Evaluate the prevalence of PFL in published case reports of patients undergoing anti-reflux surgery for GERD
2. Characterize how weight status is linguistically represented, to identify factors associated with the use of PFL
3. Situate these patterns within broader expectations for inclusive, non-stigmatizing language in reporting

METHODS

STUDY DESIGN

- Reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses[13-14]

LITERATURE SEARCH

- Conducted in Ovid MEDLINE and Embase from database inception to September 2025, without language restrictions

INITIAL SEARCH RESULTS n=2,717

AFTER TITLE AND ABSTRACT SCREEN n=366

AFTER FULL-TEXT REVIEW n=244

INCLUSION CRITERIA

- Case reports or series
- Involved individuals ≥ 18 years
- Described patients undergoing surgical management of GERD
- Explicitly reported that patients with overweight or obesity

EXCLUSION CRITERIA

- Lack of surgical intervention
- Pediatric or animal populations
- Lack of information on patient weight status
- Study design different then case study or series

RESULTS

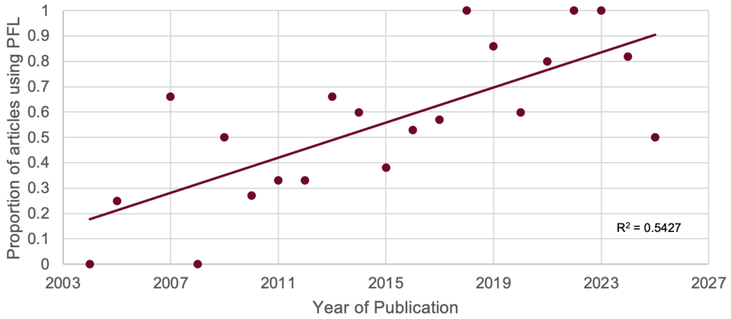

Figure 1: Proportion of articles using PFL by year of publication

- 160/244 (65.5%) of case reports used PFL language, with PFL adoption increasing over time
- **Publication year was independently predictive of PFL use** (adjusted OR = 1.246, $p < 0.001$, S.E. > 0.044).
- **Higher impact factor (IF) journals were significantly more likely to have a PFL mandate** in their submission requirements (mean ± SD IF 9.2 ± 7.5 vs. 1.86 ± 1.6, U: 127.5, $p < 0.001$).
- Patient characteristics (sex, BMI, age), journal IF, and surgical approach were not predictive of PFL use.

CONCLUSIONS

- PFL was used in ~66% of case reports with increasing adoption over time, though use remains inconsistent across literature
- Journal context influences language standards, as journals with higher impact factors were more likely to require PFL, suggesting editorial policies may drive adoption
- Standardizing PFL in author guidelines and peer review may reduce stagmazting language and support more equitable, patient-centered communication in surgical literature

REFERENCES