Weight Loss Messages in Knee OA: Attention-grabbing, Credible, Non-motivating

Teresa J. Brady, PhD
Senior Behavioral Scientist
Centers for Disease Control and Prevention
Background: Arthritis and Overweight

- 43.9% Doctor-Diagnosed Arthritis
- 31.2% No Arthritis
- 35.1% Obese
- 34.0% Overweight
- 21.0% Underweight/Normal
- 34.8%
- 21.0%
- 35.1%
- 43.9%
Background: Arthritis and Overweight

- 69% of people with Dr-Dx arthritis are overweight or obese (2002 NHIS data)
- Obesity is associated with osteoarthritis in adults
- Weight loss can reduce incidence and progress of Knee OA
- Weight loss programs (combining exercise and diet) can improve pain and function
- Each pound of weight loss produces 4-fold reduction in knee joint load
Study Purpose and Design

Purpose:

- To assess the ability of a weight loss message to motivate people with Knee Osteoarthritis to consider losing weight to alleviate arthritis symptoms

Study Design:

- Qualitative research using focus groups of people with knee OA
Study Design:

- 6 total groups; recruited by phone from community, $N=53$
- Segmented by race/ethnicity and gender
  - Caucasians
  - African Americans
  - English-speaking Hispanics
- Conducted in geographically and population density diverse locations
  - Anaheim, Milwaukee, Philadelphia
Inclusion Criteria:

- Self reported Dr-Dx arthritis or possible arthritis
- Knee pain (some or a lot on a typical day)
- Age 45-70
- Overweight (BMI 25-29) or Obese (≥30)
- Some limitations due to knee pain (can do most or some of things they want to do)
- Mix of education and income levels
- Does not have ONLY Fibromyalgia, Gout, Tendonitis or Bursitis
Key Research Questions:

- Awareness of relationship of between weight and knee OA
- Receptivity to weight control message to relieve arthritis symptoms
- Receptivity, believability of “small amount of weight loss” message
- Motivators for weight loss
Results: Respondents

- 51% male
- Evenly divided by race/ethnicity
- 57% between ages 45-54
- Education: 34% HS or less; 23% College graduate
- 74% Self-reported Dr-Dx arthritis
  - Possible arthritis by race/ethnicity
    - Caucasian 2.8%
    - AA 2.9%
    - Hispanic 2.2%
Results: Respondents

- Type of arthritis reported
  - 62% OA
  - 23% RA
  - 28% Don’t Know
- 70% can do most things, but with limitations
- 55% BMI’s > 30
- 60% report co-morbidities
  - Hypertension (38%)
  - High cholesterol (36%)
  - Diabetes (21%)
Results: Unaided Awareness

What types of things can you do to help reduce your knee pain?

- 11% identified weight loss without probing
  - 28% of the Caucasians (2-W; 3-M)
  - 6% of the African Americans (1-M)
  - No Hispanics
Results: Aided Awareness

“Have you heard about losing weight as a way of managing arthritis pain in your knees?”

- Most had heard this message
  - Primarily from physicians and family members
- Approximately half told by doctor to lose weight for their knee arthritis
Results: Aided Awareness

- Connection between weight and knee pain “makes sense” intellectually
  - Understand weight puts pressure on knees
  - Some have lost weight and experienced relief

- But...
  - Some lost weight without pain relief
  - African American women—”weight guidelines don’t apply”, designed for European women
  - “being Hispanic woman means you’re used to pain.”
Results: Receptivity to Weight Loss messages

Does being overweight make a person susceptible to certain health problems?

- Most agree weight increases disease susceptibility—but tend to ignore messages
  - Inundated and overwhelmed by messages
  - “just another study”
  - Weight loss overrated as solution to problems
  - Hard to change habits/don’t want to give up pleasures in life
Results:  
Arthritis Specific Message

“Losing as little as 11 pounds can reduce arthritis knee pain”

- Caucasians (M and W) surprised 11 lbs make difference
  - 11 pounds attainable;
  - Don’t need to reach “ideal weight”
- AA men and Hispanic women “lukewarm”
  - Makes sense, but not overly enthused
  - 11 lbs achievable
- AA women skeptical 11 lbs make difference
  - Not agree with weight charts
- Hispanic men reject the message
Results: Subgroup difference

- People less overweight (BMI’s 25-28) don’t think weight loss will help
  - don’t see self as overweight
Results: Motivation to lose weight...

...Among those who have/have tried

- Advent of other health problems
- Desire to improve overall health
- Health problems/death of loved one
- Appearance/fit of clothes
- To help arthritis (few)
Results: Motivation to lose weight...

What would motivate you to try to lose 11 pounds?

- Money
- Feeling better in general
- Looking good
- Competition (Cau. and AA men)
Conclusions: Weight Control Message

- Arthritis-specific weight loss messages unlikely to motivate people with knee OA to lose weight
  - Not due to lack of awareness or plausibility
- Other motivators need to be identified before population-based interventions developed
- Provider counseling effectiveness might be improved by eliciting and addressing individual motivators
Addressing Weight Control among People with Arthritis