



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

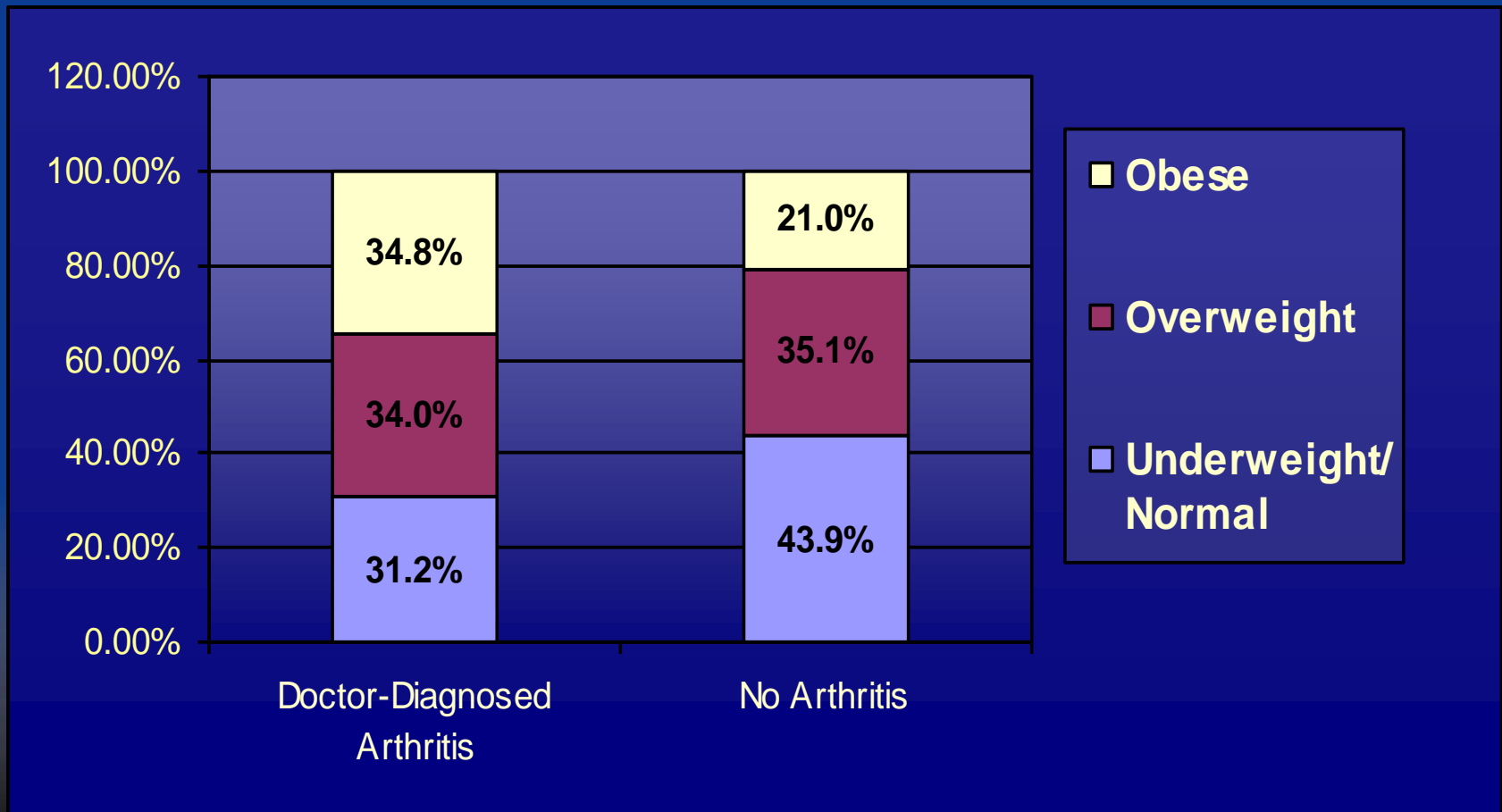
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# Background: Arthritis and Overweight



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- 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 ( $\geq 30$ )
- 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  $\geq 30$
- 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

