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Weight loss behaviour in obese patients

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Introduction

- Obesity is increasing worldwide - especially amongst the younger population.
- Many obese people are trying to lose weight without long-term success. There are certain things that they struggle with, and it can vary from patient to patient, but knowing this they can better be helped by professionals. There are many questionnaires for this purpose, most of them with many questions.
- *Aim of study:* To analyse the weight-loss behaviour in patients with obesity (BMI > 30) at baseline of treatment using the Weight Loss Behaviour Scale (WLBS). To find patterns and for behavioural differences in regards to
 - Gender
 - Relationship status
 - BMI.



Material and methods

- 1150 obese patients (BMI >30) at the Centre of Obesity at Department of Gastroenterology and Nutrition at the University hospital of Northern Norway (UNN)
 - 258 had filled out the WLBS at baseline, as part of the treatment and were included in the study.
- Data collection span from 2009-2017.
- The WLBS questionnaire consists of 21 questions divided into 5 categories.
- Statistical methods: tested for normal distribution, and according to the result either parametric or non-parametric tests and correlations to compare the groups.

Figure 1 – WLBS

“Weight Loss Behaviour Scale”

Measurement on lifestyle change

Every question scores from 1-5. Minimum score is 21 and maximum score is 105.

1: almost never 2: rare 3: from time to time 4: quite often 5: almost all the time

A. “Approach to weight loss and dieting”

1. I worry about my bodyweight while I am eating	1	2	3	4	5
2. I am concerned about weight gain while I am eating	1	2	3	4	5
3. I feel that it is mentally stressful to go grocery shopping	1	2	3	4	5
4. I feel that it is mentally stressful to prepare and cook food	1	2	3	4	5
5. I feel ashamed in social situations where food is involved	1	2	3	4	5

B. “Approach to physical activity”

1. I feel mental and physical wellness while I am doing physically activity	1	2	3	4	5
2. I feel mental and physical wellness after being physically active.	1	2	3	4	5
3. I dread before physical activity.	1	2	3	4	5
4. I find excuses for not being physically active	1	2	3	4	5
5. I am physically active 30 minutes more than 3 times a week.	1	2	3	4	5
6. I feel ashamed over my own body in social situations where physical activity is involved.	1	2	3	4	5

C. “Approach to emotional eating”

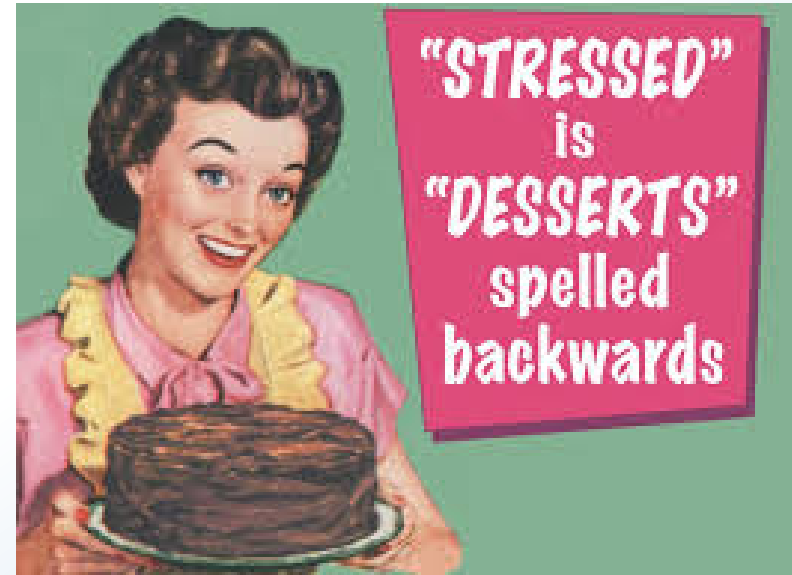
1. I eat more when I feel stressed and frustrated.	1	2	3	4	5
2. I eat more when I feel sad.	1	2	3	4	5
3. I eat more when I feel worried and concerned.	1	2	3	4	5
4. I eat more when I am in conflict with my partner/ family/ friends/colleagues.	1	2	3	4	5
5. I eat more when I am bored.	1	2	3	4	5

D. “Approach to overeating”

1. I eat regularly 4-6 times a day	1	2	3	4	5
2. I overeat and feel uncomfortably full 1 or more times a day	1	2	3	4	5
3. I stop to eat when I feel full	1	2	3	4	5
4. I can not stop eating although I feel full	1	2	3	4	5
5. I eat less when I eat in company with other people than when I eat by myself	1	2	3	4	5

Results

- Females scored significantly higher on the
 - total score of the WLBS questionnaire and also in the subcategories
 - A "Approach to weightloss"
 - C "Emotional eating"
- There were not any significant results concerning relationships status compared with emotional eating and physical activity, that this study aimed to find out.
- There was a positive correlation between BMI and some of the questions; A5, B1, B3, B6, subcategory B and D, including the total WLBS score.



Discussion and conclusion

- There is a difference in weight loss behaviour in gender. The obese female patients report a higher score of emotional eating and attitude towards own body weight and dieting compared to males.
- Being in a relationship has a positive effect on preparing and cooking food.
- Patients with a higher BMI seem to have more overeating and worse attitude towards physical activity.
- These results show that there are differences in a obese population and that is why it is important to use the WLBS. By using it, you can point out what the different patients are struggling with and tailor the treatment and increase the chance of long-term weight loss.