

## An Overlooked Barrier for Obesity Treatment: Weight Misperception

Dear Editor,

I would like to point out an under-recognized issue that hampers obesity management.

Obesity is a chronic disease with a genetic, socioeconomic, cultural, and psychosocial basis that has longstanding been a pandemic with increasing prevalence. Obesity-associated health, social, and economic burden is colossal; thus, various counteractions are being taken, namely, dietary approaches, physical activity, drug treatment, and surgery.<sup>[1]</sup> Although each has its own benefits and drawbacks, there is one major but presumably overlooked obstacle against both diagnosis and treatment, that is, “weight misperception”. It is defined as “individuals being overweight or obese but perceiving themselves to be of normal weight”. Risk factors exist (e.g., being a man, lower socioeconomic status, ethnic minorities, etc.), but it is known that the obesity status is inversely correlated with weight perception, creating a vicious cycle.<sup>[2]</sup> It is not unique to a particular population, but it is a prevalent belief that large body habitus is associated with a better health status.<sup>[3]</sup> Working as an internist in a rural state hospital in Turkey, where obesity is highly prevalent,<sup>[4]</sup> means encountering numerous obese patients each day. When I provide information about obesity and its treatment, not always but quite frequently I am asked by the patients with baffled eyes whether they are “really” obese. Providing objective data using body mass index scores is only a little useful because many believe that “fat is necessary and protective for health,” and thus, treatment is refused. At this point, a clinician is desperate at providing necessary healthcare. The answer to the question “what can be done to overcome this problem” has two major aspects. The first aspect covers academic solutions. Firstly, there is not enough study investigating weight misperception and obesity association in Turkey therefore relevant studies should be conducted. Secondly, results should be translated into guideline recommendations. Finally, clinicians encountering obese patients should receive education. The second aspect consists of governmental solutions. Education on obesity, body image, and weight perception should be provided as appropriate. In conclusion, the obesity pandemic is still growing with underlying risk factors such as weight misperception. Lack of awareness by both patients and clinicians hampers diagnosis as well as appropriate treatment. Academics and policymakers should develop solutions to overcome this overlooked problem.

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