



BARRIERS TO LOSING WEIGHT FOR OVERWEIGHT AND OBESE OLDER ADULTS

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Abstract: *Background:* Obesity is growing rapidly among older adults. *Objective:* To understand the barriers older adults face when trying to lose weight. from their own perspective. *Design:* Focus group. *Setting:* A senior center in a southeastern urban area. *Participants:* Eleven overweight or obese older adults. *Results:* Ten barriers to weight loss were cited. They were: 1) emotional eating, 2) living alone, 3) eating out of habit 4) reduced exercise 5) health issues such as pain, 6) cost of fresh fruits and vegetables, 7) time required for scratch cooking, 8) addiction to junk food, 9) time needed to count calories and 10) sustaining motivation. *Conclusions:* Interventions are needed to assist overweight and obese older adults who want to lose weight for health promotion and disease prevention...

Key words: Obesity, older adults, barriers to losing weight.

Introduction

Globally, more than one in ten of the world's adult population are obese, a doubling of the prevalence in the last three decades (1). This translates to 1.6 billion overweight adults and 400 million obese adults. Sixty five percent of the world's population now live in countries where overweight and obesity kill more people than underweight (1). In the United States, the fattest nation in the world, over one third of the population are obese (35.5% among adult men and 35.8% among adult women) (2). Obesity varies by age. Adults over 60 are more likely to be obese than younger adults. In the over 60 group, obesity is highest among those aged 65-74 compared with those aged 75 and over (3).

Obesity is costly, both in terms of the burden of disease for the individual, and in terms of the cost to a nation. For older adults, obesity means an exacerbation of chronic diseases including heart disease, stroke, type 2 diabetes and certain types of cancer. It is associated with functional limitations (4). Overweight and obesity are the fifth leading risk for deaths (1). A systematic review of the literature by Donini and colleagues examined 312 papers on the relationship between obesity and mortality among older adults. They report increased mortality in

obese older adults (5). Health-care expenditures are also increased for obese individuals. Health-care spending on an obese person is 25% more than for someone of average weight (6). Medical costs associated with obesity were estimated at \$147 billion in 2008. The medical costs paid by third-party payors for people who are obese were \$1,429 higher than those of normal weight (7).

Many older adults who are obese (BMI 30 or above) or overweight (BMI 25 to 29.9) want to lose weight but find it difficult. Weight loss is a challenge at any age, but particularly for older adults who may live alone, eating in a somewhat haphazard fashion. Because weight loss is so challenging among older adults who recognize the need to lose weight before facing a life-threatening disease, a better understanding of the perspective of older adults would shed light on what interventions are more likely to be effective in older adults who continue to lead active lives unrestricted by major health problems. There is an abundance of literature on weight loss programs targeting older adults with disease but little on the perspective of the older adults who is active in the community but finds their weight creeping up. Older adults are aware that being overweight or obese is likely to have negative health consequences. To prevent disease and promote healthy aging, they try to lose weight but find this difficult. This perspective can lead to interventions incorporating the needs of this population. The purpose of this study was to better understand the barriers older adults face when trying to lose weight from their point of view.

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Design

This study used a focus group design. In-depth interviews explored the barriers to sustained weight loss.

Setting

A Senior Center in a southeastern urban area.

Participants in this focus group consisted of older adults who meet for various activities at the senior center. The participants had previously formed a support group for those trying to lose and sustain weight loss. After a year of trying, they gave up and renamed themselves the Health and Humor Group.

Inclusion criteria:

1. Age 60 or older
2. Community dwelling
3. Older adults who wanted to lose weight
4. Overweight or obese by self report
5. English speaking

Exclusion Criteria:

1. Unable to come to the senior center on their own.

Method

Institutional Review Board approval was obtained from the University of Tennessee, Knoxville. Participants were recruited by the nurse at the senior center who is part of this group. The researcher was invited to join one of their meetings for a discussion of their challenges to losing weight. The focus group was held in a conference room where privacy was afforded. Prior to beginning the focus group, the study was explained and Informed Consent was obtained from each participant.

The PI moderated the focus group using open ended questions to elicit the viewpoints of participants and limit the number of people talking at the same time. Note taking assisted in identification of the persons talking. The discussion was audiotaped on a portable digital recorder and uploaded to a password protected computer. Sound recordings were transcribed verbatim by the author. The researcher and two graduate students read the transcripts to independently identify themes from the focus group. Confidentiality statements were obtained from the graduate students.

Analysis

Both the group and the individual were considered the unit of analysis in order to examine both individual responses and group interactions (8). Debriefing followed the focus group. Content analysis was used to elicit and compare common themes.

Results

Eleven participants volunteered to be part of the focus group. Age ranged from 61 to 90 (mean = 76.45, S.D.10.12). Two participants were males; nine were female. All were Caucasian. The most frequent health problems were hypertension (45%), diabetes (27%), and arthritis (27%).

The group was asked "Tell me why it is hard for you to lose weight?" Further open ended questions were used to expand the discussion as needed. While many reasons were discussed, the top ten barriers to weight loss were:

Emotional Eating

Participants ate for emotional reasons. "I eat when I'm happy. I eat when I'm sad" was the way this barrier was explained. Food served as a reward for achievements and consoled when bad things happened. One person summed it up by saying that food "makes you feel better for a few minutes".

Living Alone

For some, living alone meant freedom from years of cooking for family and /or spouse. "I don't feel like cooking for just one person." One person explained. Alternatives to cooking balanced meals were eating out, especially at fast food restaurants, or using frozen meals. One lady declared "I don't want to cook anything. I go to Arby's" (a fast food restaurant). When at home it is easy to pull a frozen meal out the freezer but these participants were aware of problems with frozen foods. "They say they have so many calories and sodium" one person acknowledged. Another reason that living alone was a barrier to losing weight was lack of social support that comes with living alone. "I don't have anyone to talk to" at mealtime or to support weight loss lifestyle.

Eating out of Habit

Hunger was not the main reason for eating. "Have we ever been really, hungry?" one man asked the group. "I think we eat out of habit." To avoid this, one person advised "Don't eat in front of the TV. You watch TV and every 20 minutes you get up and get something to eat." Another example of eating out of habit was eating during the night. "Poorer sleep that frequently comes with aging means getting up and eating during the night" was cited.

Reduced Exercise

As this group of older adults aged, they slowed down. "When you're older, you don't exercise as much." Walks get shorter. "Well, I used to walk five miles a day. I can't





any more" one man declared. Another lady said "I am not able to do any exercise." Another said "I do two exercise classes. And I hurt like heck when I'm doing those classes." Reduced exercise meant less calories burned.

Health Issues including Pain and Medications

The pain, especially arthritis pain was a barrier to exercising. "I hurt so bad" one lady explained. "You don't want to hurt." The result was less frequent exercise and a shorter duration of exercising. Another health reason for declining exercise was the impact of some medications. "Sometimes the medications that we take slow down the metabolism."

Cost of Fresh Fruits and Vegetables

A diet of fresh fruits and vegetable was a major barrier to healthy, balanced meals. Fresh fruits and vegetables are expensive, the variety is limited and many of this type of foods do not last long. "I could not afford to eat mostly fresh fruits and vegetables" was how one person explained this barrier. "It costs you more to eat healthy." Purchasing for one meant buying bags that contained too much for one person to eat before it went bad and throwing food away was considered a waste.

Cooking takes Time

Cooking from recipes takes time. "I don't have time to cook" stated one lady... "I have dogs and cats. I don't have time to make all these dishes." Many watched TV shows where cooks made multiple dishes on their shows. Participants enjoyed the shows but had no intention of trying to cook those dishes themselves.

Addicted to Junk Food

The prevalence and availability of junk food creates a barrier to losing weight. "You get used to all the junk, like chips and candy bars, and when you do try and eat healthy, it doesn't satisfy you" one lady said. "Fruits and vegetables. They just don't do it for me."

Counting Calories takes too much Time

The group talked about formal weight management groups such as Weight Watchers that they had tried and why they were not successful. It was very time consuming to write everything down and calculate calories. "Who has time to add up points and calories?" one lady asked. "Who remembers?" According to another lady, "I always said I don't eat much and then I wrote everything down and I thought 'Holy Moly'. She

stopped writing things down. Most had tried what they called "crazy diets": and named several in their discussion, but none were successful in the long run.

Motivation

All of these participants knew the basic principles of weight loss. One lady summed it up as "Calories in, calories out" was how it was explained. All had tried in the past to lose weight but any weight loss was not sustained. Weight was regained. Knowledge was not the problem for them. "I have books" one person said. It was motivation. "That's where we fall down. We know exactly what we are supposed to do." Lack of sustained success was discouraging and resulted in lack of motivation.

Discussion

In this focus group, community dwelling older adults discussed barriers to losing weight from their past experiences. They all wanted to lose weight and had been unsuccessful in their attempts and were seeking successful strategies. While there is an abundance of literature on programs targeting older adults with specific health problems such as heart disease or diabetes, there is a gap in the literature on ways to help older community dwelling adults lose weight independent of programs such as Weight Watchers.

These participants all knew the basic principles of weight loss. Many methods and formal weight loss programs had been tried. Nothing had worked. Short term loss had not been sustained. The result was discouragement. When dealing with older adults it is important for health professionals to be aware of the frustration older adults feel when attempts to lose weight are unsuccessful.

Limitations of this study include the small number of participants characteristic of a focus group which, along with the cross sectional design of a focus group, limit the number of viewpoints. Another limitation of this focus group was the tendency for the group to break off into multiple discussions at one time which were difficult to separate during transcription. Additionally, some group members had voices that were louder than others and were more likely to be clearly audible.

Conclusion

Weight loss is neither quick nor easy. Yet if the growing prevalence of obesity is to be stemmed, successful strategies must be available for older adults who want to shed pounds before the consequences of obesity contribute to additional disease that have a negative impact on overall health. Health care





professionals are more likely to focus their limited reimbursable time with older adults on diseases than health promotion. It is easier to give a prescription for a cholesterol lowering medication than work on a successful strategy for weight loss. According to a study by Galuska, over half of health care professionals do not bring up weight loss in their obese patients' annual visit (9). Weight loss is a complex issue. It is not as simple as overcoming one barrier but usually involves overcoming multiple barriers. There is no one size fits all solution. Additional research is needed to find strategies that can overcome the barriers to weight loss in older adults. The reward is improved quality of life during an increasingly long old age.

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