RESEARCH PAPER

Prevalence of overweight and obesity among resident doctors at Basrah center hospitals

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Abstract

Background: obesity is a multifactorial condition influenced by a complex interplay of genetic, environmental, behavioural, and socio-cultural factors. Obesity among Health Care Workers can significantly impact their occupation. It affects their physical health, increasing the risk of medical conditions and limiting their mobility and energy levels. The study aims to estimate the prevalence of overweight and obesity among resident doctors and to describe the risk factors for obesity among them.

Methodology: this is a cross-sectional study on 511 doctors conducted at Al Basrah Center Hospitals, which include 8 Hospitals. For the period from the 1st of February to the 30th of June 2023. All participants were interviewed, and a special questionnaire was used for this study's purpose.

Results: the doctor's ages ranged from 24-45 years. 36.6% were males 63.4% were females, and 16.2% of them were obese. Obesity was found to be associated with increasing age, gender, marital status, the number of children, and smoking status. 18.2% of senior residents were obese. Senior residents, in medical specialities such as medicine and paediatrics are at higher risk of being overweight and obese.

Conclusion: the study reveals that the prevalence of overweight and obesity among the doctors at Al Basrah Center Hospitals is on the high, which highlights the importance of promoting a healthy lifestyle, good eating habits, and regular physical activity.

Key words: body mass index, doctors, obesity, Basrah.

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Introduction

Obesity is a complex, heterogeneous, and generally and preventable condition.[1] impacting nearly a third of the world's population together with overweight. [2] If current trends persist, approximately 38% of adults worldwide are projected to be overweight and an additional 20% to be obese by 2030.[3] The World Health Organization (WHO) defines obesity as a condition of abnormal or excessive fat accumulation that may impair health. It is classified based on BMI thresholds, with obesity typically defined as having a BMI equal to or greater than 30 kg/m².[4] The prevalence of obesity among people worldwide is 10.8% among men and 14.9% among women.[5] Obesity is a multifactorial condition influenced by a complex interplay of genetic, environmental, behavioural, and socio-cultural factors.[6] It's a global health concern and is associated with a wide range of complications that significantly impact

individuals' well-being and quality of life. Excess body weight places an increased burden on various physiological systems, leading to an elevated risk of chronic conditions such as cardiovascular disease, type 2 diabetes, certain types of cancer, and musculoskeletal disorders.[7] The severity of obesity (class 2 (BMI of 35-39.9) and 3 (BMI of > 40) is associated with significantly increased all-cause mortality, while class 1 (BMI of 30-34.9) obesity does not show a similar risk, suggesting that higher BMI levels contribute more to mortality.[8] Just like professionals in other fields, healthcare workers (HCWs) were influenced by the impact of obesity. HCWS must serve as role models, raising awareness within their communities about the importance of preventing obesity and motivating patients to adopt healthy lifestyle behaviours.[9] Healthcare practitioners are expected to have a high degree of knowledge and awareness of their health state and the consequences of lifestyle changes on their health due to their specialised training. [10] Despite being involved in a profession focused on preventing diseases and promoting health, multiple studies indicate that HCWs exhibit a concerning pattern of increasing obesity rates over time. Additionally, HCWs often demonstrate higher levels of obesity compared to the general population. [11] Obesity among HCWs can significantly impact their occupation. It affects their physical health, increasing the risk of medical conditions and limiting their mobility and energy levels. [12] It also impacts psychological well-being due to negative body image and stress, potentially leading to burnout and diminished patient care quality.[13] The study aimed to Estimate the prevalence of overweight and obesity among resident doctors And Describe the risk factors for obesity among the doctors.

Method

This is a descriptive observational cross-sectional study designed to measure the Prevalence of overweight and obesity among resident doctors and conducted at all Basrah Center hospitals, which include 8 hospitals. Al Sadr Teaching Hospital, Al Basra Teaching Hospital, Al Fayhaa Teaching Hospital, Al Mawani Teaching Hospital, Al Shifaa General Hospital, Al Basrah Children Specialty Teaching Hospital, Basrah Cardiac Center, Hospital of Gastroenterology and Digestive Surgery in Basrah, and Basrah Hospital for Maternity and Child. The Data were collected for the period from the 1st of February 2023 to the 30th of June 2023. a total number of 600 doctors were planned to be involved in the study (74 doctors did not respond to the research and 15 doctors were pregnant and excluded from the study). The agreement of the Basra Directorate of Health to carry out the study was obtained before starting the study. The enrolled doctors were entirely oriented to the topic issue and its value, and verbal consent had been obtained from them before participation. All participants were interviewed, and a special questionnaire was used for the study. The questionnaire involved the following aspects: The sociodemographic characteristics: age, gender, residency, marital status, and smoking status. Then Physical activity, lifestyle and eating habits, and the Medical profile any history of chronic disease, chronic use of drugs, and family history of obesity. Exercise is divided into two groups: Moderate-intensity exercise of at least 75-150 minutes per week. And vigorous-intensity exercise of at least 150-300 minutes per week. Participants enrolled in the study underwent an anthropometric measure; the height (ht) was taken while in the standing position, and the weight (wt) was measured with light clothes.

Finally, the BMI was calculated (calculated as weight in kilograms divided by height in meters squared). BMI is classified as underweight or wasting (<18.5 kg/m2), normal weight ranges from 18.50 to 24.99, overweight from 25.00 to 29.99 and obese is ≥30.00. [14]

The statistical tests that were used were the chi-square test and Fisher's exact test. In all statistical analyses, the level of significance (p-value) was set at ≤ 0.05 and the result was presented as tables.

Results

A total number of 511 doctors were included in the study, their ages ranged from 24-45 years. Most of them (88.5%) were in the age group between 26-35 years. 36.6% were males and 63.4% were females.

Two percent of them were underweight, 41.9% of the normal weight, 39.9% were overweight, and 16.2% of them were obese as shown in Figure-1.
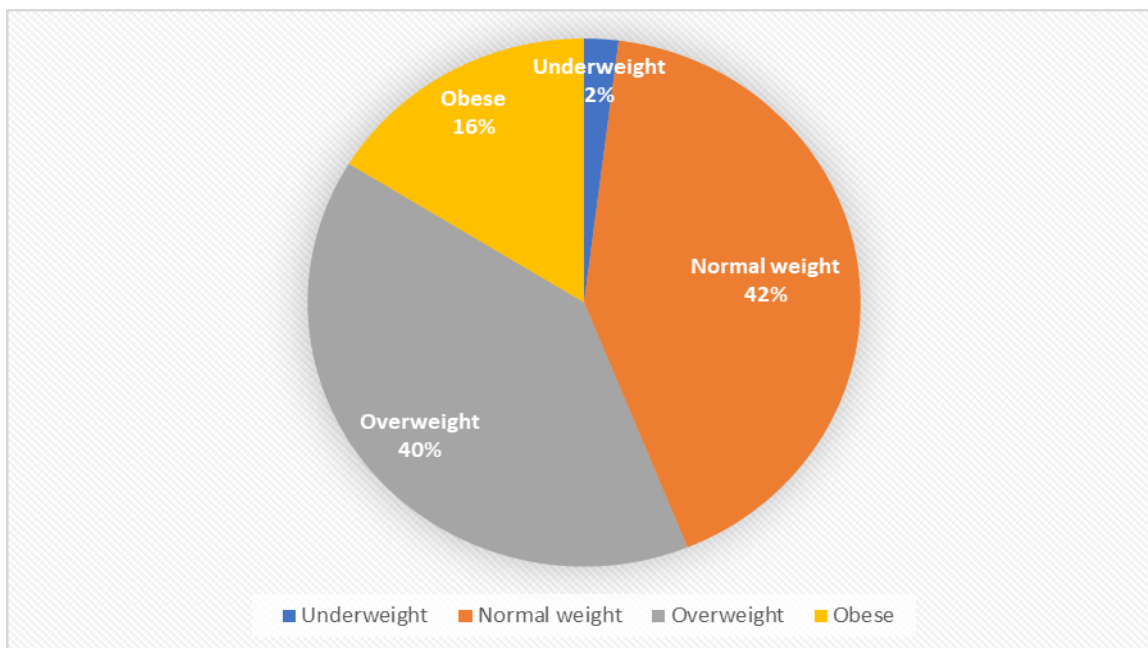
Fig 1 Distribution of participants according to their BMI.

Obesity was associated significantly with increasing age, 80% of doctors aged from 36 to 45 years were overweight and obese. On the other hand, gender also shows a significant association with BMI. Male doctors show a higher percentage of obesity (24.6%). Regarding marital status and number of children, there was a significant association between it and the BMI. The highest percentage of obesity was among married doctors (19.1%). And 28.6% of doctors who have more than two children were obese. Smoking status also related to obesity, 24.5% of doctors who were smokers were had a BMI of more than 30. (Table-1).

Table 1 .The association between the BMI and participant sociodemographic factors.

Variables	Underweight		Normal weight		Overweight		Obese		P -value
Age	No.	%	No.	%	No	%	No.	%	
≤ 25	1	2.6	27	69.2	6	15.4	5	12.8	
26-35	9	2.0	183	40.5	185	40.9	75	16.6	0.004
36-45	0	0.0	4	20.0	13	65.0	3	15.0	
Gender									
Male	1	0.5	53	28.3	87	46.5	46	24.6	0.001
Female	9	2.8	161	49.7	117	36.1	37	11.4	
Marital status									
Married	5	1.7	102	34.2	134	45.0	57	19.1	
Single	5	2.4	112	52.8	69	32.5	26	12.3	0.001
Divorced	0	0.0	0	0.0	1	100.0	0	0.0	
No. of children									
0	٨	2.2	٧٢1	48.0	1٣1	36.2	48	13.6	
1-2	5	1.9	47	35.7	56	43.7	23	18.8	0.05
>2	0	0.0	5	23.8	10	47.6	6	28.6	
Smoking status									
Smoker	1	1.8	29	26.5	53	48.2	27	24.5	
Ex-smoker	0	0.0	6	28.6	10	47.6	5	23.8	0.008
Non-smoker	9	2.4	179	47.1	141	37.1	51	13.4	

Regarding the job title, there is a significant association between obesity and job title and 18.2% of senior residents were obese. The speciality of these senior residents, the highest percentage of obesity was among the medicine residents (25.5%). Table-2.

Table 2 The association between the BMI and participant work characteristic

Variables	Underweight		Normal weight		Overweight		Obese		P - value
	No.	%	No.	%	No.	%	No.	%	
Job title									
Junior residents	5	4.6	53	48.6	41	37.6	10	9.2	0.013
Senior house officers	5	1.2	161	40.0	163	40.5	73	18.2	
Specialty (n=402)									
Surgery	1	0.5	84	45.9	73	39.9	25	13.7	0.003
Medicine	2	1.3	50	31.8	65	41.4	40	25.5	
Obstetrics and Gynecology	2	5.0	19	47.5	16	40.0	3	7.5	
Paediatrics	0	0.0	8	36.4	9	40.9	5	22.7	

Exercise is significantly associated with obesity since there is no obesity among doctors who mention vigorous-intensity exercise. While the sleeping duration has no obvious relationship with BMI. The meal timing shows a significant association with BMI. On the other hand, being a vegetarian seems to not affect the BMI since its P value is 0.549. Table-3

Table 3 The association between BMI and doctors' lifestyle characteristics.

Variables	Underweight		Normal weigh		Overweight		Obese		P -value
	No.	%	No.	%	No.	%	No.	%	
No exercise	10	2.3	169	38.3	184	41.7	78	17.7	
Moderate-intensity exercise	0	0.0	20	50.0	15	37.5	5	12.5	0.003
Vigorous-intensity exercise	0	0.0	25	83.3	5	16.7	0	0.0	
Sleep duration									
< 7hours	8	1.8	188	42.7	170	38.6	74	16.8	0.421
≥ 7hours	2	2.8	26	36.6	34	47.9	9	12.7	
Meal timing									
Irregular	8	2.9	99	35.6	129	46.4	42	15.1	0.002
Regular	2	0.9	121	51.9	75	32.2	35	15.0	
Vegetarian	0	0.0	13	41.9	15	48.4	3	9.7	0.549
How many fruits and vegetables per day									
<2	10	2.8	151	42.4	137	38.5	58	16.3	
2-4	0	0.0	51	37.5	61	44.9	24	17.6	0.185
> 4	0	0.0	12	63.2	6	31.6	1	5.3	
Fast food									
Always	2	3.6	18	32.7	18	32.7	17	30.9	
Sometimes	8	2.3	148	42.9	138	40.0	51	14.8	0.004
Rarely	0	0.0	44	44.4	40	40.4	15	15.2	
Never	0	0.0	4	33.3	8	66.7	0	0.0	
Sugary drink									
Always	2	2.3	27	30.7	40	45.5	19	21.6	
Sometimes	5	1.8	114	41.9	107	39.3	46	16.9	0.014
Rarely	3	2.3	65	49.6	46	35.1	17	13.0	
Never	0	0.0	8	40.0	11	55.0	1	5.0	
Sweets									
Always	4	3.7	42	38.5	44	40.4	19	17.4	
Sometimes	6	2.2	107	39.5	109	40.2	49	18.1	0.279
Rarely	0	0.0	63	49.2	50	39.1	15	11.7	
Never	0	0.0	2	66.7	1	33.3	0	0.0	
Fat-free or low-fat milk product	3	1.5	81	40.7	88	44.2	27	13.6	0.335
Total	10	2.0	214	41.9	204	39.9	83	16.2	

All the medical illnesses under study had no statistical association with BMI since the P value> 0.05. Apart from polycystic ovarian syndrome which shows a statistical association with obesity. P value= 0.049. Also having a first-degree relative with obesity is a risk factor for doctors' obesity with a P value of 0.001. Table-4.

Table 4 The association between BMI and participant medical profile

Variables	Underweight		Normal weight		Overweight		Obese		P-value
	No.	%	No.	%	No.	%	No.	%	
Hypothyroidism	0	0.0	4	26.7	9	60.0	2	13.3	0.424
Bronchial asthma	0	0.0	7	25.0	13	46.4	8	28.6	0.127
Diabetes	0	0.0	2	50.0	1	25.0	1	25.0	0.906
Hypertension	0	0.0	1	8.3	7	58.3	4	33.3	0.079
Polycystic ovarian syndrome	0	0.0	23	32.4	30	42.3	18	25.4	0.049
Other chronic illness	0	0.0	10	33.3	16	53.3	4	13.3	0.582
Chronic history of drug use	0	0.0	11	26.8	22	53.7	8	19.5	0.071
First-degree relative with obesity	2	1.2	40	24.4	78	47.6	44	26.8	0.001

Discussion

In the Basrah province of Iraq, this study was done to assess the prevalence of obesity and overweight among resident doctors as well as to identify different risk factors that may be associated with increased BMI. From this study, it was found that 39.9% of the doctors were overweight, and 16.2% of them were obese. Similar findings were observed in a Saudi Arabian study on Board resident doctors conducted by Alzahrani et al., 36% of Saudi doctors in the Asser Region were overweight and 23.2 % were obese.[15] Another study by Borgan et al., in Bahrain, found that there were 39% of physicians were overweight and 33% obese [16] The stressful life of doctors results in the premature onset of obesity; additionally, physicians' excessive work hours are associated with unhealthy lifestyles leading to higher levels of BMI among them.[17] A large cross-sectional study was done in Erbil, Iraq by Shabu et al., which also revealed that increasing age is a risk factor for increased body weight.[18] The cause behind this increased susceptibility is most likely

due to decreased physical activity, sedentary lifestyle, comorbidities, and dietary habits, as a result, this will increase the future burden of disease on medical professionals as they become older. [19] According to this study, the prevalence of obesity was higher among male doctors than females. Similarly, Alarjan and his colleagues evaluated the prevalence of obese and overweight people within the medical field in Jordan and discovered that the percentage of these people averaged 63.15% of men and 38.44% of women being obese and overweight.[20] Due to societal attitudes that encourage females to be thin, female doctors may have been more self-conscious about their weight status than males[21], which may have contributed to the lower rate of obesity among them in this study. Regarding marital status, we found that being married is associated with a higher prevalence of overweight and obesity, this finding is supported by those of Younis et al. in Palestine (28.3% for married versus 16.3% for single).[19] They also supported the hypothesis that the higher BMI

among married people was caused by the increased social support as well as regular consumption of heavy meals, which increases the likelihood of being overweight or obese.[22] Smokers showed higher levels of overweight and obesity; 48.2%, and 24.5% respectively which is in the same line with the finding of a study in Jordan (34 %of smokers versus 33% of nonsmokers) for overweight[23] but not for obesity. The doctors face a huge workload, and stress at work could play a major role in their smoking habits.[24] The speciality of doctors significantly impacted BMI levels, internal medicine and paediatrics in the present study had higher levels of obesity, this is consistent with a study that was done in Ankara, Turkey, where the Internal medicine speciality got higher rates of obesity in comparison to the Surgery.[25]Additionally, Physicians' attitudes about obesity and their associations with speciality were studied by Jay et al., and they suggested that Physicians' perceptions of body weight may be influenced by their speciality, length of residency, and level of competence[26] In this research, 86.3% of the participants mentioned that they were not practising regular exercise, and a similar percentage (86.1%) reported less than 7 hours of sleep. Moreover, more than half of them (54.6%) reported irregular and erratic meal timing. These findings are in line with a study done in the USA by Adnan et al., who reported that lack of exercise, sleep deprivation, and irregular meal timing predispose to obesity and overweight.[27] our study found that fast food and sugary drinks increased the levels of overweight or obesity. This finding is in line with those of Borgan et al., in Bahrain[16] which have demonstrated the link between savoury snacks and obesity. Resident doctors spend a lot of time away from home and typically they do not practice healthy eating habits. Fast food is frequently chosen by them because it is readily available. [28] Insufficient consumption of fruits and vegetables in this study did not result in an association with overweight or obesity. This is in line with the findings of pengpid et al., in their study about overweight and obesity among adults in Iraq [29], however, this contradicts the results of a study in Germany, about the protective role of vegetables and fruits against obesity.[30] Regarding the medical history, our study found that increased body weight is associated with PCOS; 42.3% for overweight and 25.4% for obese which is consistent with the study of Fong et al., in Belgium that up to 60% of women with PCOS are also either overweight or obese.[31] In the current study, 32.1% of the participants reported a family history of obesity among their first-degree relatives, and the association between family history and body mass index classification was highly significant. similar to our findings, a study that was done in Dammam, Saudi Arabia revealed that in female medical professionals, the prevalence of obesity is strongly correlated with family history.[32] The main limitation of this study is the inability to quantitively assess the amount of food per gram, for example, or to specifically determine the dietary constituents and caloric intake. Moreover, we couldn't assess exactly the hours and type of physical activity as it depends on the participant records rather than directly observing the physical activity.

Conclusion, the burden of overweight and obesity among medical doctors is high, obesity is significantly associated with an older age, male gender, married doctors, increasing numbers of children, and smoking history. Senior residents, in medical specialities such as medicine and paediatrics are at higher risk of being overweight and obese.

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انتشار زيادة الوزن والسمنة بين الأطباء المقيمين في مستشفيات مركز البصرة

الخلفية: السمنة هي حالة متعددة العوامل تتأثر بتفاعل معقد من العوامل الوراثية والبيئية والسلوكية والاجتماعية والثقافية. يمكن أن تؤثر السمنة بين العاملين في مجال الرعاية الصحية بشكل كبير على وظيفتهم. إنها تؤثر على صحتهم البدنية، وتزيد من خطر الإصابة بالظروف الطبية وتحد من حركتهم ومستويات طاقتهم. تهدف الدراسة إلى تقدير انتشار زيادة الوزن والسمنة بين الأطباء المقيمين ووصف عوامل الخطر للسمنة بينهم.

طريقه العمل: هذه دراسة مقطعية على ٥١١ طبيبًا أجريت في مستشفيات مركز البصرة والتي تضم ٨ مستشفيات. وذلك للفترة من أول فبراير إلى ٣٠ يونيو ٢٠٢٣. تمت مقابلة جميع المشاركين وتم استخدام استبيان خاص لغرض هذه الدراسة.

النتائج : تراوحت أعمار الأطباء بين ٢٤-٤٥ سنة. ٣٦,٦٪ من الذكور و ٦٣,٤٪ من الإناث ، وكان ١٦,٢٪ منهم يعانون من السمنة. وجد أن السمنة مرتبطة بزيادة العمر والجنس والحالة الزوجية وعدد الأطفال وحالة التدخين. ١٨,٢٪ من الأطباء المقيمين يعانون من السمنة. يواجه الأطباء المقيمون في التخصصات الطبية مثل الطب وطب الأطفال خطرًا أكبر للإصابة بالوزن الزائد والسمنة.

الاستنتاج: تكشف الدراسة أن انتشار زيادة الوزن والسمنة بين الأطباء في مستشفيات مركز البصرة مرتفع ، مما يبرز أهمية تعزيز نمط الحياة الصحي والعادات الغذائية الجيدة والنشاط البدني المنتظم.

الكلمات المفتاحية: مؤشر كتلة الجسم، الأطباء، السمنة، البصرة.