



Patients' Misperceptions of Lifestyle Characteristics

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ABSTRACT

Patients' perceptions of their own lifestyle habits and characteristics often do not match clinically determined values. By analyzing data compiled from surveys taken at seven statewide clinics, this study aims to evaluate differences in gender, ethnicity, and age for variables relating to perceptions of diet, body weight, physical activity, and alcohol consumption. Significant differences were found for nearly all categories, with the greatest differences seen in overweight or obese patients who identify themselves as normal or thin. Epidemiological data, such as those analyzed here, may assist researchers and physicians in understanding patients' everyday lives, and accordingly apply effective measures in disease prevention.

BACKGROUND

While many patients appropriately categorize themselves as overweight or obese, some may classify their body type as normal or even underweight. A similar paradox may be found in several other circumstances, such as in patients who believe their diet is healthier than in reality, that their infrequent bouts of exercise provide adequate physical activity, or that they are not "drinkers," even though they regularly consume alcohol¹⁻³. Previous research has focused especially on individuals with normal or thin body weight who see themselves as too heavy, and on the effects of ethnicity and gender on perception of body weight⁴⁻⁵. This analysis examines relationships of patients' perception of bodyweight, diet, activity level, and alcohol consumption with clinical measures of the aforementioned variables. Because data were collected from patients of both genders, several ethnicities, and a wide age range from across Texas, correlations between patient characteristics and perceptions of health behaviors can be determined.

MATERIALS and METHODS

This cross-sectional survey of patients' health behaviors was conducted in seven family medicine residency program clinics across the state of Texas, including Garland, Dallas, Corpus Christi, Austin, San Antonio, Harlingen, and McAllen. At each site, medical students surveyed at least 150 consecutive adult patients who presented for routine outpatient care, for a total of 1078 respondents. Surveys addressed four health behaviors (tobacco and alcohol use, physical activity, and diet), stage of behavioral change, health status including BMI and chronic conditions, and demographic characteristics.

This study considered each patient's gender, ethnicity, and age group. For each of these categories, patients' misperceptions about several lifestyle habits and characteristics were analyzed. These included the percent of patients who believed diets high in fried foods were healthy; normal or underweight patients who deemed themselves to be too heavy; overweight or obese patients who perceived themselves as normal or thin; patients who believed their infrequent bouts of physical activity sufficed; and patients who drank alcohol but labeled themselves as non-drinkers. Only the three predominate ethnicities studied, Hispanic, African American, and Caucasian, were included here, and only patients who actually drank alcohol were considered for the variable concerning drinking habits.

RESULTS

The total sample size was 1078 male and female patients, from predominately Hispanic, African American, and Caucasian ethnicities. Their ages ranged from 17 to 94 years, and completed 11.8 years of school on average.

As shown in Figure 1, there are gender differences in this sample's misperception of several lifestyle variables. Men (11.7%) were more likely than women (7.1%) to believe that diets high in fattening fried foods were healthy. Overweight or obese men (31.5%) were more than twice as likely than their female counterparts (13.8%) to perceive themselves as normal or thin. Accordingly, normal or thin women (7.0%) were much more likely than men of the same category (1.6%) to believe they were too heavy. Interestingly, there were 10.5% more women than men who drank alcohol on a regular basis but considered themselves non-drinkers.

Figure 2 shows that Caucasians (11.4%) were most likely to believe that diets high in fried foods are healthy, and are also most likely to believe that their normal or low body weights are too heavy (8.7%). Caucasians were also least likely to perceive their heavy or obese body weights as normal or thin (14.2%). Considering the sample population who drinks alcohol, Hispanics were most likely to drink but consider themselves non-drinkers.

Figure 3 shows that young adult patients in the 18-34 age range (8.1%) were most likely have a normal or low body weight, but see themselves as overweight, with seniors, aged 65 and older, least likely to fit this category. Interestingly, senior patients, were also most likely to be overweight or obese but see themselves as normal or thin (28.1%), while young adult patients were least likely to be in this group (13.9%).

Figure 1.

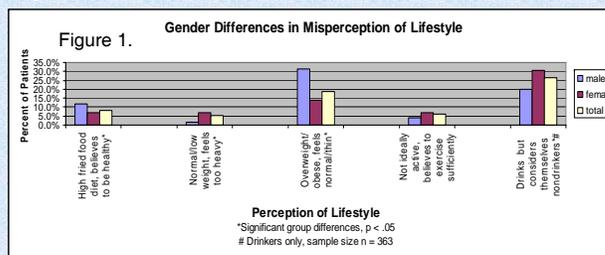
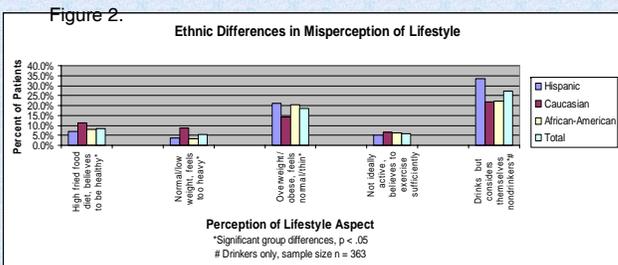
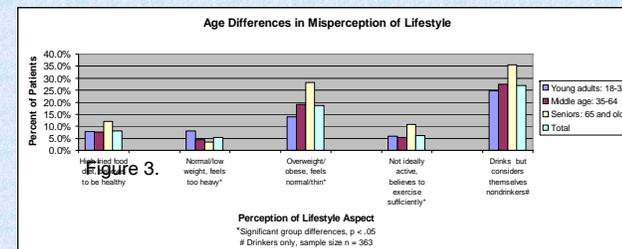


Figure 2.



RESULTS (cont.)

Figure 3.



CONCLUSIONS

Evaluating current trends certain demographics is important so that physicians can understand lifestyle habits of their patients and provide the best care possible.

These data raise several questions, such as why seniors are most likely to lead unhealthy lifestyles unknowingly, or why gender often has such a dramatic effect on individuals' body image. Furthermore, it helps define cultural paradoxes and effects on patients' lifestyles by showing, for example, that Hispanics and African Americans are more likely to be overweight yet feel normal, while Caucasians are most likely to believe unhealthy diets are in fact healthy. By assessing epidemiological data regarding environmental stimuli that may lead to diseases, better preventive measures may be taken. In effect, profound positive effects for health care systems may result.

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