PSY53 COMORBIDITIES, HEALTH-RELATED QUALITY OF LIFE AND PRODUCTIVITY LOSS ASSOCIATED WITH OBESITY

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OBJECTIVES: Obesity is associated with many health-related risk factors and is a significant economic burden on society. The objectives of this study were to examine the prevalence of patient-reported comorbidities, productivity loss and health-related quality of life (HRQoL) across different BMI ranges. METHODS: Overweight: obese patients from the 2012 U.S. National Health and Wellness Survey, a nationally representative, cross-sectional survey of 71,157 respondents aged 18-64 years, were analyzed. BMI was categorized into BMI > 20.3% obesity class I (BMI 3.8 – 35.9 kg/m²), obesity class II (BMI 35.9 – 40 kg/m²), and obesity class III (BMI > 40 kg/m²). Results: Patients provided information on HRQoL. SF-36v2: mental and physical health summary scores were inversely correlated with BMI, with significant productivity loss (Work Productivity and Activity Impairment questionnaire) and comorbidities (sleep difficulties, insomnia, pain, anxiety, and depression) they experienced in the past 12 months. RESULTS: Among 45,641 overweight/obese patients, 49.8% were overweight, 27.9% were obese class II, 13.2% were obese class II, and 9.8% were obese class III. The proportions of patients experiencing sleep difficulties (overweight: 20.3%, obese class I: 26.6%, obese class II: 28.6%, obese class III: 35.3%), pain (overweight: 12.6%, obese class I: 18.1%, obese class II: 42.5%, obese class III: 48.5%), anxiety, and depression increased along with BMI increase (all p<0.001). MCS (overweight: 50.0; obese class I 48.9; obese class II 47.8; obese class III 46.1). CONCLUSIONS: Data suggests a greater prevalence of pain, depression, anxiety, and sleep problems as BMI increases. Increasing BMI is also associated with significantly worsening HRQoL. Successful obesity prevention and management may help improve patients’ quality of life and productivity.