

**The lack of screening is the leading factor associated  
with the misperception of overweight in an adult  
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# THE LACK OF SCREENING IS THE LEADING FACTOR ASSOCIATED WITH THE MISPERCEPTION OF OVERWEIGHT IN AN ADULT POPULATION OF THE FRENCH WEST INDIES

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## Objective

Several studies demonstrate that the perception of overweight is associated with attempts at weight control in overweight subjects. Our objective is to describe the factors associated with the perception of overweight in an adult Caribbean population, and in particular, to assess the relationship between the perception of overweight and previous medical diagnosis of overweight.

## Design and method

CONSANT was a cross-sectional study carried out in 2007 on a representative sample of the adult Guadeloupean population. Included were 1,005 subjects aged 25-74 years, drawn from stratified random sampling, and interviewed at home. The perception of overweight was evaluated by the question: "Do you consider yourself to be overweight?" with a binary response.

## Results

Among overweight subjects (Body Mass Index  $\geq 25$  kg/m<sup>2</sup>, n = 576), 38.6% provided an incorrect assessment of their weight status. This proportion falls to 17.4% in those who stated to have previously received a medical diagnosis of overweight. However, only 48.8% of overweight subjects stated to have received such a diagnosis.

*Relationship between misperception of overweight and lack of previous screening among overweight:*

|                    | Misperception of overweight |      |                    |
|--------------------|-----------------------------|------|--------------------|
|                    | %                           | OR * | p                  |
| Previous screening |                             |      |                    |
| No                 | 59.0                        | 5.35 | < 10 <sup>-3</sup> |
| Yes                | 17.4                        | 1    |                    |

\*: OR adjusted for age, sex, income level, BMI.

A logistic regression shows that the underestimation of weight status is associated with the absence of previous diagnosis for overweight (OR: 5.35 - p < 10<sup>-3</sup>), as well as an age greater than or equal to 55 years (OR: 2.91 - p < 10<sup>-3</sup>), a BMI of less than 30 kg/m<sup>2</sup> (OR: 2.26 - p: 0.001), the male sex (OR: 1.86 - p: 0.004), and a low income level (OR: 1.62 - p: 0.030), but not a lack of awareness regarding the role of weight control in the prevention of cardiovascular diseases.

Similar results are observed if waist circumference is taken as a factor instead of BMI.

## Conclusion

In this population, the lack of medical diagnosis of overweight was the leading factor associated with misperception of overweight. Screening for overweight therefore appears to be one of the preconditions to weight management, and remains a fundamental but often unused element in the fight against obesity.

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