Poster presented at Eating Disorders Alpbach 2012, Health Promotion and Prevention in Eating Disorders and Obesity, The 20th International Conference, October 18-20, 2012
The influence of socioeconomic factors on health parameters in overweight and obese women and men

1 Institute of Social Medicine and Epidemiology, Medical University Graz

BACKGROUND

The prevalence of overweight and obesity is increasing worldwide, is associated with a high risk for both women and men, and inversely related to socioeconomic factors. Worse health-related behaviour, unfavourable psychological factors, and lower self-ratings of health are found in individuals with low socioeconomic status (SES).

Therefore, the aim of our study was to investigate whether normal-weight, overweight and obese subjects of low, middle or high SES differ with regard to their health behaviour, self-perceived health, chronic conditions, impairment due to health, vascular risk, quality of life, and use of medical care.

METHODS

The sample used for this study was taken from the Austrian Health Interview Survey (ATHIS) 2006/07. In a first step, subjects over 20 years of age with normal weight (body mass index BMI ≥18.5 and <25 kg/m²), overweight (BMI ≥25.0 and <30 kg/m²) and obesity (BMI ≥30 kg/m²) were matched according to their age, sex, and socioeconomic status (rather low, middle and high) to eliminate the influence of these variables. As a result we analysed a 3x3 design on subjects with a different BMI and SES-groups multivariate analyses of variance were conducted for the domains health behaviour (eating behaviour, physical exercise, smoking, and alcohol consumption), health (self-perceived health, chronic conditions, impairment due to health, vascular risk, quality of life, and use of medical care.

RESULTS

Health behaviour

Obese subjects differ significantly from normal-weight and overweight persons in terms of their eating behaviour, in the sense of a higher meat intake (p=.000).

An interaction between the BMI and SES was significant for physical exercise (p=.021). The results reveal that in overweight and obese subjects the SES has a greater impact on physical exercise than in normal-weight persons.

Health

Obese subjects report to be generally in a poorer state of health (p=.000), to be suffering from more impairment due to disorders (p=.000), and have more chronic diseases (p=.000). Moreover the vascular risk is enhanced in obese compared to normal-weight, and overweight persons (p=.000).

Additionally, subjects with a high SES are in a better state of health (p=.000).

We found a significant BMI*SES interaction for the number of chronic conditions (p=.037).

Quality of life

Obese subjects have the worst quality of life in the domains physical (p=.000), psychological health (p=.000), social relationships (p=.000), and also environment (p=.000).

Moreover, subjects with a low SES have the lowest quality of life in all four domains (p=<.000 for all sub-tests).

Medical treatment

Obese subjects need more medical treatment (p=.000), and are vaccinated less often (p=.004). Additionally use of medical care differs between subjects of a rather low, middle or high SES. Subjects of a high SES consult doctors significantly more often (p=.004), are vaccinated more often (p=.000), and additionally make more frequent use of preventive care (p=.000) than individuals with low SES.

CONCLUSIONS

• Obese subjects, as well as persons with a low SES self-report poorer health, more impairment due to health problems, suffer from more chronic conditions, have a higher vascular risk, and worse quality of life.

• Obese subjects need more medical treatment than normal- and overweight persons.

• The impact of the SES on health is greater in obese than normal- or overweight subjects.

• Socioeconomic factors should be taken into account when calculating health risk.

• A continuous target group-oriented, non-discriminatory public health program is required prioritizing obese subjects of low SES.