

Poster presentation

Perceptions of obesity amongst a mixed HIV cohort in London, UK – Slim is no longer Slim

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Purpose of the study

Obesity is a major public health concern carrying a significant risk of morbidity and mortality. It has been observed in obesity studies [non-HIV-infected individuals] that females of Black African origin tend to underestimate their degree of obesity compared to other groups. The study aimed to determine the prevalence and perception of obesity amongst demographic groups of HIV-infected patients attending a London HIV unit.

Methods

Data were collected on demography, self-perception of body weight and BMI (body mass index). Patients' views were sought on satisfaction with their body shape and size; their perception of body weight was assessed on a self-administered scale: underweight; slightly underweight; ideal weight; slightly overweight; and overweight. BMI was calculated as measured weight/height² (kg/m²) and defined underweight as <18.5, normal weight 18.5 to

24.9, overweight 25 to 29.9, and obese >30. The perceived and actual body weights were compared by ethnicity.

Summary of results

92 questionnaires were completed. Median age was 40 years. Calculated BMI results showed 58.2% of respondents to be overweight and 19.6% to be obese. There was a significant ethnic difference in self-perception of body weight. (Tables 1 and 2). Half of the respondents were unsatisfied with their body shape and size. Black African women in the overweight group, however, were more satisfied with their body size and shape.

Conclusion

This study highlights a high prevalence of overweight individuals living with HIV/AIDS, especially among Black African/Caribbeans, who were often unaware they had a weight problem. Obesity is multifactorial and it is likely that the association of HIV infection and being 'slim' cre-

Table 1: African/Caribbean.

Perception	Actual BodyWeight and Calculated BMI			
	Underweight N = 0	Appropriate weight N = 9	Overweight N = 25	Obese N = 17
	BMI<18.5	BMI>18.5<25	BMI>25<30	BMI>30
Slightly underweight	0	1	2	5
Appropriate weight	0	2	12	4
Slightly overweight	0	3	8	5
Overweight	0	3	3	3

Table 2: White European.

Perception	Actual Body Weight and Calculated BMI			
	Underweight N = 4	Appropriate weight N = 26	Overweight N = 10	Obese N = 1
	BMI < 18.5	BMI > 18.5 < 25	BMI > 25 < 30	BMI > 30
Slightly underweight	2	10	1	1
Appropriate weight	1	9	2	0
Slightly overweight	1	5	5	0
Overweight	0	2	1	0

ates a social pressure towards obesity. A multidisciplinary effort (e.g. dietician, physiotherapist) should focus on changing the currently accepted larger body size among this cohort. Overweight and obese patients should be told about their health risk and encouraged to lose weight.

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