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Response to: Underdocumentation of Obesity by Medical Residents Highlights Challenges to Effective Obesity Care

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To the Editor:

The study conducted by Srivastava highlights an important and underrecognized gap in care management of patients with obesity who require hospitalization (1). Srivastava's work suggests that internal medicine residents in training, particularly interns, under-document obesity on admission and throughout the patient's hospital course (1). While the authors should be applauded for enhancing awareness of the prevalence for under-documentation, there are two major concerns with the study. First, they do not acknowledge previous inpatient research that explored obesity documentation for internal medicine providers after training; specifically, hospitalists (2). For example, research by Howe identified hospitalists' under-documentation of obesity, which was published prior to the author's data collection (2). Furthermore, Katzow, also found under-documentation of obesity for inpatients (3). While the target population in the studies above is different from medical interns, a historical appreciation for past studies, about inpatient documentation, might have strengthened the authors' argument to promote obesity recognition and education during one's medical training. Second, the authors appropriately recognized that a limitation of their study was that it reported data collected from 2010-2011; It is possible that intern documentation of internal medicine residents has since changed at the authors' hospital following their study and subsequent release of the 2013 Obesity guidelines (4).

One of the major strengths of the authors' research was that capturing internal medicine providers in training may possibly lead to a continuation of recognition and documentation of obesity in a variety of fields. Hence, their work may expand beyond physicians in training, where for example, cardiologist, pulmonologists, and gastroenterologists may also routinely document obesity in outpatient and inpatient settings. This early training approach appears to be appreciated as the authors aptly wrote "*Because physician practice patterns are largely determined during residency, focused efforts to address obesity care behaviors during this period of physician education are likely to have a greater and more lasting impact than intervention at a later stage*."(1).

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Finally, the authors' acknowledgement on the need for appropriate recognition and documentation of obesity to help facilitate longitudinal management for obesity cannot be overstated. Inpatient weight loss interventions with post discharge follow up to dedicated weight control centers has been previously suggested (5). Hospitalizations may serve as one of the best opportunities to help patients with obesity tackle weight loss barriers and connect them with weight loss specialists. Initiating this thought process and practice during internal medicine residency may eventually change a culture in medicine that deems obesity as chronic issue that doesn't deserve prompt attention.

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