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# Investigating the disease is the key to the obesity stigma

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**This commentary refers to 'Obesity modifies the energetic phenotype of dilated cardiomyopathy', by J.J. Rayner *et al.*, https://doi.org/10.1093/eurheartj/ehab663 and the discussion piece 'Respectful language and putting the person first with obesity', by S.S. Bajaj, L. Tu and F.C. Stanford, https://doi.org/10.1093/eurheartj/ehab837.**

We would like to thank Drs Bajaj, Tu, and Stanford for their thought-provoking letter[1] regarding our recent paper,[2] and for the opportunity to discuss further the issues raised.

Our recent work has established the influence of obesity on myocardial energetics in heart failure, the impact of weight loss on these abnormalities, and the potential for a metabolic explanation for exertional symptoms in these individuals. The authors' response referred to the importance of using patient-first language in academic writing, and the significant impact of stigmatizing terminology on patients.

First, we are grateful for the authors' letter highlighting the importance of this issue. Throughout our research in this area, we have been very aware of the major stigma met by those living with obesity, both in society as a whole, but also among the medical and scientific communities. The value of research into the complications of obesity is minimized, and this complex and multifaceted disease is dismissed as being less worthy of investigation. People with obesity experience direct discrimination through being excluded from the majority of clinical trials and therefore having cutting edge treatments unjustifiably withheld.[3]

As keen advocates for our patients, we were disappointed that Bajaj *et al.* identified incidences of problematic language in our paper. However, to describe these as being 'throughout the text' is an overstatement—'obese volunteers' and 'obese individuals' were used on one occasion each, with the remainder of the manuscript using patient-first language. Equally, the use was not different from descriptors of other patient groups ('heart failure group' and 'normal weight individuals' both used).

While we acknowledge the importance of the issue, we suggest that it is not the terminology used in scientific writing, which most adversely affects patients. It is the deep-rooted weight stigma experienced on a day-to-day basis, even in health care,[4] which should be the safest of settings. The most effective way to address this is to work together to accelerate scientific knowledge. Through further investigation of the metabolic abnormalities and sequelae of the disease process itself, and effective dissemination of these results, we can improve the understanding of the condition and ultimately design tailored treatments to improve quality of life for our patients.

**Conflict of interest:** none declared.

## References

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