

Obesity should be recognised as a disease

Summary

Obesity is a chronic progressive disease caused by an imbalance between energy intake and energy expended, with a wide range of damaging effects on the body. There are powerful social and economic factors that, through moulding the obesogenic environment and reducing our need to expend energy, have driven the recent increase in the prevalence of obesity. In addition there are strong, sometimes overwhelming, biological, pathological and genetic factors which make some people particularly susceptible to obesity while others are more resistant.

Excessive weight is associated with many complications including type 2 diabetes, dyslipidaemia, infertility, cardiovascular disease, liver disease, cancer, mental health and osteoarthritis, along with others.^{1,2} Effective treatment can improve or reverse these obesity associated complications.

This statement discusses the arguments for and against recognising obesity as a disease, concluding that until obesity is widely recognised as a chronic disease, and not a lifestyle choice, the funding needed for effective preventative strategies and treatment of people already affected will remain inadequate leading to increased prevalence of obesity, ill health and increased human and societal costs. A failure to act now will have catastrophic consequences for healthcare systems everywhere, in particular in the UK where obesity prevalence is³ one of the highest in Europe.

Introduction

By definition, a disease is “a disorder of structure or function in a human, animal, or plant, especially one that produces specific symptoms or that affects a specific location and is not simply a direct result of physical injury”.⁴

The prevalence of obesity increased in the UK from 14% in 1990 to 27% in 2016 and is expected to hit 35% in England by 2030.⁵ Obesity has very high costs to health services. Health problems associated with being overweight or having obesity cost the NHS more than £6.1 billion every year⁶, but can be effectively prevented and treated given adequate resources and coordination in government locally and nationally. However, no nation has yet achieved this goal.

¹ G.B. Bray and others, “Obesity: a chronic relapsing progressive disease process. A position statement of the World Obesity Federation”, *Obesity Reviews* (vol. 18, issue 7), 2017

² <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2> Date Accessed June 2018

³ *Health at a Glance 2017: OECD indicators*, 2017

⁴ *Oxford English Dictionary*, “disease”, 2017

⁵ *Health at a Glance 2017: OECD indicators*, 2017; “Obesity Update”, OECD, 2017

⁶ “Healthy Lives, Healthy People: A call to action on obesity in England”, Department of Health, 2011

Emerging global consensus

In 1997, the World Health Organization (WHO) and the International Obesity Task Force published a report, “Obesity: Preventing and Managing the Global Epidemic.” The document clearly stated that “obesity was a disease, specifically a ‘complex’, ‘incompletely understood’, ‘serious’ and ‘chronic’ disease which was part of a cluster of non-communicable diseases that required prevention and management strategies at both individual and societal level. They went on to describe obesity as an excess of body fat accumulation causing multiple organ damage. After the WHO definition in 1997, the Japanese declared obesity as a disease in 2002⁷, with Portugal following suit in 2004⁸. Scottish intercollegiate guidelines described obesity as a disease in 2010 along with the American Medical Association in 2013 as it was deemed necessary to “require a range of medical interventions to advance treatment and prevention.”⁹ More recently, the Canadian Medical Association (CMA) has declared obesity to be a chronic medical disease requiring “enhanced research, treatment and prevention efforts”.¹⁰ The CMA acknowledge that recognising obesity as a chronic disease helps health care providers with preventative measures and ensures appropriate treatment options are available for patients. In March 2017, the World Obesity Federation concluded that obesity should be officially recognised as a “chronic relapsing progressive disease process”.¹¹

Biological Causes of Obesity:

The Obesity Medicine Association describes people with obesity having “impaired metabolic pathways along with disordered signalling for hunger, satiety, and fullness. This impairment is not due to an accumulation of fat from eating too many calories; rather, these are pathological consequences of an imbalance in the body’s systems.”¹²

McLean et al, go on to describe key biological effectors in the energy balance system that are associated with the central appetite system that includes multiple hormones and their signalling pathways alongside external factors such as exercise and hedonic behaviour, to create a complex, individual feedback system rooted in genetics.¹³

What could be achieved by recognising obesity as a disease?

Currently there is a stigma attached to having obesity. Media portrayals of people with obesity often include headless, faceless overweight bodies that add to the mental burden and stigma faced by people with obesity. Policymakers, the media and indeed the medical profession are consciously or subconsciously biased against people who have obesity, which

⁷ M Kanazawa and others, “Criteria and Classification of Obesity in Japan and Asia-Oceania”, Nutrition and Fitness: Obesity, the Metabolic Syndrome, Cardiovascular Disease, and Cancer (vol. 94), 2005

⁸ Serviço Nacional de Saúde, “Obesity as a disease”, 2004

⁹ American Medical Association: A.M.A Adopts New Policies on Second Day of Voting

¹⁰ “CMA recognises obesity as a disease,” Canadian Medical Association, 2015

¹¹ G.B. Bray and others, “Obesity: a chronic relapsing progressive disease process. A position statement of the World Obesity Federation”, Obesity Reviews (vol. 18, issue 7), 2017

¹² Obesity Algorithm®, ©2016-2017 Obesity Medicine Association

¹³ MacLean, Paul: Obesity, Volume 25 Supplement 1, March 2017

is thought to be a lifestyle choice and continues to exacerbate the stigma and discrimination. Recognising obesity as a disease will highlight the risks both to patients and healthcare professionals, as well as local and national government. Disease recognition will require a change in approach from multiple stakeholders in the healthcare sector and wider society with the aim of ensuring the problem is adequately prioritised and funded. A wide range of education materials and tools will be needed to educate policymakers, health care professionals and the public about the underlying biological, pathological and genetic causes of the disease.

This will require a holistic approach, including collaboration between local government, obesity professionals, local health authorities, education bodies, environmental groups, and the pharmaceutical and food industries.

Other benefits may include helping people with obesity to cope with the disease. The internal stigma of this disease is a barrier to weight loss¹⁴ and often there is a psychological reason why these people gain weight. Recognition of obesity as a disease would help encourage people with obesity to understand the seriousness of excess weight and the consequences of having obesity, and discuss their condition with their healthcare professional. It is fundamental to remove all barriers to treatment.

Recognising obesity as a disease should not alter the social and environmental efforts at prevention but should also highlight the importance of the need for not only healthy eating regimes and increased physical activity, but also treatment and intervention, including psychological assessment, lifestyle measures, pharmacological intervention and bariatric surgery.

Arguments against recognising obesity as a disease

Such a change will involve significant sections of the population being labelled with a disease. This may have a psychological impact on patients, but data suggests that patients with obesity do consider themselves to have a disease and for those with less severe degrees it should highlight the importance of weight loss and the benefits of losing weight.

There is also the consideration for general practice. If we declare obesity a disease, will it overwhelm the system? Recent studies have shown that proactive, brief physician led intervention can be an acceptable way to discuss weight in patients who were already being seen in primary care.¹⁵ Furthermore, in a publication from Welbourne et al, endorsed by the RCGP and others, recommendations were made for general practitioners on improving the referral process into specialist weight management services that are better place to manage severe complex obesity.¹⁶

¹⁴ "CCGs Fall Well Short on Tackling Obesity", Helping Overcome Obesity problems (HOOP UK), 2016

¹⁵ Aveyard, Paul. Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. *The Lancet*, Volume 388, Issue 10059 Nov 2016; Pg 2492-2500

¹⁶ Welbourne, Richard. Commissioning guidance for weight assessment and management in adults and children with severe complex obesity. *Obesity Reviews*, doi: 10.1111/obr.12601

Considering that reversing the obesity epidemic will take a whole systems approach, we may not see the benefits of recognition of obesity for many years; however, without early interventions and continued education, plus access to care for people currently with obesity, the prevalence of obesity is unlikely to change.

Recommendation

Obesity should be recognised as a complex progressive chronic multifactorial disease. In order to improve their health and increase life expectancy people affected by obesity should have access to the appropriate treatment for their disease stage in the form of lifestyle measures, pharmacological intervention and/or bariatric surgery.

Defining obesity as a disease does not detract from the need to tackle the societal causes of obesity. Prevention and societal intervention remain important aspects of this problem. However, recognising obesity as a disease will provide clarity for healthcare professionals, prioritise access to treatment, reduce the stigma surrounding the condition, and crucially encourage governmental action to prioritise strategies to reduce the prevalence of obesity in the UK.

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Endorsements:

- Helping Overcome Obesity Problems (HOOP)
- World Obesity Federation (WOF)
- British Dietetics Association, Obesity
- British Dietetics Association
- The College of Contemporary Health
- Society for Endocrinology
- Association for the Study of Obesity (ASO)
- Royal College of Surgeons, Ireland