CD Summary

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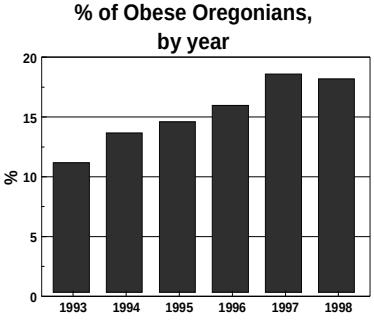
OBESITY EPIDEMIC HITS OREGON

OBESITY AMONG Americans has been the topic of much recent news media coverage and heated debate. How many Americans are overweight? What factors contribute to obesity? Why is the epidemic spreading? Can obese people be "fit?" The October 27, 1999 issue of the *Journal of the American Medical Association* was devoted entirely to obesity.[1] The October 7, 1999 issue of the *New England Journal of Medicine* ran as its lead article a study examining the relationship of obesity to premature mortality.[2] The PBS program *Frontline* recently aired a program entitled "Fat" addressing many of these questions.[3] In this *CD Summary*, we report on how Oregonians fit into the national epidemic, the relationship of obesity to health status, and possible strategies to halt the epidemic's "spread."

FOOD AND DISEASE

The 20th century has seen a steady decline in foodborne infectious diseases (e.g., typhoid fever, tuberculosis, botulism, and scarlet fever) due to improved sanitation, refrigeration, pasteurization, and animal health. In addition, a better understanding of nutritional deficiencies (e.g., rickets, scurvy, beriberi and pellagra) has led to food fortification programs, all but eliminating these diseases. These successes have shifted the focus of nutritional programs to the control of chronic diseases, related to nutrition (or over-nutrition) such as diabetes, and cardiovascular disease. Consequently the Centers for Disease Control and Prevention states that "the most urgent challenge to nutritional health during the 21st century will be obesity."[4] The struggle with our own nourishment can be described as a national eating disorder.*



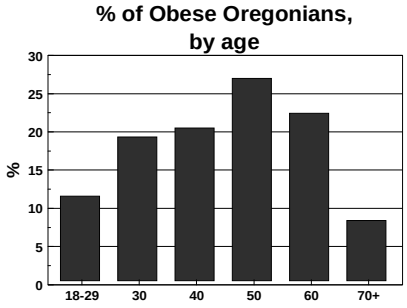
Obesity is measured by body mass index (weight in kilograms/height in meters squared). The World Health Organization defines a BMI <25 as normal; 25 - 29.9 as overweight; and ≥30 as obese. Being overweight or obese increases the risk of developing hypertension, hyperlipidemia, diabetes, coronary heart disease, osteoarthritis, and premature death. Annually in the U.S.[4] total costs attributable to obesity are an estimated $100 billion and an estimated 280,000 deaths are attributable to obesity annually.[5]

NATIONAL NUMBERS

The study reported in *JAMA* evaluated national BRFSS data (a random-digit telephone survey of more 100,000 adults nationwide annually). The authors found that the percent of Americans who were obese increased from 12% in 1991 to 18% in 1998. The increase occurred among both men and women, across all socio-demographic groups, and in every state. The researchers found that in 1991, 4 of 45 participating states had populations where >15% were obese; in 1998 this had increased to a staggering 37 states.

OREGON DATA

Where does Oregon squeeze into this picture? Oregon BRFSS data from 1998 show that 36% of Oregonians are overweight (BMI 25 - 29.9) and 18% are obese (BMI >30). Together, more than half (55%) of all Oregonians are overweight or obese. Similar to the national trend, the percentage of obese Oregonians has increased over the past 6 years (see figure to the left). Since 1993, the percentage of obese Oregonians has increased 63%. Although similar percentages of men and women are obese (18% of men and 19% of women), more men are overweight (46% of men compared to 27% of women). This may be due in part to the overweight cut-off of BMI>25 for both men and women, (those muscle-bound men may weigh more for their height than those Rubenesque women). Obesity/overweight also varies by age, for both men and women (see figure below). Obesity increases from



12% among 18-29 year olds to a high of 27% among those 50-59, and then tapers off to 8% among those 70 years and older. A higher percentage of people living in rural counties (<7 residents per square mile) are obese (25%) than those in non-rural counties (18%). Among women, lower income level is associated with a higher percentage of obesity (23% among those with incomes <$25,000 compared to 17% for those with incomes >$50,000). The same was not observed in men. However, in both men and women, percentage of obesity declined as educational level increased.

Health Correlates of Obesity

So, do Oregonians care that they are obese? Does it affect their reported health status? What, if anything, are they trying to do about it?

The table (*verso*) shows a number of correlates of obesity. Obesity affects the general health status of Oregonians; the more overweight a person, the less likely they are to report their overall health status as being good or excellent. Obese women

*The real Y2K problem may not be computer bits and bytes but food bits and bites.

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PERIODICALS
POSTAGE
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Portland, Oregon

Health Correlates of Overweight/Obesity

		Normal (%)	Overweight (%)	Obese (%)
Perceived health status as very good/excellent	Male	62	56	44
	Female	67	49	31
Diagnosed with diabetes		3.9	6.5	8.6
Current smoker		26	17	16
Exercise 30 minutes a day 5X/week		30	27	19
Lack medical care coverage		8.3	8.4	12.4
MD advised to lose weight		<1	10	31
Trying to lose weight	Male	19	55	69
	Female	32	57	69
Restrict calories to lose/maintain weight		21	36	36
Physical activity to lose/maintain weight		62	64	65
Exercise + low fat + fewer calories to lose/maintain weight		10	20	20

are less likely than obese men to report good or excellent health. Diabetes is associated with level of obesity; smoking was inversely associated.* Overweight and obese persons are even less likely than normal weight persons to report getting the recommended 30 minutes of physical activity per day, 5 or more times/week. Obese people are more likely than normal weight persons to report not seeking medical care during the past year because of the cost.

Now, what are people trying to do about their weight? Over 69% of obese people are trying to lose weight (note that 32% of normal weight women are also trying to lose weight). However, only 32% of obese patients have been advised by their physician to lose weight. Overall, 36% of overweight and obese people are trying to control their weight through caloric restrictions. Almost 2/3 of people in all weight groups are using physical activity to lose or maintain weight (but remember only 20-30% actually achieve the recommended amounts of activity). Of note, only 20% of overweight and obese people are using the combination of exercise and a low fat/low cal diet to lose weight.

*no, that doesn't mean you should tell your overweight patients to smoke.

STRATEGIES

The *JAMA* issue contained an accompanying editorial by CDC stating the obvious: "the obesity epidemic is not simply a cosmetic disorder but has tremendous health consequences as well."[6] Public health and clinical strategies to address the obesity epidemic must begin with weight maintenance for the adult population, weight loss for the obese, and increased physical activity for all. "The time has come to develop a national comprehensive obesity prevention strategy that incorporates educational, behavioral, and environmental components analogous to those already in place for tobacco use."[6]

WHAT DO YOU TELL YOUR PATIENTS?

Two words: diet and exercise. Obesity is a stigmatizing condition. Most Americans are all too aware of the role the media plays in glamorizing Q-tip shaped actresses, (hour glass is out!) featured on television programs such as "Ally McBeal." So, what should a goal be for your overweight patients? In the words of Yale professor of psychology and epidemiology Kelly Brownell, "Whether we offer a message of hope or despair depends on a person's goal. If the person's goal is to have the ideal perfect weight, despair is the only outcome, because very few people can attain that. If people's goal is—'Can I lead a healthier life, can I feel better about myself, have more energy, be healthier, live longer?'—The answer is yes. ...The most adaptive approach is to eat a good sensible diet... and follow a reasonable exercise program."[3]

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