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Obesity as a Disease

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American waistlines are expanding at an alarming rate. In Delaware, obesity rates have doubled over the past 2 decades, going from a rate of 15.1% in 1994 to 30.7% in 2014.[1] It's a risk factor for myriad conditions including type 2 diabetes, high cholesterol, hypertension, heart disease, stroke, certain cancers, respiratory illness and arthritis. We're seeing overweight and obese children develop high blood pressure, high cholesterol and type 2 diabetes. What's our next generations' health going to look like when they're in their 50s and 60s?

The costs associated with obesity are exorbitant. In 2008, $147 billion was spent on direct medical costs associated with obesity. That doesn't include indirect costs, such as lost productivity.[2]

The causes of obesity are extremely complex. Genetics, social, economic, psychological, environmental and physical factors all play a role.

We have an increasing availability of inexpensive, calorically dense foods. Portion sizes have grown. Americans are less active; only about half of adult Delawareans meet the guidelines for moderate physical activity.

And then there's the dieting industry. Estimates of what consumers spend in their quest to lose weight vary; Marketdata Enterprises put the cost for 2013 at $60 billion.[3] Sadly, most consumers relying on pills, potions and celebrity endorsements have seen only their wallets slimming down.

It's been 3 years since the American Medical Association adopted a policy that recognizes obesity as a disease requiring a range of medical interventions for treatment and prevention. But has that policy trickled down to all healthcare practitioners? Most interact with obese patients on a daily basis.

When an individual has hypertension, their medical chart reflects the ICD-9 code associated with that condition. They're counseled about the inherent dangers of not controlling the condition, given information about the role of lifestyle factors in its treatment, and typically prescribed a medication to help control their high blood pressure.

Once the condition is under control, the medication is not stopped. Their chart continues to reflect that they have been diagnosed with the condition. And most likely, all future visits to their health care provider prompt a discussion about their blood pressure numbers.

Perhaps we should be doing the same with overweight/obesity. Ask the next 10 people you encounter what their BMI is, and I suspect the majority won't know. Yet, it seems that every time that you visit a healthcare provider – be it an allergist or an internist – they put you on a scale. It's a teachable moment to advise patients about their BMI and weight class - healthy, overweight or obese category.

Granted, BMI is not a good predictor of body fat stores in athletes and the elderly, but for the masses it's a useful tool that's readily available in the electronic medical record. Referring obese patients to a licensed dietitian/nutritionist should become the norm, not the exception. The

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Centers for Medicare and Medicaid Services will pay for physician-directed intensive behavioral therapy for obesity.

There's a massive amount of misinformation out there about dieting. Many overweight individuals have had multiple failed attempts, leading them to think they can't possibly succeed. Most have relied on fad diets or have attempted drastic changes that are impossible to maintain.

As stated previously, it's a complex disease; but, education plays a critical role. As a licensed nutritionist with close to 40 years of experience, I can attest that most people are clueless where to start and in desperate need of nutrition education.

If we want to get a handle on obesity, we all need to get involved with encouraging individuals to take action that is evidence- based and practical. Healthcare professionals can take a lead role in this endeavor.

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