



“Lose weight without exercise and still eat the food you love.”

This is the slogan from a radio advertisement for one of the many weight loss supplements on the market today. These pills promise the slim body you want without having to work or sacrifice for it. And many Americans will pay that price. The consumer market for dieting products has more than doubled in the last 30 years. According to the National Center for Health Statistics in 2006, among Americans age 20 and older, 140 million people—**72 million men and 68 million women—are overweight or obese.** These numbers represent increased health risks for Americans of all ages.

Obesity in America – An Epidemic in the Making

The Statistics

For adults, the definition of obesity is very straightforward, a body mass index (BMI) of 30 or more. According to Richard Atkinson, M.D., Director of Obetech Obesity Research Center and editor of *International Journal of Obesity*, almost a third of adults in the U.S. are obese. About 5 percent of adults have a BMI of 40 or more, making them morbidly obese, with about 30 percent of the population with a BMI of 25 or more, making them overweight or obese. “Obese people don’t necessarily always have health problems, but they are much more likely to develop one or more than a person of normal weight,” said Atkinson. He explained that the Centers for Disease Control and Prevention (CDC) started conducting research on the relationship between health and weight back in 1960. The agency went out among the general population using big vans with a lot of equipment, to measure people’s circumference and take the height and weight measurements. “When they went out again for the same testing in 1980, the prevalence of obesity had risen from 13.5 percent in 1960, to 15 percent in 1980, not a huge difference

considering the time that had gone by,” said Atkinson. “But then when measured again in 2000, the prevalence had jumped to 31 percent, more than doubling during the same time frame.”

As the rate of prevalence has risen, so has the prevalence of chronic health problems across America. “Obesity increases the risks for chronic health problems such as Type 2 diabetes; high blood pressure; high blood fats, such as cholesterol and triglycerides; arthritis; hypertension; multiple kinds of cancer, including prostate, pancreatic, kidney, cervical, uterine, gall bladder and postmenopausal breast; decreased fertility; sleep apnea; heart disease; urinary incontinence; and unusual problems like pseudo-tumor cerebri,” said Atkinson. “In the elderly, there is a bigger chance for a stroke, but the elderly have more strokes, in general.” Atkinson explains that even if a 20-year-old is obese, strokes are rare in young people whose bodies are newer, but when they get older, their bodies will have a harder time fighting these chronic problems if not corrected in youth.



The health care industry has witnessed a great increase in medical costs attributable to this spike in obesity over the last 30 years. According to William Dietz, Ph.D., Director of Nutrition, Physical Activity and Obesity at the CDC, 25 percent of the rise in medical costs between 1990 and 2000 can be attributed to obesity. “Medicine is good at treating the consequences of obesity, but not as good at treating the cause or preventing it, which is a big problem,” said Dietz. “The medical field is very retroactive with obesity, when it needs to be more proactive.” Dietz doesn’t blame the medical profession, and goes on to explain that there needs to be a drastic social change to complement what medicine is trying to accomplish in clinical settings.

An Image Issue

Dietz thinks it is partly due to the term obesity itself. “People see they have a ‘weight problem’ but would never call themselves obese,” he said. “They need to see it more as a personal threat than a general threat, which would then prompt them to make changes in eating and exercise.”



William Dietz, Ph.D.

He also realizes that it is not just a personal decision, but a lot reflects on the decisions and habit of the environment. With fast food so easily accessible, and the pace at which our lives move, making time for our own health has taken a back seat to convenience. But these are the changes that the CDC stresses will need to be made before real overall health evolution can occur.

It is not only adults that have been affected by this increase in obesity.

According to Dietz, 18 percent of children are obese, doubling or tripling prevalence in the last 20-30 years. “Obese children and adolescents have risk factors for adulthood,” he stated. “Of these obese children, 60 percent ages 5-10 have at least one cardiovascular risk factor, while about 25 percent have two or more risk factors.” According to the CDC, the most common health problems for obese children are high blood pressure, high blood fats, sleep apnea and elevated glucose or insulin, which can develop into Type 2 diabetes, and then in later life can lead to sclerosis and hypertension.

But obesity in children is measured and evaluated differently than it is in adults because their bodies are still developing. “The definition of obesity is complicated for children because it varies in relation to others of the same age and weight,” said Atkinson. “Obesity in children is called something different, and the rate of childhood obesity is lower than in adults. Children are ‘overweight’ instead of ‘obese’ to avoid the stigma.” Evidence has shown that if a person carries around a lot of extra weight as a child, the time to develop health complications into adulthood is shorter, noting that many other factors may be involved as well. Atkinson agrees with the CDC that, “There seems to be a new trend toward high blood pressure, diabetes and sleep apnea in children of a certain relative weight.” (See article on page 12.)

While diet and exercise is the number one recommended cure to the obesity epidemic, doctors and researchers are looking into other types of causes and cures, including the possibility of an “obesity virus.” Over the decades that Atkinson has been studying obesity, he had always thought that the answer couldn’t only be that people were eating too much.

A Viral Connection

An example of Atkinson’s early research was covered in an August 13, 2006, *New York Times* article:

“One of Atkinson’s most memorable patients was Janet S., a bright, funny 25-year-old who weighed 348 pounds when she finally made her way to U.C.L.A. in 1975. In exchange for agreeing to be hospitalized for three months so scientists could study them, Janet and the other obese research subjects (30 in all) each received a free intestinal bypass. During the three months of presurgical study, the dietitian on the research team calculated how many calories it should take for a 5-foot-6-inch woman like Janet to maintain a weight of 348. They fed her exactly that many calories — no more, no less. She dutifully ate what she was told, and she gained 12 pounds in two weeks — almost a pound a day.”



Richard Atkinson, M.D.

To Atkinson, this experience was a sign that conventional wisdom about obesity to this point was lacking. “We

have done multiple studies on animals and people, using tissue cultures, but the chance that people are obese due to an infectious virus has not reached the general public yet or it would have people fascinated,” said Atkinson. “Understanding causes is very important, and we still don’t understand obesity very well and the fact that it can have many causes.” He thinks that the vast majority of obese people realize that they have a problem. He rationalizes that if people got it in their heads that some cases are due to infectious disease, they may be able to do something. Realization would be part of the cure to their health problems.

Atkinson cites the overall phases of infectious diseases as reasoning for his viral research. “According to Dr. Cark-Erik Flodmark of Sweden, epidemics start with a slow rise in infections, then a great rise, and then it settles to a constant level, and that’s what has happened with obesity, as it is now only increasing very slowly,” he said. “There are two human viruses that we have found that cause obesity, with a research group in England finding a third, and five viruses that cause obesity in animals.” One of the early studies was conducted on a group of monkeys. One of the “obesity viruses” was squirted up the monkeys’ noses, and 100 percent of them gained weight.

While this theory of infectious obesity viruses is still being researched as a cause of the epidemic, there are things that Atkinson and Dietz feel can be done now, both by doctors and by the obese population. They both feel that understanding obesity will help lead to new treatments. “We need better drugs, and better combinations of drugs,” said Atkinson. “Virtually every other chronic disease is treated with drugs, so it is not a big surprise that obesity should be treated with drugs as well. But there is a naiveté on behalf of the insurance companies and pharmaceutical companies that want to find the ‘magic bullet,’ one-pill cure that takes a week to make everyone skinny.”

Over-the-counter diet pills can be dangerous, with most not delivering on their promises. The fine print on most bottles read, “Best results with diet and exercise.” Finding a doctor that is interested in understanding the cause of obesity and finding a solution for specific cases, is the first step in helping obese people become healthy individuals. “There also needs to be substantial changes in health promotion in schools, communities and work sites,” said Dietz.

Both Dietz and Atkinson are optimistic about the future of the nation’s health, even though both pointed out that about 20 percent of the population smoke even though they know it is bad for them. “We don’t change our behavior easily, but with a lot of drugs being evaluated, the more we look, the better drugs we will find,” said Atkinson. “Eventually people will see that their obesity could be caused by a virus and we will be able to help.” This will be the point when medicine becomes proactive in the fight against obesity.

To view links to current statistics and a list of references on this subject, visit the Alliance website at www.amaalliance.org.



The Alliance Connection: Fighting the Obesity Epidemic

The AMA Alliance is a strong proponent for the health and well-being of all. The Health Promotions Committee initiatives aim to promote healthy lifestyles for children and adults alike. Here are a few highlights of the group’s current and recent activities:

- Creation of a new fact sheet *Youth and Adolescent Body Image* that offers tips and hints to help parents combat negative body image in their children--the latest in a series of fact sheets that are available in the online shop at www.amaalliance.org and address such topics as healthy lifestyles and nutrition, bullying, substance abuse and safety.
- A focus on childhood obesity is in the committee’s updated strategic plan in an effort to bring awareness and work to reverse the epidemic. The Alliance is working to partner with the AMA and other national organizations to tackle this important health issue.
- In an effort to promote healthy lifestyles, the Health Promotions Committee launched the Walking Challenge on September 1st to encourage Alliance members, and their friends and families, to get out and exercise for good health.

For more information on Alliance Health Promotions initiatives please visit http://www.amaalliance.org/site/epage/40266_625.htm