

## Press Release from Weight Concern

### Hot Topic: Obesity classified as a disease by the American Medical Association June 2013

Last week, the American Medical Association (AMA) voted to recognise obesity as a disease at its annual general meeting. Whilst this decision doesn't carry any statutory or legal implications at present, it signals a change in the way that obesity is viewed by the medical profession in America.

AMA president Ardis Hoven says the new designation will increase the focus on obesity treatment and prevention, and in doing so help medical professionals deal with the increasingly complex health problems associated with being overweight or obese.

As expected, there has been widespread criticism from many who feel this decision is unfair and may lead to further stigmatisation of obese adults within society, or indeed 'medicalise' the condition to the point where people don't feel that they can take control or influence their weight.

Opponents to this decision have argued that the basis on which this classification depends, i.e. the measurement of Body Mass Index (BMI), is an imperfect measure and does not distinguish between those who have high amounts of lean tissue or muscle mass versus excess adipose (fat) tissue. For example, most elite athletes, who have a high proportion of lean muscle mass, would fall into the unhealthy BMI range (i.e. overweight or obese). However, Dr Laura McGowan, Executive Director of the UK charity Weight Concern said that "imprecise as it may be in some instances, BMI is the most accessible measure we have to examine obesity on a population level, and broadly speaking it is a relatively good indicator of potential risks to health from excess weight".

There are also concerns about how this decision will affect the proportion of adults with obesity who are otherwise apparently healthy, i.e. their weight status is not (yet) accompanied by the metabolic risk factors associated with diabetes and heart disease. For these adults, a disease classification may seem inappropriate. However, Dr McGowan said, "research shows that obesity is, more often than not, a pervasive, progressive condition, where weight gain continues throughout the life-course, and therefore even if an obese individual is not currently at risk, ill health may be on the horizon". Dr McGowan went on to say "it is also important to note that functional health and psychological health may be impaired in adults with obesity, and that metabolic risk factors alone such as those for diabetes and heart disease may not provide a comprehensive assessment of overall health and quality of life".

What about weight stigma? Will this classification make it worse or better? It seems the answer is not a simple one and there are views on both sides. Marlene Schwartz, the Acting Director of the Rudd Center for Obesity and Food Policy at Yale University, a pivotal force in tackling obesity stigma in the US, says that classifying obesity as a disease in the US might make it easier for obese people who require medical intervention to get the help they need. She said, "to the extent that this helps people get the resources they need and convinces insurance companies that funding prevention is better, I'm all for it".

"To the extent that it makes people feel badly about themselves and increases stigma, I'm more cautious." Obesity, she says, is a complex issue: "the definition of obesity needs to take into account how complicated the issue of weight eating and physical activity is," she says.

This is a view that Weight Concern endorses, "it's not as simple as telling people to eat less and exercise more. We know this from extensive research in this area on what works and what doesn't," says Dr McGowan, "people need to be fully supported to live a healthy lifestyle and that means on all levels, from changing the environment to be more supportive of healthy choices, to making sure the healthcare services are adequately funded to support weight management services. We also need to equip healthcare professionals with the appropriate skills and knowledge to raise the issue of obesity tactfully and to deal with it in a supportive, non-judgemental manner".

So what are the implications of this decision here in the UK? What if the British Medical Association were to follow suit? Dr McGowan says the advantage to obesity being recognised as a disease might be that it leads the government and healthcare professionals take serious action to tackle the condition. For example, it might mean changes to current GP incentives to help deal with obesity, or the investment of more money into weight management services as happened with smoking cessation services. Alternatively, it might result in increased funding for training for health professionals to better deal with patients with obesity by raising the issue sensitively, directing them to services and knowing how to support them through change. All such initiatives could have a beneficial impact on the health of the nation.