

- Continue to be physically active as they get older
- Consume a healthy diet
- Develop skills that will enable them to select and consume a healthy diet as they get older.
- Restrictions should be placed on advertising which targets young children including pre-school children to consume inappropriate foods and carbonated drinks.
- The IMO calls on the Department of Education & Science to review the primary school curriculum so it promotes physical education as a means of tackling the problem of obesity in childhood.

*Evaluation*

- It is important to assess the effectiveness of obesity prevention and treatment programmes. Monitoring and evaluation are vital to establish the success of any strategy and are crucial for determining the success of future strategies and policies by providing valuable information to policy makers at the stage of policy design and review. A strategy to prevent overweight and obesity therefore should be monitored and evaluated at regular intervals with the appropriate data identified and any data deficiencies addressed to ensure that evaluation is meaningful.

**Prevention**

- The IMO believes that good medical practice in the treatment of obesity requires emphasis on prevention. Obesity prevention programmes / strategies combined with early treatment will reap the greatest dividends.

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The role of the IMO is to represent doctors in Ireland and to provide them with all relevant services. It is committed to the development of a caring, efficient and effective Health Service.



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**IMO POSITION PAPER ON OBESITY**

**Obesity: A Growing Health Concern.**

In the past decade the prevalence of overweight and obesity has escalated alarmingly, to the extent that the WHO has described the problem as 'a global epidemic'. Excessive weight is replacing more traditional health concerns as the most significant contributor to ill-health<sup>2</sup>. Aside from increased mortality and morbidity rates, the disease causes negative economic consequences and undue psychosocial suffering to individuals and societies<sup>3</sup>. The rise of childhood and adolescent obesity makes excessive body weight the most prevalent present day childhood disease<sup>4</sup>. The number of overweight or obese children in Ireland in 2005 was estimated at 327,000 and is rising at the rate of 10,750 per year<sup>5</sup>.

Addressing obesity has become a priority of the EU's Public Health Action Programme and a number of countries have launched initiatives to promote healthy eating and lifestyles:

*"Tackling overweight and obesity therefore is not only important in public health terms, but will also reduce the long-term costs to the health services and stabilise economies by enabling citizens to lead productive lives into old age"*<sup>6</sup>

IMO members have recognised the growing problem and have identified key factors which need to be tackled.

The IMO and Obesity

In 2004 and 2005, at the Annual General Meetings, the IMO requested:

- The Minister for Health and Children implement immediately the findings of the National Taskforce on Obesity.
- The Minister for Education removes all snack and drink vending machines from state owned educational and health premises in recognition of the crisis with obesity and diabetes.
- That classroom time is spent on teaching children about nutrition and healthy lifestyles.
- That fast food and drink advertising is banned from television before 9pm.
- That the primary schools' curriculum promotes physical activity to combat obesity and that the problem of school insurance inhibiting normal physical activity is tackled.

**Obesity Trends**

The causes of overweight and obesity are complex and include inherited characteristics, lifestyle issues including diet and physical activity and psychosocial factors. Other precursors include gender, environmental factors, ethnicity, education and socioeconomic status<sup>7</sup>. For the vast majority of individuals, overweight and obesity result from excess calorie consumption and / or inadequate physical activity<sup>8</sup>.

In Ireland, it has been indicated that 39% of the adult population are overweight and 18% are obese with a higher percentage of men being overweight or obese than women<sup>9</sup>.

|                         | 1998  | 2002  |
|-------------------------|-------|-------|
| <b>Overweight Men</b>   | 39.6% | 41.9% |
| <b>Overweight Women</b> | 24.9% | 26.5% |

Source: Kelleher et al, 2002<sup>10</sup>

*Childhood Obesity*

Childhood obesity has increased threefold since 1990<sup>11</sup>. While the prevalence of overweight among thirteen and fifteen year old boys in Ireland is lower than international average, it is significantly higher among girls of the same age<sup>12</sup>.

|  | 1990 | 2000 | Increase  |
|--|------|------|-----------|
| <b>Overweight Children aged 12 – 18.</b> | 1.9% | 6%   | Threefold |

Source: Irish Nutrition and Dietetic Institute, 1990<sup>13</sup> and Griffin, 2000<sup>14</sup>.

## Obesity and Morbidity

**People who are obese have a greater risk of developing a range of medical conditions compared to people who are not.** The health consequences range from respiratory difficulties, musculo-skeletal problems, skin problems and infertility to potentially fatal problems including diabetes, gall-bladder disease, cancers, cardiovascular problems, gout, bladder control problems and psychological disorders<sup>15</sup>. Weight-loss in obese and overweight individuals can improve physical, metabolic, endocrinological and psychosocial complications<sup>16</sup>.

### Diabetes

- During the mid-nineties, Type 2 diabetes, a condition previously encountered in the over-40s age-group, doubled in those less than 40 years of age with the majority of cases occurring in obese individuals<sup>17</sup>.
- A weight gain of 11 to 18 pounds doubles a person's risk of developing Type 2 diabetes.
- Patients with Diabetes Mellitus are two to four times more likely to suffer from stroke and coronary disease<sup>18</sup>.
- Undiagnosed Type 2 diabetes is the primary cause of heart disease, limb amputations and blindness in under 65's<sup>19</sup>.
- Obesity can reduce the life expectancy of people with Type 2 diabetes by up to eight years<sup>20</sup>.
- More and more children are being diagnosed with diabetes<sup>21</sup>.

### Asthma

- Obesity has been linked to increased asthma severity and weight loss has been found to improve asthma.
- Children in Ireland have one of the highest rates of asthma in Europe. It has risen from one child in twenty in the 1980s to one in five by the early 2000s<sup>22</sup>.
- Understanding the mechanism on how obesity and asthma are linked could lead to new therapeutic strategies for asthma treatment.

### Heart Disease

- It has been estimated that a gain of approximately 10 – 20 pounds results in an increased risk of coronary heart disease of 1.25 times in women and 1.6 times in men<sup>23</sup>.
- While individuals have responsibility for their own health behaviours, social and economic factors play an important part in the development of the disease.

### Cancer Risk

- In women with a Body Mass Index of 34 or over, the risk of developing endometrial cancer increases by more than six times<sup>24</sup>.
- A modest weight gain in post-menopausal women increases the risk of developing breast cancer<sup>25</sup>.
- Studies have reported a link between obesity and colon cancer, particularly in men<sup>26</sup>.

### Maternal Morbidity and Mortality

- U.K figures for 2000 - 2002, show that one-third of maternal mortality (deaths in women during pregnancy or the first postnatal year) occurred in women with a BMI greater than 30<sup>27</sup>.
- Obesity in childbearing women leads to increased risk of venous thromboembolic disease, gestational diabetes, hypertensive disease of pregnancy, caesarean section delivery, anaesthetic complications and wound infection.
- Obesity in mothers increases risk of fetal macrosomia and associated birth complications<sup>28</sup>.
- Obesity significantly impedes visualisation of the fetus at routine ultrasounds. This decreased image clarity increases the risk of non-diagnosis of a fetal anomaly<sup>29</sup>.

## Costs of Obesity

The health problems related to obesity have high economic consequences. Direct costs refer to preventive, diagnostic and treatment service costs. These costs are rising with obesity levels and related medical complications and causing specialised clinics to become over-stretched. **It is estimated that around 10% of the current healthcare budget is spent on diabetes care, 60% of which is used for treating people who have developed complications from Type 2 diabetes<sup>30</sup>.**

In-direct costs refer to the value of wages lost by people unable to work because of illness or disability as well as the value of future earnings lost by premature death.

- The National Task Force on Obesity estimated direct costs in Ireland on a pro-rata population basis at €70million. Indirect costs were estimated at €37million<sup>31</sup>.
- In the UK the National Audit Office estimated that obesity accounted for 18 million sick days in 2001. Treating obesity costs the NHS £500 million per year and wider costs to the economy in lower productivity rates and lost output could be £2 billion each year<sup>32</sup>.
- In 2003, it was estimated that approximately €74 billion was spent per annum on treating heart disease in the EU with another €106 billion a year incurred in indirect costs due to the lost production of goods and services<sup>33</sup>.

- WHO estimates obesity accounts for 25-50% of cases of heart disease and 66% of coronary related mortality and disability. This suggests total costs to European society of between €70 and €135 billion euros per annum<sup>34</sup>.
- The National Task Force on Obesity did not provide a single figure to cover the total cost for implementing its recommendations. In 2006, €3 million in revenue funding was allocated to the HSE<sup>35</sup>. However, this amount is insufficient to fully fund the desired services.

## Treating Morbid Obesity

*Morbid Obesity* refers to a level of obesity that will significantly shorten the patient's life expectancy if left untreated<sup>36</sup>. Medication administered under medical supervision is useful in the treatment of morbid obesity<sup>37</sup>. **Recent research suggests that the combination of weight-loss medication, diet, exercise and behavioural therapy results in significantly greater weight loss among obese adults than medication alone<sup>38</sup>.**

Weight reduction surgery (Bariatric Surgery) helps extremely overweight patients achieve weight-loss and reduces further development of related medical conditions<sup>39</sup>. However, research from the U.S. has revealed a greater level of risk related to surgery than previously thought. The results found:

- Patients over 65 had substantially higher risk of death in the early post-operative period than younger patients.
- Men had higher rates of early death than women.
- The odds of death at 90 days were 1.6 times higher for patients of surgeons with less than the median surgical volume of bariatric procedures.

Notwithstanding these risks, the National Task Force on Obesity and the U.S. National Institutes of Health (Consensus Development Conference Panel) recommend weight reduction surgery as an effective treatment for extremely obese patients<sup>40</sup>. St. Columille's Hospital in Loughlinstown is currently the only clinic in Ireland to provide weight reduction surgery services. The clinic is struggling to cope with the growing number of seriously obese patients seeking treatment<sup>41</sup>.

- In 2005, there were almost 450 patients awaiting treatment.
- Since opening in 2002, twelve patients ranging in age from 22 to 53 have died while on the waiting list.
- Emergency cases cannot be prioritised because the clinic has reached "saturation point"<sup>42</sup>.

In 2006, €400,000 was allocated to the Loughlinstown clinic to develop resources and services<sup>43</sup>. The need to invest in hospital obesity services on a national level is evident as is the need to develop shared care arrangements between clinics, community health doctors and GPs to manage the treatment of obesity.

## Management and Prevention

**The most effective way to reduce excessive weight in the long-term is to consume a healthy, nutritionally balanced diet and increase levels of exercise. Behavioural and environmental factors contribute to obesity and overweight and provide the greatest opportunities for actions and interventions designed for prevention and treatment<sup>44</sup>.** While individuals have responsibility for their own health behaviours, social and economic factors play a large part in the development of the disease. In current obesogenic environments, individuals require support and encouragement to adopt healthy eating patterns and increase levels of exercise. The National Task Force recommends the establishment of integrated primary care teams consisting of GPs, practice nurses, dieticians, exercise specialists and physiotherapists to manage and monitor weight-loss in individuals<sup>45</sup>. There is also an important role for community health services.

For over a decade, the Health Promotion Unit has promoted educational and awareness campaigns linked to obesity prevention.

- The *National Healthy Eating* campaign was launched in 1992 and the first of a number of Physical Activity Campaigns were launched in 2002<sup>46</sup>.
- The *Cardiovascular Health Strategy 1999 – Building Healthier Hearts*, outlined three principal modifiable risk factors for heart disease as smoking, raised levels of cholesterol in the blood and raised blood pressure, all of which have a relationship to lifestyle.
- In 2004, the national public awareness campaign to tackle obesity, *Every Step Counts – Small Changes Make the Difference* highlighted the combined importance of physical activity and healthy eating.
- The publication of the national play policy in 2004, *Ready Steady Play*, incited the Government to develop a national recreation policy for 12 to 18 year olds<sup>47</sup>.
- The National Task Force on Obesity was launched in March 2004 to draw up a national strategy to halt the rise and reverse the prevalence of obesity in Irish children and adults.

Greater integration from public and private sectors is called upon to combat the growing epidemic. The National Task Force's report includes a Framework for Obesity Prevention which highlights the need for families, schools, communities, food suppliers, urban designs, transportation systems, the media and legislation to work together to improve the health of individuals<sup>48</sup>. A framework for an effective partnership service approach from all sections of the medical profession regarding prevention, risks, education, treatment, surgery and post-operative support would improve the lives of thousands of Irish people and save the health service millions of euros.

## Conclusions

- The universal message from the literature tells us that to reduce the risk of obesity and related illnesses, **people must adopt a healthy balance of food intake and physical exercise.**
- Increases in physical activity and small reductions in calorie intake lead to weight reduction.
- It is also clear from the research that modest weight loss improves health, prevents type 2 diabetes and reduces risk of cardiovascular disease.
- An integrated service approach across all sectors is needed, that encourages healthy living with a view to combating the obesogenic environment.
- Where diet and exercise regimes have **repeatedly failed** for a number of **morbidly obese patients**, medication and/or weight reduction surgery can be effective.

## IMO Recommendations

### Medical Practice

- **The IMO believes that General Practitioners, Public Health and Community Health Doctors have a key role to play in the management of overweight and obesity.** They must be encouraged and supported to initiate discussion of weight with patients<sup>49</sup>.
- Treating obesity is a priority. Multi-disciplinary specialist centres with resources to perform weight reduction surgery need to be established nation-wide to address the degree of obesity in Ireland.

### Whole-Society Action

- A strategy to tackle the problem of overweight and obesity should focus on the population as a whole in order to take the focus away from the individual and reduce some of the social blame that has tended to be levelled at overweight or obese people and should include programs to treat or prevent obesity in culturally, ethnically, and socio-economically diverse populations.
- Facilitating a whole-community approach to the problem is important. There are a number of key settings in which policy needs to be developed. These include;
  - Child Care settings
  - Schools – Primary and Secondary
  - Primary Care Services
  - Family and Community Care Services
  - Maternal and Infant Health
  - Neighbourhoods and Community Organisations
  - Workplaces
  - Food Supply
  - Media and Marketing
- It is important to establish public health initiatives that would complement a strategy on obesity and enhance its implementation, for example, the development of a Strategy on Diabetes or the Strategy on Alcohol. Community Health doctors and Public Health doctors have a major role in this field.

- All relevant Government departments – Education and Transport – need to work in a coordinated way on the problem of overweight and obesity.
- There is a need to establish and publicise a set of national guidelines for physical activity to clarify appropriate types and amounts of physical activity needed for the general population to maintain or reduce weight.
- There is a need to recognise and acknowledge the multicultural nature of Irish society and the potential cultural differences in relation to attitudes to foods, eating, body shape and size. It is important to ensure that all dietary guidelines and the food guide pyramid include ethnic food staples and multicultural symbols depicting serving size. Recommendations on recommended daily amounts (RDAs) would also facilitate doctors and others to communicate the importance of a health diet to all persons<sup>50</sup>.

### Focus on Children and Young People

- Children and adolescents are an important target group for prevention. However, there is a need to be aware that adolescents may misinterpret messages about weight and concern for eating disorders needs to be considered<sup>51</sup>. It is recommended that the focus for children in a strategic plan should be to encourage them to:
  - **Be physically active**
  - **Enjoy a wide range of physical activities**