Obesity in America: It's Getting Worse

Jennifer B. Marks, MD, FACP, FACE, CDE, Editor

Nearly two-thirds of adult Americans are overweight or obese. Despite the attention of the health profession, the media, and the public, and mass educational campaigns about the benefits of healthier diets and increased physical activity, the prevalence of obesity in the United States has more than doubled over the past four decades.[1] Add the relatively few Americans who practice the habit of regular physical activity to the many who practice the habit of "super-sizing," and it is no revelation why this has occurred.

We have inherited our genetic makeup from our ancestors, hunters and gatherers who ate diets rich in low-fat meats and grains, who had to stalk and capture the entrée for dinner. During times of feast, their bodies were designed to store nutrients as adipose tissue to be used for fuel to survive periods of famine. We are descended from these survivors, and we share this ability to store fat when food is in overabundance. However, famines in the United States are fewer and farther between nowadays, so this added fat is not used up and continues to accumulate through

the years. We no longer have to stalk and capture our dinner; we can use the drive-through.

Despite an abundance of evidence of the benefits of maintaining a healthy weight and a physically active lifestyle, we continue to eat larger portion sizes than we need and remain less physically active than we should be. Sedentary adults in the United States eat an average of 500–800 calories more per day than needed to maintain weight.[2] At that rate, they will gain a pound to a pound and a half a week. Food is available everywhere, and people are bombarded with food ads. There are fewer opportunities for exercise, and in many places, no bike paths, sidewalks, or easily accessible stairways. The poor may be especially hard hit; grocery stores in low-income neighborhoods may be poorly stocked with healthy fruits and vegetables, and such neighborhoods may not be safe enough to get out and walk around in. In addition, people from all economic backgrounds often eat for social, cultural, and emotional reasons—not just for hunger.

As health care providers, we don't know how to help our patients lose weight. Fortunately, organizations such as the American Diabetes Association (ADA) and the North American Association for the Study of Obesity (NAASO) are mounting increased educational efforts to fight the growing epidemic of obesity in this country, which confers increased risk for diabetes, cardiovascular disease (CVD), and other serious comorbid conditions.

A jointly sponsored scientific meeting on obesity held in October, 2003, in Fort Lauderdale, Fla., was evidence of this commitment. Presentations focused on clinical interventions, present and future, population studies, and molecular mechanisms of obesity regulation, aimed at educating health care providers who take care of patients with weight problems.

In a feature article in this issue (p. 23), I've summarized a few of the exciting topics from this meeting. The amount of knowledge that is rapidly accumulating in the field of weight management will undoubtedly lead to safe and effective interventions to help us more effectively deal with this most pervasive health problem.

What can be done about this problem today? What approach do we take to help our patients now? Low-fat diet? Low-carb diet? What works? It appears that the jury is still out on this question. Longer and larger studies are needed before specific recommendations regarding dietary content can be made with confidence.

It may be that different diets will work in different people. Experts recommend a blend of diets, emphasizing portion control, calorie-counting, self-monitoring, and gradual increases in activity, starting with everyday activities.[3] These simple measures do work if people practice them.

Get away from talking about "diets" or "exercise"; rather, advise patients to "make better food choices" and "increase physical activity." Patients on diets feel deprived and don't stick with them. Encourage patients to choose foods they like to eat within the context of varied, healthy choices; adherence will improve and so will success.

Successful weight loss results from a combination of motivation, physical activity, and caloric restriction. Maintaining weight loss requires a lifelong commitment to balance caloric intake and energy expenditure. I recommend using resources such as those mentioned at the end of my feature article about the NAASO/ADA meeting, as well as in the references, to assist in helping patients help themselves to become thinner and healthier.

REFERENCES

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[3]National Institutes of Health: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report. *Obes Res* 6 (Suppl. 2):51S–209S, 1998