

Obesity and Type 2 Diabetes: The Twin Epidemic

Preface

Sonia Caprio, MD, Guest Editor

In the past decade, we have witnessed an epidemic of both type 2 diabetes and obesity. The prevalence of type 2 diabetes has increased by 33% in the United States, and 62% of Americans are classified as obese (BMI ≥ 30 kg/m²) or overweight (BMI 25–29.9 kg/m²). The recent increase in the prevalence of obesity is closely paralleled by the increase in the prevalence of diabetes. Indeed, this new unprecedented phenomenon has been referred to as “diabesity.” There is a clear strong relationship between obesity and the risk for diabetes.

This From Research to Practice section provides an up-to-date review about advances made in the treatment of obesity and the importance of physical fitness in patients with type 2 diabetes. The articles included address the spectrum of treatment for obesity ranging from lifestyle changes, such as diet and exercise, to aggressive therapeutic measures, such as bariatric surgery.

In our first article, Alexandra Kazaks, RD, CDE, and Judith S. Stern, ScD, RD, offer an overview of the various diets, the role of exercise, and the available pharmaceutical and surgery options for the weight loss (p. 231). They highlight some of the components necessary for successful weight loss and suggest strategies to address common barriers to change.

Sedentary lifestyles are key to the rise in the prevalence of both obesity and diabetes. Here, Steven N. Blair, PED, and Timothy S. Church, MD, MPH, PhD, present recent studies on the importance of physical activity and cardiorespiratory fitness in particular as critical components in the treatment of type 2 diabetes (p. 236). Their article underscores the need for fitness to become a defining variable in cardiac risk alongside weight.

Moderately overweight men who are fit have a greater reduction in risk than their unfit but thin counterparts. Of particular interest is their section on how to encourage sedentary patients to become more physically active.

With development of refined laparoscopic techniques, gastric surgery is becoming increasingly popular as a treatment for morbid obesity. Darel Eisenberg, MD, and Robert L. Bell, MD, MA, provide here a comprehensive review of bariatric surgery and its role in the treatment of severely obese patients with diabetes (p. 240). Of all the current treatments for obesity, surgery produces the best long-term results. However, much remains to be learned regarding why and how weight loss occurs after surgery.

Although the metabolic complications associated with obesity are well appreciated, the psychological issues that accompany this disorder are seldom given the medical attention they deserve. Depression and other mood disturbances among obese individuals are debilitating but not widely recognized or appropriately diagnosed. In our final article, Anthony N. Fabricatore, PhD, and Thomas A. Wadden, PhD, elegantly describe the psychological issues common in people with obesity and type 2 diabetes (p. 245).

As providers, we are all confronted with the multi-layered treatment issues involved in the care of obese patients. As the prevalence of type 2 diabetes continues to soar, treatment will become even more complicated and all the more important. The articles provided by our author experts in this From Research to Practice section will assist providers in meeting this challenge.