

The great debate: Is obesity a disease?

More and more experts are recognising obesity as a disease. This comes as a surprise to some and a relief to others, especially those living with obesity. But why is obesity a disease and not simply a lack of willpower or a matter of lifestyle?



Part of the answer to whether or not obesity is a disease lies in the fact that there's more to obesity that you can see. A lot more.

Supporters say:

- Obesity is a disease because diseases have classical symptoms, signs, complications, and etiologies – and obesity satisfies all of those
- The classification allows health care professionals to use their usual treatment for chronic care

Skeptics say:

- Obesity is a matter of lifestyle and a result of how much you eat and how little you move
- If obesity is a disease, this allows people with the disease to not take responsibility for their actions

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Why is obesity a disease?

In January 2019, the Royal College of Physicians (RCP) recognized obesity is a disease. A chronic yet manageable disease that's affected not only by our genes but also by the modern environment we live in. According to Dr. Andrew Goddard, "It is not a lifestyle choice caused by individual greed, but a disease caused by health inequalities, genetic influences, and social factors."

Even with this recognition, the debate around why is obesity a disease continued and reactions in the UK media were strong.

The science of why obesity is a disease

Around the world, similar expert working groups have arrived at the same conclusion that often provokes heated debates in the media. Obesity is still widely thought of as a simple matter of lifestyle – of how much you eat and how little you move. Of energy in and energy out. It sounds simple, but it's not correct according to the science.

In fact, obesity is a disease that:

- Puts people at a high risk of developing or worsening other serious health conditions such as cardiovascular disease, type 2 diabetes, increased blood pressure, high cholesterol, obstructive sleep apnoea, certain types of cancer, anxiety, and depression.
- Changes the way the body responds to treatments. What worked before doesn't work anymore.
- Is constantly made stronger by our everyday environment.
- Affects people for life.

Obesity is a disease that is a serious medical problem, but people living with obesity rarely seek professional medical help because they believe that they need to deal with it all on their own.

Thankfully, more and more healthcare providers recognise the complexity of obesity and are learning how to help. Their toolbox of treatment options is also growing and is constantly being updated. Today, obesity is a disease with treatments that include behavioural therapy, meal replacements and low energy diets, anti-obesity medications, and bariatric surgery. They also look beyond just what you eat and how much you move. Modern obesity management involves understanding individual eating patterns (how, when, and why you eat), as well as patterns of mood, sleep, stress, and physical activity. A personalised treatment plan will probably require a combination of different treatment options to meet your needs.



Obesity is a disease with new hope for better health

People living with obesity are reminded of it every day – in public transportation, clothing stores, parks, or even while eating dinner with the ones they love. But size is the least important aspect of why obesity is a disease. The important aspects, such as weight stigma and self-esteem, are the ones you can't see.

The good news is that obesity is a disease that is manageable and people who live with it can still improve their health and wellbeing. In fact, a weight loss of only five percent is enough to lower the risk of some weight-related health complications, like high blood pressure.

Weight management has no quick fixes. To lose weight and keep it off, people with obesity need proper ongoing treatment and care. This is why it is important to recognise that obesity is a disease and to treat it using the latest scientific advancements.

References

- Royal College of Physicians. Obesity should be recognized as a disease. Council Paper 2018.
- Royal College of Physicians. RCP calls for obesity to be recognized as a disease. RCP London News 2019. <https://www.rcplondon.ac.uk/news/rcp-calls-obesity-be-recognised-disease> [Accessed June 2019]
- European Medicines Agency. Draft Guideline on clinical evaluation of medicinal products used in weight control 2014.
- Food and Drug Administration. Guidance for Industry Developing Products for Weight Management 2007.
- Heuer CA, McClure KJ & Puhl RM. Obesity Stigma in Online News: A Visual Content Analysis. *Journal of Health Communication* 2001; 16:976–987.
- Guh et al. The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis. *BMC Public Health* 2009; 9:88.
- Luppino et al. Depression and obesity: A meta-analysis of community-based studies. *Arch Gen Psychiatry* 2010; 67:220–9.
- Sumithran P & Proietto J. The defence of body weight: a physiological basis for weight regain after weight loss. *Clinical Science* 2013; 124:231–241.
- National Institutes of Health. Clinical Guidelines On The Identification, Evaluation, And Treatment Of Overweight And Obesity In Adults 1988.
- Rand K et al. It is not the diet; it is the mental part we need help with. A multilevel analysis of psychological, emotional, and social well-being in obesity. *International Journal of Qualitative Studies on Health and Well-being* 2017; 12:1–14.
- Yumuk V et al. European Guidelines for Obesity Management in Adults. *Obesity Facts* 2015; 8:402–424.
- Warkentin et al. The effect of weight loss on health-related quality of life: systematic review and meta-analysis of randomized trials. *Obes Rev* 2014; 15:169–82.
- Berthoud H, Münzberg H, & Morrison, CD. Blaming the brain for obesity. *Gastroenterology* 2017; 152(7):1728–1738.
- Astrup A. Dietary treatment of overweight and obesity. In: Thomas A. Wadden & George A. Bray (eds.). *Handbook of Obesity Treatment*. New York: Guilford Press 2018: 309–321.
- Caterson ID et al. Gaps to bridge: Misalignment between perception, reality and actions in obesity. *Diabetes Obes Metab* 2019; 21(8): 1914–1924.