

OBESITY

May 13, 2014

Is the epidemic slowing?

The rise of U.S. obesity rates has slowed in recent years, but the rates appear to be falling only among one group — very young children. The annual bill for treating illnesses related to being overweight or obese climbed nearly 80 percent over the last decade, and the American Medical Association now considers obesity a disease — a change anti-obesity advocates hope will affect health care and public health policy. Several states and localities are taking steps to fight obesity, such as including walking and bike paths in transportation plans and requiring restaurants to post nutrition information. But public-health advocates say a more comprehensive approach is needed. Meanwhile, as some people adopt healthier eating patterns to fight obesity, tens of thousands of American adults are choosing surgical interventions for chronic obesity.

A study released in February by the Centers for Disease Control and Prevention (CDC) showed that more than 30 percent of adults and 17 percent of adolescents in America are obese, but the prevalence of obesity among those groups remained nearly unchanged from 2003 to 2012. The obesity rate decreased among only one group — children ages 2 to 5 — dropping from 13.9 percent to 8 percent, according to the study.¹

CDC Director Dr. Thomas R. Frieden said researchers were encouraged by the results, which followed a CDC report in August showing an improvement in obesity rates among low-income preschoolers in 19 states and U.S.

territories.² The decline was seen as an important indication that obesity strategies may be starting to pay off.

“We’ve seen isolated reports in the past that have had encouraging trends, but this is the first report to show declining rates of obesity in our youngest children,” Frieden said. “We are going in the right direction for the first time in a generation.”³

However, the study found “no significant changes” in the prevalence of obesity among youths or adults since 2003.⁴ An estimated 33 percent of adults ages 20 and older are overweight, 35.7 percent are obese; and 6.3 percent are extremely obese.⁵ An adult with a body mass index (BMI) between 25 and 29.9 is considered overweight; an adult with a BMI between 30 and 39.9 is considered obese, and an adult with a BMI of 40 or higher is considered extremely obese.

The annual cost of treating illnesses related to being overweight or obese has risen from \$117 billion in 2003 to an estimated high of \$210 billion — 21 percent of annual health-care spending in the United States.⁶

And although obesity rates appear to be leveling off, one study predicted that, if obesity continued to increase on its historical trajectory, more than 44 percent of Americans would be obese by 2030.⁷ In 1980, 15 percent of American adults were obese, compared with 34.9 percent in 2012.⁸ Among children ages 2 to 19, obesity rates have more than tripled since 1980, from about 5 percent to 16.9 percent today.⁹

After years of considering obesity as a major public health issue, the American Medical Association (AMA) voted in June of 2013 to classify obesity as a disease — a move its members said could improve health outcomes and lead to better reimbursement for treating overweight Americans.¹⁰

Some experts questioned the AMA’s shift in policy, worrying that calling obesity a disease would make doctors and patients quick to resort to drastic interventions such as surgery rather than changing their diets or exercise habits — strategies known to combat obesity.

Joe Nadglowski, the president and CEO of the Obesity Action Coalition, a Tampa, Fla.-based education and advocacy group, said the AMA’s new stance might also help reduce the stigma associated with being overweight. “Obesity has been considered for a long time to be a failure of personal responsibility — a simple problem of eating too much and exercising too little,” he said. “But it’s a complex disease . . . we’re hoping attitudes will change.”¹¹



U.S.

First Lady Michelle Obama explains proposed changes to nutrition labels on food packages at the White House on Feb. 27, 2014. The changes emphasize calorie count, added sugars and a new layout of basic nutritional values. (Getty Images/Win McNamee)

Laws and policies must change too, anti-obesity advocates say. While local or state programs encouraging healthy eating and physical activity have helped, they are often too limited in scope and participation to have widespread effects. Broader measures are needed at the federal level, they say, including comprehensive laws and standardized national policies that fundamentally change behaviors leading to obesity.

“The problem in doing things one city, one county, one state at a time is it depends on motivated public officials inspiring people to change habits,” says Kelly D. Brownell, who is dean of Duke University’s Sanford School of Public Policy. “We can’t just count on those things to bring enough change. Instead, we should try to change the laws that will change the environment and affect lots of people at the same time.”

Federal Action

Some schools announced last fall that they would leave the National School Lunch Program, after widespread complaints that portion sizes were too small and that the meals provided under the U.S. Department of Agriculture’s (USDA) revamped school lunch program were unappetizing.

In an effort to control childhood obesity, the USDA had begun limiting the sugar and fat content of school breakfasts and lunches and establishing calorie restrictions and nutritional requirements. Under the rules implemented in 2012, school meals must include fruits, vegetables, dairy products, proteins and products rich in whole grains. The rules also banned trans fats — an artificial fat that has been linked to heart disease, strokes and diabetes — and limited sweetened high-fat desserts to only two a week.¹² The restrictions triggered a storm of protests from parents, who said their children were going hungry, so the USDA has relaxed the limits on portion sizes for whole grains and meat.¹³

Beginning in the 2014-15 school year, snack foods sold on school grounds must comply with USDA rules limiting calorie, sodium, sugar and fat content. Snacks also must contain at least 50 percent whole grain or contain a fruit, vegetable, dairy or protein as a first ingredient.¹⁴

Outside of the schools, the Affordable Care Act requires chain restaurants with 20 or more locations to provide nutritional information on standard menu items.¹⁵



nutrition facts on a box of chocolate chip cookies shows that the item includes trans fats — artificial fats added to processed foods to increase shelf life, which have been linked to heart disease, strokes and diabetes. Last November the Food and Drug Administration (FDA) classified trans fats as “food additives,” meaning their use would require FDA approval. (Getty Images/Scott Olson)

Aside from the federal government, some states and cities have tried to impose limits on unhealthy foods. New York City has required chain and fast-food restaurants to post nutrition information on their menus and tried to ban the sale of sugary drinks larger than 16 ounces. The soft drink rule has been tied up in court since last March, and the state’s highest court is expected to hear arguments in the case later this year. Lower court rulings said the city Board of Health exceeded its authority in imposing the limits on drink size.¹⁶

Over the years, cities such as New York, Baltimore and Philadelphia have banned trans fats — made by adding hydrogen atoms to unsaturated fat to increase stability and shelf life — from restaurant food.

In November, the Food and Drug Administration (FDA) took a first step toward eliminating trans fats from food by proposing to classify them as “food additives,” meaning their use would require FDA approval. It also said that partially hydrogenated oils — a major source of trans fats — are no longer

“generally recognized as safe.”¹⁷ Under such a designation, food companies would have to prove that partially hydrogenated oils, and other sources of trans fats, are safe to eat before they could use them in foods. That’s not an easy task since scientific research has shown that trans fats raise the level of so-called “bad” cholesterol in the blood — called LDL, for low-density lipoproteins — and can lower the levels of the so-called “good” cholesterol, or high-density lipoproteins. California began banning trans fats in 2010, and other states have considered similar legislation.¹⁸

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Food companies and advertisers are under increasing pressure to stop aggressively marketing unhealthy foods to children. As a result, according to a Federal Trade Commission (FTC) study, some food companies have launched self-regulatory efforts to change the nutritional content of products and how they are marketed to young people.¹⁹ For instance, The Coca-Cola Company, Dr Pepper Snapple Group and PepsiCo announced plans to voluntarily post beverage calorie counts on their vending machines, and to add more low-calorie and no-calorie drink choices under a program called Calories Count.

Surgical Approaches

While many people are choosing healthier food to fight obesity, some Americans are choosing surgical interventions. According to the American Society for Metabolic and Bariatric Surgery, about 160,000 Americans a year have gastric bypass surgery. Other industry figures put the number at 200,000 to 220,000. Young people under 21 account for about 1 to 2 percent of such surgeries.²⁰

Of the three main types of “bariatric” surgery — or procedures to decrease stomach size to reduce food intake or absorption — gastric bypass is the most common. It involves radically reducing the size of the stomach and rerouting the small intestine. Those opting for surgery often have life-threatening, weight-related diseases such as high blood pressure, high cholesterol, heart disease and Type 2 diabetes.

A study published in 2013 of 4,434 adult bariatric surgery patients found that although diabetes initially disappeared after surgery, it returned in about a third of the cases.²¹ Two smaller studies published in 2012, however, had found that weight-loss surgery worked much better than standard therapies for Type 2 diabetes and lowered patients' blood pressure and cholesterol levels.²²

New weight-loss drugs are available for people unwilling or unable to choose surgery. The FDA is reconsidering approval of the weight-loss drug, Contrave, after its maker conducted clinical trials it said demonstrates that it does not put patients at a significantly higher risk of heart attack, stroke or cardiovascular death — concerns the FDA asked the drug's maker, Orexigen Therapeutics, to investigate further after its first review of Contrave in 2011.²³ The FDA is expected to announce its decision in June.²⁴

The agency in 2012 had approved Belviq and Qsymia for "chronic weight management."²⁵ They were the first such prescription drugs approved in 13 years.²⁶

Chronology	
2012	
May	New York City Mayor Michael Bloomberg announces plan to prohibit the sale of sodas and other sweetened drinks larger than 16 ounces at restaurants, movie theaters and street carts; grocery and convenience stores are excluded.... More than 1,200 people gather in Washington, D.C., for three-day "Weight of the Nation" conference, organized by the CDC to raise awareness about obesity prevention and control.... Institute of Medicine says nation's efforts to curb obesity are too slow.
June	First anniversary of introduction of My Plate food icon, the USDA's primary food group symbol unveiled in June 2011 by first lady Michelle Obama and Agriculture Secretary Tom Vilsack to help consumers make healthy food choices consistent with U.S. dietary guidelines.... Food and Drug Administration (FDA) approves Belviq to treat overweight or obese adults who have at least one weight-related illness such as Type 2 diabetes, high blood pressure or high cholesterol; the drug activates a brain receptor that makes users feel full after eating smaller amounts of food.
July	Soft drink industry begins campaign against proposed New York City sugary-drink limits and creates coalition called New Yorkers for Beverage Choices.... FDA approves Qsymia, a weight-management drug for obese and overweight adults who have at least one weight-related illness.
August	<i>New York Times</i> poll finds strong opposition to sugary-drink limits among New Yorkers. Another <i>Times</i> poll finds wide support for city's 255 miles of new bike lanes.
September	New York City Board of Health approves drink limits.... Robert Wood Johnson Foundation releases report showing declining childhood obesity rates in several American cities.
October	American Beverage Association and New York restaurant and business groups file suit in state Supreme Court in Manhattan seeking to overturn sugary-drink ban and arguing that city Board of Health has no authority to approve new rules.
December	CDC study of 27.5 million low-income and minority preschool children who receive federal nutrition aid finds modest decline in obesity and extreme obesity from 2003 to 2010.
2013	
January	<i>Journal of the American Medical Association (JAMA)</i> issues controversial report on a study concluding that although being obese increased mortality rates, simply being overweight did not. Study also found that overweight people had less risk of dying from health-related issues than normal-weight people.... Another <i>JAMA</i> report confirms that increased consumption of fructose "paralleled the increasing prevalence of obesity" and that high-fructose diets "promote weight gain and insulin resistance."

March	New York State Supreme Court strikes down New York City's ban on sales of large sodas and other sweetened drinks one day before law goes into effect; judge calls the regulation "arbitrary and capricious;" Mayor Michael Bloomberg vows to appeal.
May	Researchers at Wake Forest School of Medicine find that many medical students have an unconscious bias against obese people; researchers at Johns Hopkins University School of Medicine find that overweight people are more likely than normal-weight people to change primary-care physicians repeatedly.
August	A CDC study shows that obesity rates among lower-income preschoolers declined in 19 states and U.S. territories, marking the first time in decades that a major government report had shown a clear pattern of decline after years of increase.
November	The Food and Drug Administration proposes to regulate trans fats as "food additives," a move that would likely lead to a ban on the substances.
2014	
January	The USDA relaxes its new rules limiting the portion sizes of whole grains and meat in school lunches after widespread complaints from students and parents nationwide.

Footnotes

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Footnote:

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