

Is obesity a disease?

IASO responds to discussions on whether or not obesity should be classified as a disease

The American Medical Association has announced this week that it now recognises obesity as a disease¹. In coming to this decision it concluded that 'recognizing obesity as a disease will help change the way the medical community tackles this complex issue that affects approximately one in three Americans'. Arguments against the classification of obesity as a disease have been made on the grounds that obesity is more a risk factor for other conditions than a disease in its own right and that 'medicalizing' obesity by declaring it a disease would define one-third of Americans as being ill and could lead to more reliance on costly drugs and surgery rather than lifestyle changes.

Some years ago Kopelman and Finer argued² that there were strong reasons for identifying obesity as a disease:

- To promote an understanding that obesity is not simply an inevitable consequence of an affluent and increasingly sedentary society but is a 'malignant' condition of modern life that can be avoided or reversed with substantial health benefit to an individual and society as a whole
- To highlight to the sufferers, the medical profession and the public at large that obesity (or excessive fatness) is a potentially killing disorder.
- To receive appropriate recognition from healthcare planners, health authorities and local and national governments that obesity is epidemic within society and affects all ages.

In support of these arguments they noted that the World Health Organization (WHO) and their extensive codification of 'diseases' in the International Classification of Diseases (ICD-9, 9th edition), contains two entries for obesity: 278.00 (obesity NOS), and 278.01 (morbid obesity) and this was accepted as part of the long standing, pathology based internationally agreed classification of diseases when the WHO took over the classification when WHO was established in 1948.

Typical definitions included the following:

- 'Condition of the body, or of some part or organ of the body, in which its functions are disturbed or deranged; a morbid physical condition; a departure from the state of health, especially when caused by a structural change.' (Oxford English Dictionary)
- 'A condition in which bodily health is seriously attacked, deranged, or impaired. Pathologically, disease is an alteration of state of the human body . . . or of some of its organs or parts interrupting or disturbing the performance of the vital functions; any departure from the state of health presenting marked symptoms; . . . various forms of disease may be caused by parasites, filterable viruses, and nutritional, environmental or inherent deficiencies.' (Webster's Third New International Dictionary)
- 'An interruption, cessation or disorder of body functions, systems or organs.' (Stedman's Medical Dictionary)

Obesity results from an excessive deposition of adipose tissue from which very few organs are exempt. The knowledge of the strong heritability of obesity, the known genetic basis of some obesities from genetic mutations, and the contribution of inherited variations in genes to susceptibility would fit with the concept of obesity as disease. The interplay between environment, lifestyle, and genetics is recognized as integral to many diseases such as diabetes (both types 1 and 2), ischaemic heart disease, hypertension and cirrhosis of the liver whether it be linked to viral damage, alcohol or inappropriate intake of foods rich in saturated fat or salt.

Against the argument for defining obesity as a disease³ are imperfections of diagnosis (especially those that rely upon body mass index), the fact that at any point in time people can be obese and apparently 'healthy', and that calling obesity a disease could further stigmatise them. This approach, however, simply deals with people's prejudices not proper medical analyses. By defining it as a disease (recognised for insurance purposes), it could encourage the perception that it is a condition to treat only through surgery and pharmaceutical interventions in preference to one that can be treated by individual lifestyle change and that needs to be prevented through public health measures, but this neglects the last half century's recognition that several diseases develop because of inappropriate food intake.

It is valid to recognize the public health problems of obesity which indicates that drugs and surgery are not the only approaches to combatting the problem. However, arguments for the non-disease state may stem from prejudice inferring that the condition is self-induced and therefore not meriting medical intervention, or meriting an intervention paid for from collective resources. This is counter to the Chief Scientist's analyses in the Foresight Report⁴ specifying that weight gain is the normal biological and inevitable response in our completely inappropriate environment unless the individual is fortunate to have inherited a strong propensity to remain thin.

These arguments can be productive if the end result is that we properly recognize that overweight and obesity now in much of the world are becoming, as smoking is held in check, the most important cause of disability and early death, and already consume huge amounts of health care budget. New analyses project that no country will be able to sustain the health costs of obesity and all its complications and increasing numbers of overweight young women are now having children who are large at birth and much more prone to future obesity. So we have a looming generational amplification of the already huge public health burden. We therefore need to overcome old prejudices about self-inflicted conditions and institute appropriate public health care measures were implemented throughout society. In addition for those gaining weight or already overweight and obese, they need access to medical advice and management involving multiple measures to limit the handicaps to which they will become increasingly prone.

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¹American Medical Association, 2013, AMA Adopts New Policies on Second Day of Voting at Annual Meeting, media release, viewed 28th June, <http://www.ama-assn.org/ama/pub/news/news/2013/2013-06-18-new-ama-policies-annual-meeting.page>

²Kopelman PG, Finer N. Reply: Is obesity a disease? *Int J Obes Relat Metab Disord.* 2001 Oct;25(10):1405-6.

³Heshka S, Allison DB. Is obesity a disease? *Int J Obes Relat Metab Disord.* 2001 Oct;25(10):1401-4.

⁴ *Foresight . Tackling obesities: future choices—project report.* London: The Stationery Office, 2007.