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The prevalence of obesity is increasing in both adults and children around the world and is associated with significant health, social and economic consequences (1). In Australia, around 20 per cent of boys and 21 per cent of girls aged 2 to 18 years are overweight or obese and around 66 per cent of men and 47 per cent of women aged 25 to 64 years are overweight or obese (2). In 2005, the total financial cost in Australia of obesity alone was estimated at $3.767 billion (1). Obesity is associated with higher mortality and morbidity. Mortality rates increase with increasing degrees of overweight, as measured by body mass index (BMI). As BMI increases so too does the proportion of people with one or more comorbid conditions (2).

Obese people have a higher risk of experiencing chronic and potentially life-threatening health problems such as hypertension, stroke and coronary heart disease; type 2 diabetes; certain cancers; and gallbladder disease. Obesity is also associated with raised blood cholesterol, physical inactivity and sedentary behaviour, sleep apnoea, osteoarthritis, psychological disorders and social problems. Excess weight has been clearly linked with increased risk of death and ill health from heart and vascular diseases. With increasing level of weight, the risk of both hypertension and high blood cholesterol and triglycerides is increased. Obesity is associated with a substantial reduction in life expectancy (2).

It is clear from these alarming facts that obesity is a huge problem for the Australian health system. Doctors have an important role to play in both preventing and managing obesity as they do with other chronic diseases. However, this is no easy task. One problem in dealing with obesity is that it is viewed by many not as a health problem but rather the result of poor lifestyle choices. This is a challenging perspective, as while obesity has well documented negative effects on the body, I believe it is still considered by society to primarily be an issue of aesthetics rather than wellbeing. There is substantial stigma associated with obesity that often overshadows its role in disease. I think that this stigma makes it difficult for doctors to advise and counsel obese patients about weight loss and also for society to have an open debate about the cost of obesity without invoking a defensive response.

When presented with an obese patient, be it an adult individual or a child and their parent(s), weight can be a difficult and sensitive issue to raise. A doctor has an obligation to do what is best for the patient but this can be tricky when balancing what is best for them physically with what is best for them emotionally. Weight loss may well be necessary for their health but the discussion may come at the cost of their emotional well-being if the patient perceives the advice as critical of their appearance and is offended. The manner in which the doctor raises the issue is of course important but with current social attitudes toward obesity, no amount of sensitivity on the part of the doctor may help if the patient is already self-conscious and defensive.

Medicalisation is often cast in a negative light, sometimes with good reason. It is frequently accompanied or driven by the availability of treatments and may therefore be merely a means by which to make money. In the case of obesity, however, I believe it has the

potential to be very useful. Being overweight has for a long time been a matter of appearance but with increasing prevalence and well established impacts on health it has well and truly arrived as a health problem and should be treated as such. Cardiovascular health is one of the seven National Health Priority Areas and we know, obesity is a significant risk factor for cardiovascular disease. People react very differently to medical problems than they do to psychological problems. Medical problems carry fewer stigmas and are perceived as being easier to manage (despite this not necessarily being the case). We only need to look at the difference in attitudes towards cardiovascular disease and schizophrenia. People approach medical issues much more openly. This shift from obesity as an issue of lifestyle, self-discipline and aesthetics to one of health may well be the key to confronting the problem.

Aside from society's attitude towards obesity, there is also the issue of treatment. Doctors have very little in their arsenal in terms of management options. Aside from surgery, which is generally reserved for severe cases and some drug treatments which are relatively new, the majority of options involve lifestyle change. Modifications to diet and exercise rely primarily on the patient and can, therefore, be difficult to achieve. Better education of doctors about ways in which to motivate and support patients to make these changes would likely improve patient outcomes. These are important issues to consider because once morbidly obese, there is actually very little that doctors can do and the body will not recover fully even if the weight is lost.

Over the years it has become acceptable and in fact expected to tell smokers that they should quit as it is bad for their health yet people remain coy about obesity despite it having many similar negative effects on health. While it is important to remain professional and be considerate of the patient when discussing any health issue, it would be unfortunate for doctors not to send a strong message about an issue as important as obesity for fear of hurting patients' feelings. In order for 'the obesity epidemic' to be tackled adequately, a change in attitude is required. The social barriers and taboos around being overweight need to be broken down so that frank and open discussions can take place to achieve the end result of improved health outcomes.

References

1. National Heart Foundation of Australia 2007. *Overweight and Obesity: Useful statistics and references – July 2007.*

2. National Heart Foundation of Australia 2005. *Addressing Australia's Weight Problem: The Heart Foundation's Action Plan 2005-2007.*