



PCNA Position Statement on the Obesity Epidemic

The Issue

There is clearly an obesity epidemic in the United States today and this epidemic spans all ages, gender and ethnicities. During the past 20 years there has been a dramatic increase in obesity and overweight in the United States. Over 66% of US adults are overweight or obese. Obesity is defined as a body mass index (BMI) of 30 or greater. Overweight is a BMI of 25-29. BMI is calculated from a person's weight and height and provides a reasonable indicator of body fatness and weight categories that may lead to health problems. Electronic BMI calculators are widely available on the internet for use by professionals and consumers.

Scope of the Problem

Obesity goes beyond appearance. It is strongly associated with the onset of type 2 diabetes, high blood pressure and abnormal blood cholesterol levels; three very potent risk factors that increase the chances of developing heart disease or stroke.¹ Overweight and obese individuals are also at increased risk for sleep apnea, gallbladder disease, some cancers (endometrial, breast and colon), osteoarthritis, and respiratory problems.

The Facts

- In 2008, only one state (Colorado) had a prevalence of obesity less than 20%. Thirty-two states had a prevalence equal to or greater than 25%; six of these states (Alabama, Mississippi, Oklahoma, South Carolina, Tennessee, and West Virginia) had a prevalence of obesity equal to or greater than 30%.²
- A BMI increase of approximately 3 kg/m² raises the risk of hospitalized thromboembolic stroke by 10%-30%.³
- According to a study of national costs attributed to both overweight (BMI 25–29.9) and obesity (BMI greater than 30), medical expenses accounted for 9.1 percent of total U.S. medical expenditures in 1998 and may have reached as high as \$78.5 billion (\$92.6 billion in 2002 dollars).⁴

Implications

The increased prevalence of obesity in the United States is at least partly influenced by environments that promote increased food intake, foods high in fat, sodium and calories, and

physical inactivity. According to the Centers for Disease Control (CDC), policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy will likely prove most effective in combating obesity. Nutritional counseling targeting the obese population is imperative. In addition to providing education about calories and healthy foods, portion size and how to read labels must be emphasized.

PCNA provides education and educational materials to professionals and is committed to targeting this obesity and physical inactivity problem. With weight loss and regular physical activity, blood pressure is reduced and many times medications can be reduced or stopped. Likewise blood cholesterol numbers improve; the LDL cholesterol (bad cholesterol) goes down, the HDL cholesterol (good cholesterol) goes up, and triglycerides go down. These lifestyle changes may also halt or delay the onset of diabetes. Reducing cardiovascular risk factors such as high blood pressure, abnormal blood cholesterol and diabetes retards the development of heart disease, the nation's number one killer.

Conclusion

PCNA recommends for the public:

- Proper nutrition and regular physical activity for all Americans and especially the overweight and obese population.
- Physical activity and dietary programs be tailored to the individual to improve adherence
- Public health initiatives that improve access for all Americans to healthy food choices and safe environments for walking, bicycling and engaging in other recreational activities.

PCNA recommends that all health professionals:

- Implement national guidelines for obesity and overweight, nutrition and physical activity
- Measure and record BMI and/or waist circumference at each visit
- Set target goals for healthy eating, physical activity and weight with all overweight and obese patients.

References

1. AHA Conference Proceedings. *Circulation* 1998;98:1472-1476.
2. U.S. Obesity trends: <http://www.cdc.gov/obesity/data/trends.html>
3. *Stroke* 2002;33:230-237.
4. National Estimated Cost of Obesity:
<http://www.cdc.gov/obesity/causes/economics.html>