The obesity epidemic: are we losing the battle?

Welcome, readers to 2013, which I hope will be an exciting year as we expand our presence in various international databases. The journal is currently listed on the following accredited scientific databases: *Index Scopus*, *Index Copernicus*, *African Journal OnLine* and *Google Scholar*. Our next big step is *Index Medicus*, so watch the space!

Now for this edition's editorial. According to the latest South Africa Survey, published recently in Johannesburg by the South African Institute of Race Relations,[1] a third of all South African women are obese and a quarter of coloured, white, and Indian women are obese. In addition, the survey found that South African men were significantly less likely to be obese than women, fewer than one tenth being obese. When disaggregated by population groups, approximately 18% of all white men are obese, followed by 9% of Indians, 8% of coloureds and 6% of African men. These figures were obtained from the South African Medical Research Council. Previous studies reported similar findings. For example, a 2010 survey by GlaxoSmithKline showed that 61% of the South African population were overweight or morbidly obese. This mirrors the 2007 findings by the Medical Research Council, which found that 56% of adult women and 29% of adult men in South Africa were overweight or obese.

What does this mean for the health status of adult South Africans in relation to noncommunicable diseases? According to a 2008 South African Medical Research Council report on the cause of death and premature mortality in Cape Town (2001-2006), mortality rates caused by noncommunicable diseases were reported to be high, with variations along the lines of the epidemiological transition, and accounted for a high proportion of premature mortality, particularly among adult women.[2] Obesity is a medical condition in which excess body fat has accumulated to the extent that it may adversely affect health, leading to reduced life expectancy and/or increased health problems. It is calculated using the universally accepted body mass index (BMI), which is the weight (in kg) divided by the square of the height (in metres). A BMI of 30 kg/m^2 or above is classified as obesity.

According to the World Health Organization (WHO), obesity was previously associated with high-income countries, but is now gaining prevalence in low- and middle-income countries. In October 2011, Compass Group Southern Africa, a food services company, placed South Africa third in the world in terms of obesity rankings after the USA and Great Britain.[3] Obesity is linked to noncommunicable diseases, such as diabetes mellitus, coronary heart disease and hypertension, which are among the top 10 causes of death in South Africa. So the question remains: "Are we losing the battle on obesity in South Africa? Patronage of the multi-million Rand market of various preparations from approved anti-obesity medications to homeopathic and natural remedies has not reduced the prevalence of obesity in the country.

Evidence at our disposal indicates that obesity is commonly caused by a combination of excessive high energy food intake, lack of physical activity and genetic susceptibility, although a few cases are caused primarily by genes, endocrine disorders, medications or psychiatric illness. Hence the approach to management should be simple: reduce the consumption of energy-dense foods that are high in fat and sugars, while increasing the intake of dietary fibre, as well as that of regular aerobic physical exercise to burn excess fat. In difficult cases, anti-obesity drugs may be added to suppress appetite or inhibit fat absorption. It is only in morbid cases that gastric surgery is required, e.g. gastric balloon and partial gastrectomy.

The solution appears to be very simple, so why are we failing to stem the obesity tsunami? All healthcare practitioners have to live by example by maintaining a normal BMI (18.5-25kg/m^2), promoting healthy lifestyles and eating healthy meals. The days of unhealthy finger lunches and lavish fatty dinners at health-related congresses should be numbered. Sustained high profile national programmes which focus on the causes of obesity, as well as simple, effective strategies to deal with obesity are required. From the public health perspective, the Obesity Policy Action framework divides the approach into "upstream" policies, "midstream" policies, and "downstream" policies. Upstream policies take into account changing society, midstream ones try to alter individuals' behaviour in order to prevent obesity, while downstream policies try to treat currently afflicted people.[4] A national mind set is essential if these simple strategies are to be successful. Our collective response should be: "Yes, we can turn the tide!"

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