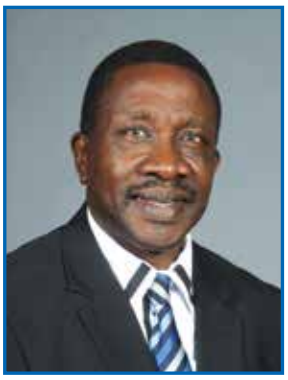
EDITORIAL

Have we lost the global obesity battle?



In 2013, I wrote two successive editorials on obesity in this journal.[1,2] This was in response to my concern that little action is being taken by adults, children, healthcare workers and politicians to address this serious problem, present in our public and private healthcare systems, and with disastrous health management challenges. In 2013, according to available South African national data, it was estimated that a third of all South African women were obese. The incidence in coloured, white and Indian women was similar, with approximately a quarter being obese. South African men were significantly less likely to be obese than women. Less than one tenth were obese. When disaggregated by population group, approximately 18% of all white men are obese, followed by 9% of Indians, 8% of coloureds and 6% of African men.[3]

As we approach the end of 2015, the question to ask is: "Have we lost the battle to control global obesity?" In addition, what local efforts have taken place to address this noncommunicable disease? In the quest to provide answers, it is imperative that currently available global and local data on this condition are reviewed. It was reported in the 2013 Global Burden of Disease study, published in May 2014, that 37% of men and 38% of women had a body mass index of ≥ 25 kg/m^2, a rise of 28% in adults and 47% in children since 1980.[4] The World Health Organization (WHO) estimated that in 2014, 39% of adults aged ≥ 18 years (38% of men and 40% of women) were overweight.[5] The trend of global obesity is definitely on the increase, and it appears that very little effort is being made to control the pandemic. Currently, South Africa has the highest overweight and obesity rate in sub-Saharan Africa. Seven in 10 women, and four in 10 men, have significantly more body fat than what is deemed to be healthy.[4]

The WHO alludes to the fact that the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. Globally, there has been:[5]

- An increased intake of energy-dense foods which are high in fat.
- An increase in physical inactivity owing to the increasingly sedentary nature of many forms of work, changing modes of transportation and increasing urbanisation.

The common health consequences of obesity and overweight include heart diseases and strokes, diabetes mellitus, musculoskeletal disorders (such as osteoarthritis), and cancer, specifically endometrial, breast and colonic. Hypertension, gall bladder disease, gallstones, gout, and breathing problems, such as sleep apnoea, are other consequences of obesity which act on life expectancy.[6] There is also a higher prevalence of mental illness, such as clinical depression, anxiety and other mental disorders, in obese patients.[7]

Yet solutions to the global obesity pandemic are known: a reduction in the intake of energy-dense food which is high in fat, and a decrease in physical inactivity through exercise. So what is behind collective global inaction with regard to reducing global obesity? It is known that many lifestyle habits begin in childhood. This means that parents have to encourage their children to make healthy choices, such as following a healthy diet and being physically active. The rapid expansion of cheap fast food options and sugary cold drinks should be vigorously discouraged through aggressive government policies if a positive impact on the obesity and overweight problem is to result. The collective strategies of making healthy food choices by eating a balanced, calorie-controlled diet, focusing on smaller food portions, participating in active exercise and reducing screen time, i.e. television, computers, DVDs and video games, should be the objective, and must be implemented as a matter of urgency.

In the UK, the National Health System currently spends £47 billion a year (approximately R982 billion a year) dealing with the healthcare and social costs of an increasingly overweight population. The cost is said to be a greater burden on the UK's economy than armed violence, war and terrorism.[8] South Africa does not have the fiscus to support spending on obesity, e.g. on bariatric surgery, equipment, larger and wider beds and wider-access doors in hospitals for obese patients. The global economic impact of obesity is increasing. The evidence suggests that the economic and societal impact of obesity is deep and lasting. It is time for action to be taken before it is too late. Or is it already too late? I welcome your responses to this editorial.

Prof Gboyega Ogunbanjo
Editor-in-chief: *SAFPJ*

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