key points

SELECTED BY
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Obesity is a growing problem. In England in 2008, 66% of men and 57% of women had a BMI >25 kg/m^2; within this 24% of men and 25% of women were obese with a BMI >30 kg/m^2. BMI, which is calculated by dividing the weight (kg) by the square of the height (m), has been criticised for misclassifying people who are very muscular as overweight as it does not take account of fat mass, particularly abdominal fat which carries the highest risk for metabolic disease. Waist circumference has emerged as an alternative, or addition, to BMI for risk prediction. When checking BMI, particularly in younger men, consider whether they are very muscular (the so-called rugby player physique) and apply commonsense.

Obesity is often a major contributing cause of disease, particularly diabetes and heart disease. The relative risk (RR) of diabetes in overweight men is 2.40 and in obese men 6.74 compared with men with a BMI in the normal range. The respective RR values in women are 3.92 and 12.41. There is a 40% increased risk of death from cardiovascular disease for every 5 kg/m^2 increase in BMI above 25 kg/m^2. Obesity is also associated with a raised risk of: fertility problems, fatty liver, cirrhosis, osteoarthritis and mobility problems, pregnancy complications, obstructive sleep apnoea and asthma. Certain ethnic groups e.g. South Asians, Chinese and Japanese are at higher risk of adverse effects, such as diabetes, for a given BMI. For this reason lower BMI cutoffs have been proposed.

The best evidence suggests that patients should be offered a combination of advice on dietary change and increasing physical activity which includes behavioural components. Encouragement to make small changes in a sustained way can make significant differences to energy balance. Physical activity should be of moderate intensity (increased heart rate and breathing but still able to converse).

Drug treatment is a useful addition when lifestyle measures alone are not effective; it should always be given along with, not instead of, lifestyle advice. Evidence is increasing for the effectiveness of bariatric surgery in treating obesity-related disease, particularly diabetes. There are two main procedures, gastric banding and gastric bypass. Both procedures are now thought to produce at least part of their effect through changes in gut hormone control of appetite. Most bariatric surgical centres only take referrals from NHS weight management clinics and have strict criteria around attendance at appointments and attempts at pre-operative weight loss. The focus of specialist weight management services is usually on patients with severe and/or complicated obesity.

There can be a mismatch between those patients who seek treatment and those with the greatest need. Men, individuals from deprived backgrounds and those with chronic disease should not be overlooked for weight management just because they are not seeking it.