

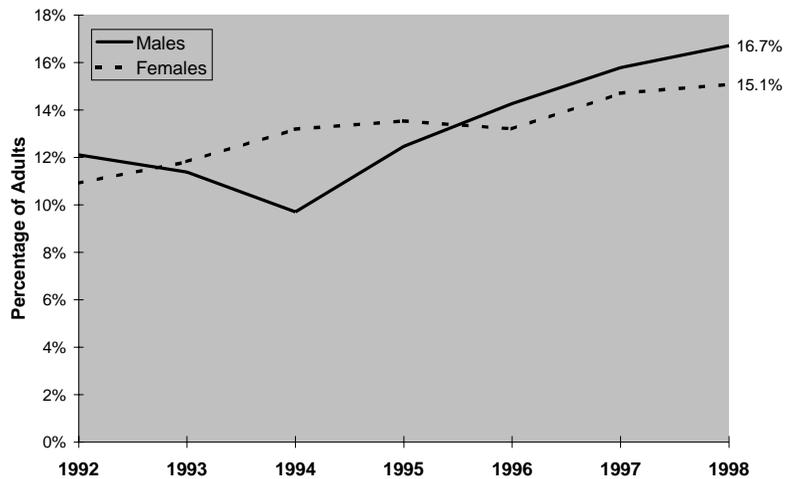
Utah Health Status Update: Obesity and Overweight

Obesity is a chronic disease that is caused by complex genetic and environmental factors. Obesity and overweight increase the risk for other diseases and are a leading cause of preventable death in the U.S. The percentage of persons who are overweight or obese has been increasing in Utah, as elsewhere. The issue is a difficult challenge for public health, medical practitioners, and their patients.

The most common method of measuring obesity is the Body Mass Index (BMI). BMI is a comparison of weight to height (weight in kg divided by height in meters, squared). A BMI of 18.5 to 24.9 kg/m² categorizes an adult as normal weight, 25 to 29.9 kg/m² as overweight, greater than 30 kg/m² as obese, and greater than 40 kg/m² as extremely obese. For someone 5'8", a weight of 164 lbs. is considered overweight, and 197 lbs. is obese.

Obesity

Percentage of Utah adults (age 18 or over) who were obese (BMI>30kg/m²) by sex, 1992-1998.



Source: Utah Department of Health, Behavioral Risk Factor Surveillance System

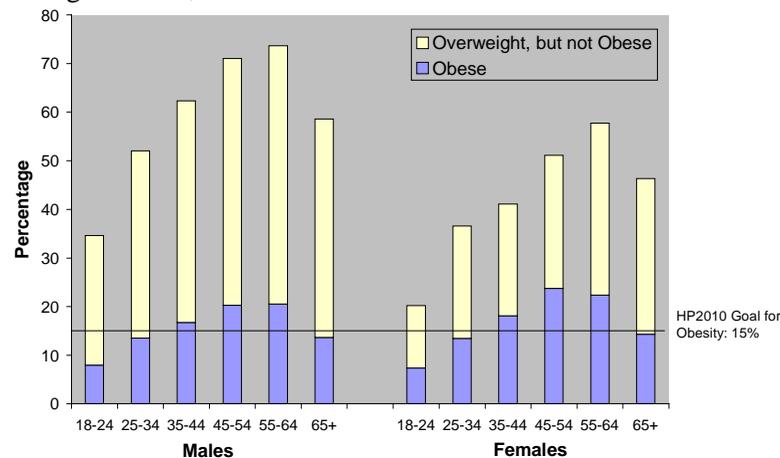
Other weight-related health risk factors are the proportion and distribution of body fat. For instance, a waist measurement

greater than 40 inches in men or 35 inches in women is associated with health risks, regardless of BMI.

- Among U.S. adults, obesity prevalence increased from 12% in 1991 to 17.9% in 1998. Among young adults, age 18-29, it increased from 7.1% to 12.1%.
- In Utah, the prevalence of obesity among adults increased from 8.8% in 1990 to 15.9% in 1998.
- Obesity was found in 13.7% of children age 6-11, and 11.5% of adolescents age 12-17 in a national study (NHANES III) from 1988 to 1994. (Obesity was defined as being above the 95th percentile BMI for age.)

Obese or Overweight by Age and Sex

Percentage of Utah adults who were obese or overweight by age and sex, 1995-1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998
* Obese was defined as a BMI of 30 or more; Overweight, but not obese was defined as a BMI of 25-29.

- **Mortality** rates increase at BMIs above 25 kg/m². For a person with a BMI of 30 or more, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50% to 100% above those for persons with BMIs from 20-25.

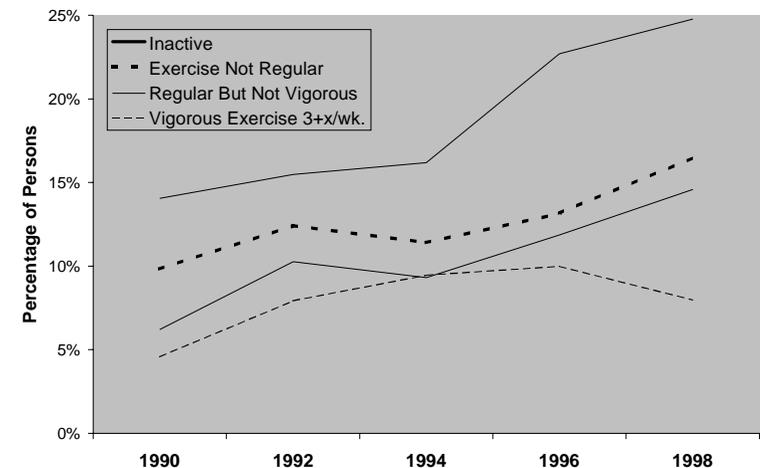
- Even for normal weight persons, increases in BMI (and in most cases, increases in abdominal fat) are associated with increased **morbidity** from the following conditions: high blood pressure, high serum cholesterol, diabetes, heart attack, congestive heart failure, stroke, gallstones, osteoarthritis, sleep apnea, and certain types of cancer (colon, breast, endometrial, and gallbladder cancer).

For most people, the typical daily routine (e.g., sitting at work, sitting in front of a TV, exposure to food marketing, and large portions of restaurant food) promotes overweight and obesity. In addition, there is a large genetic component.

- Approximately 47% of overweight and 65% of obese adults in Utah are currently trying to lose weight.
- Utahns who reported exercising were less likely to be obese than those who were inactive.
- Since 1990, obesity prevalence increased the most for Utahns who reported they were inactive.

Obesity Trends by Exercise

Percentage of persons who were obese by exercise habits and year. Utah adults age 18 and over, 1990-1998.



Source: Utah Department of Health, Behavioral Risk Factor Surveillance System

According to the National Heart, Lung, and Blood Institute's *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*, a combined intervention of behavior therapy, a low-calorie diet, and physical activity provides the most successful therapy for weight loss and weight maintenance. The initial goal of weight therapy should be to reduce body weight by approximately 10% from baseline. A reasonable time line for a 10% reduction is 6 months.

Physical Activity: Physical activity is an important component of weight loss therapy and the prevention of weight regain. In addition, it has a benefit in reducing cardiovascular and diabetes risks beyond that produced by weight reduction alone. A previously inactive person may start by walking 30 minutes for 3 days a week, and build to 45 minutes of intense walking at least 5 days a week.

Dietary Therapy: Adopt an individually planned diet that creates a deficit of 500 to 1,000 calories per day with a reduction in saturated fat. Total fats should provide no more than 30% of total calories.

Behavior Therapy: Strategies such as monitoring food intake and exercise, managing stress, and social support are helpful in achieving and maintaining weight loss.

Pharmacotherapy: In carefully selected patients, appropriate drugs can augment low-calorie diets, physical activity and behavior therapy in weight loss.

Weight Loss Surgery: In a limited number of patients with clinically severe obesity (i.e., BMI>40, or >35 with comorbid conditions), and for whom medical therapy has failed, weight loss surgery is an option.

The full report can be found at http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm



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Additional information about this topic can be obtained from the Office of Public Health Assessment, Utah Department of Health, P. O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@doh.state.ut.us.

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