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Flabbergasted

New research suggests we need to rethink the relationship between obesity and health, says **Samantha Murphy**. So what's really going on?



Weight tells you far less about a person's health than you might think

IN 2002, cardiologist Carl Lavie began to see a confusing trend. The people he was treating for heart failure were living longer if they were obese or overweight than if they were thin. How could that be right? Obesity is notoriously bad for your heart and every other part of your body.

In the US, obesity is one of the biggest causes of preventable deaths after smoking. Worldwide, it has been linked to chronic diseases like hypertension, stroke, heart disease and type-2 diabetes. Even so, the world keeps getting fatter, a trend that may mean we will all be obese by mid-century, propelling those of us in the West ever closer to the first drop in our life expectancy since 1800.

But how much of this is true? Lavie wasn't the only one to notice some troubling inconsistencies in the seemingly simple story. Under fresh scrutiny, conventional wisdom about the obesity epidemic is beginning to unravel, prompting some medical professionals to call for changes to everything from public policy to healthcare training.

It is small wonder we have become so obsessed with our weight. Between 1980 and 2008, body mass index (BMI) – a measure of obesity that divides weight by height squared – rose all over the world. Obesity rates nearly doubled, rising most strikingly in the US. It wasn't hard to see where it was all heading. In the title of a widely cited paper investigating the progression and cost of the US obesity epidemic, the authors asked: "will all Americans become overweight or obese?" Yes, they concluded: by about 2050.

So it came as a surprise when, in the early 2000s, epidemiologist Katherine Flegal began to see evidence that obesity rates had stopped rising. In study after study, Flegal, who works at the Centers for Disease Control (CDC) in Hyattsville, Maryland, found that instead of continuing relentlessly upwards, obesity rates had levelled off.

Not everyone was convinced, but this was no flash in the pan. Flegal and her team continued to replicate their research and, in a study released in 2012, they announced that the prevalence of obesity in the US has failed to increase in any significant way since at least 2008 (*JAMA*, vol 307, p 491). It appears to have flatlined around the 34 per cent mark in both adults and adolescents (see "Obesity plateau", page 46). And this "obesity plateau" is not limited to the US: similar trends and even declines have been described in other developed countries over the past 10 to 15 years.

Because the research is still in the early stages, no one is sure what is causing the

obesity plateau. But some competing theories are emerging. Researchers at the University of Jena in Germany point to small studies showing the success of better food and exercise programmes. Whatever the reason, the idea that obesity rates will rise unchecked seems to be in need of revision.

Where does that leave the 34 per cent of people still considered obese? In 2004, the CDC warned that obesity could soon be second only to smoking as a cause of preventable deaths. Of course, it won't be the extra pounds that kill you. What supposedly shortens your life is the link between obesity and the development of a host of diseases including type 2 diabetes, heart disease, cancer and rheumatoid arthritis.

Over the past 10 years, however, some of these links have been called into question as well. The most surprising of them is the one that always seemed the most intuitive: the

"Instead of rising relentlessly, obesity rates appear to have levelled off"

relationship between obesity and heart disease. "Over a decade ago, I would have thought my heavy patient who just had a heart attack would have been worse off than my thin patient who just had a heart attack," says Lavie, who is a cardiologist at the Ochsner Medical Center in New Orleans, Louisiana. "But it's exactly the opposite." Heart disease patients classified as lean had almost double the mortality rate of those ranked overweight and even obese.

Startled by his own anecdotal findings, Lavie began to dig into the literature. He found numerous large-scale studies that backed up his observations: some overweight patients with cardiovascular disease have better outcomes than their thinner counterparts. One of the largest, a 2012 study of 64,000 Swedish people with heart disease, found that obese or overweight participants had a reduced risk of dying compared with those of normal weight (*European Heart Journal*, vol 34, p 345). Underweight patients, meanwhile, upped their risk of death by a factor of three. In the paper, the authors went so far as to suggest that prescribing weight loss after diagnosis of heart disease might be a bad idea.

Heart conditions were far from being the only ailments where extra padding seemed to be an advantage. Equally surprising was the clear link between obesity and the fate of people with type 2 diabetes. Among others, a Northwestern University study of 2625

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