



Weight Management Issues and Strategies for Success

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ABSTRACT

Despite dedicated efforts to reduce the obesity problem in the United States, no state as of 2007 had achieved the Healthy People 2010 objective to reduce the number of people who are obese to 15%. This article discusses the scope of the obesity problem in the United States and the issues surrounding weight-loss efforts and provides some insight into simple weight-loss and maintenance help for patients. Furthermore, effective tools and some physical activity strategies to aid this effort are presented.

Keywords: calories, obesity, overweight, physical activity, weight loss, weight maintenance

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INTRODUCTION

Discussions about the obesity epidemic are not new. One can open any magazine or newspaper and find an article that discusses the weight problem in the United States and globally. There are many articles about the latest diet plan, but few articles discuss how to establish a weight management program within your practice. This paper presents the scope of the problem of obesity in the United States and the issues surrounding weight-loss efforts and offers some insight into providing simple weight-loss and weight maintenance help to patients. It also introduces some effective tools and physical activity strategies that can be used to aid in this effort.



SCOPE OF THE PROBLEM

Despite the Federal government's dedicated efforts to reduce the obesity problem in the United States, no state as of 2007 had achieved the Healthy People 2010 objective to reduce the number of people who are obese to 15%.¹ According to the same report, "25.6% of respondents overall in 2007 were obese; the prevalence of obesity among adults remained greater than 15% in all states and greater than 30% in Alabama, Mississippi, and Tennessee."² The Centers for Disease Control and Prevention, which collects these data, further reported in 2008 that the prevalence of obesity was race specific.²

Non-Hispanic blacks had the greatest prevalence of obesity (35.7%), followed by Hispanics (28.7%), and non-Hispanic whites (23.7%). These differences were consistent across all census regions and were greater among women than men. Non-Hispanic black women had the greatest prevalence (39.2%), followed by non-Hispanic black men (31.6%), Hispanic women (29.4%), Hispanic men (27.8%), non-Hispanic white men (25.4%), and non-Hispanic white women (21.8%).²

One need only compare the map of the United States showing obesity in 1990 with that in 2008 (Fig. 1) to see that the obesity issue is not going to be solved any time soon, but that does not mean that efforts are futile. Quite the contrary, every attempt should be made to double or triple the efforts of providers to address this problem because the cost to this country in lost time and wages is tremendous. Finkelstein et al.³ reported that health-care costs related to being overweight or obese could be "over \$93 billion a year, which represents almost 9.1% of the total US annual health-care expenditures."³ Given that the original research by Finkelstein et al. is almost a decade old, these costs have probably increased. In fact, Loureiro⁴ also found that "health-care costs for overweight and obese people were 37% higher than for normal weight people." Runge⁵ noted, "In the workplace, employers of the overweight and obese confront these costs if they offer health insurance, but they also face costs of absenteeism, reduced productivity, and other complications." These numbers make it imperative that health-care providers begin to focus their efforts on the

obesity problem. Nurse practitioners are particularly suited in this role, since our focus has always been on disease prevention and health promotion.

THE STRUGGLE TO LOSE WEIGHT—WHOSE FAULT IS IT?

The American diet has been changing and unfortunately not always for the better. "Twenty-five years ago, the average American consumed about 1,850 calories each day. Since then, our daily diet has grown by 304 calories (roughly the equivalent of two cans of soda). That's theoretically enough to add an extra 31 pounds to each person every year."⁶ One-third of Americans who eat at home state they have cereal for breakfast, compared to only 9% who have cereal when they eat out.⁷ The 2005 Behavioral Risk Factor Surveillance System reports showed that only one-third of adults consumed fruit two

or more times per day and barely more than one-fourth ate vegetables three or more times per day.⁷ At the same time, it has been found that when people eat breakfast away from home, their top choices are breakfast sandwiches, sausages, donuts, soft drinks, potatoes, and bagels, one-third of which are eaten in the car.⁸

Another contributing factor to the obesity issue can be that

more meals are being eaten away from home. Only 26% of our food was eaten away from home in 1970 but that number increased to 41%.⁹ by 2005. Research by the US Department of Agriculture found that several changes contributed to this development. They included "a larger share of women employed outside the home, more two-earner households, higher incomes, more affordable and convenient fast-food outlets, increased advertising and promotion by large foodservice chains, and the smaller size of U.S. households."⁹

Mancino et al.¹⁰ determined whether certain behaviors or factors influenced weight issues among adults. Some key outcomes were that a smaller proportion of overweight and obese individuals exercised more than once a week compared with that of healthy-weight people; also, the number of hours spent watching TV was significantly higher for overweight and obese individuals than for healthy weight individuals; and overweight and

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