

Obesity in Women

The Clinical Impact on Gastrointestinal and Reproductive Health and Disease Management



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KEYWORDS

• Overweight • Obesity • Women • Bariatric

KEY POINTS

- Obesity is a multifactorial disease process that affects women differently than men.
- Severe obesity is more common in women.
- Complicated gastroesophageal reflux disease (GERD) is less common in women.
- Obesity adversely affects fertility, conception, and maternal and fetal pregnancy outcomes.
- Obesity-related diet and exercise counseling should take into consideration gender differences in the epidemiology, pathophysiology, and clinical manifestations of obesity.

INTRODUCTION

Obesity is a well-known, chronic condition that affects individuals in all walks of life (**Table 1**). Previously considered a disease of privilege, the worldwide obesity epidemic has had significant societal impact, ranging from the social stigma associated with obesity to costly, comorbid diseases. Research efforts have focused on all facets of obesity from the epidemiology to treatment strategies. Thus far, the work done in this area has revealed that, like other chronic diseases, intriguing gender differences exist between women and men. This article focuses on the epidemiologic and pathophysiologic features, clinical manifestations, and management of obesity-related disorders that are unique to women and pertinent to gastroenterologists.

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Table 1 Gender-specific differences of obesity in women	
Obesity-Related Characteristics in Women	
Epidemiology	• Prevalence similar to men • Higher prevalence of severe obesity
Sociology	• Greater dissatisfaction with weight and body • Positive correlation of body image and self-esteem
Pathophysiology	See Fig. 1
Comorbid GI illness	
GERD-related disease	GERD complications (erosive esophagitis, Barrett esophagus, and esophageal adenocarcinoma) less common
NAFLD	• Symptomatic improvement with lower degrees of weight loss • Lower prevalence in premenopausal women vs age-matched male controls
Gallstones	Higher prevalence common in women
Reproductive health	See Table 2
Treatment	
Behavioral modifications	• Greater likelihood of dieting • Effect of aerobic and aerobic-resistance exercise less pronounced
Bariatric surgery	• Greater proportion of bariatric surgery recipients • Lower bariatric surgery complication rates

EPIDEMIOLOGY

All demographic segments of society, including age, race/ethnicity, and gender, have been impacted by the obesity epidemic. Overall, the prevalence of obesity is similar in women and men, with approximately one-third of adults in the United States being obese.¹ Gender disparities in the prevalence of obesity have been described, however, in certain subpopulations. For example, when different racial groups are examined, obesity is more prevalent in non-Hispanic African American women than men (57% vs 37%, respectively).^{1,2} This gender disparity is not observed, however, in non-Hispanic whites, Hispanics, or Asians. Obesity also seems more prevalent in older women (age >60) than men.² Furthermore, more severe forms of obesity affect women more commonly than men.² The reasons for the epidemiologic gender disparities in obesity are unclear but may result from the culmination of pathophysiologic and sociologic differences between genders.

PATHOPHYSIOLOGY

Obesity is thought to be the result of a multifactorial process driven primarily by excessive energy/caloric intake and inadequate physical activity. There are a minority of individuals affected by monogenetic disorders where a single gene mutation leads to obesity. Researchers have proposed gender-specific physiologic and biochemical differences, among other factors, to explain differences in excessive body weight in women and men.

Aspects of energy intake, utilization, and storage differ between women and men ([Fig. 1](#)).³ Gender differences in energy metabolism have been reported, with studies showing a higher resting metabolic rate in men compared with women.⁴ In terms of

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