

# The Socioeconomic Impact of Morbid Obesity and Factors Affecting Access to Obesity Surgery



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## KEYWORDS

- Prevalence • Obesity • Economic impact • Bariatric and metabolic surgery
- Access to care

## KEY POINTS

- From 1999 through 2014, obesity prevalence increased among adults and youth. However, among youth, prevalence did not change from 2003–2004 through 2013–2014.
- In 2010 dollars, the nationwide expenditure for obesity-related health care increased to more than \$315 billion. These costs increase exponentially with an increase in body mass index greater than 35 kg/m<sup>2</sup>.
- In general, the labor market consequences of obesity are greater for women than for men, and greater for white women than for other women.
- Bariatric surgery has been shown to be cost-effective and even cost-saving in certain patient subgroups, that is, type 2 diabetics. The resultant improvement in obesity-related comorbidities has led to reduced prescription drug costs after surgery.
- Patient access to surgical treatment for obesity remains a major economic dilemma in the United States. Of the eligible patients that qualify for bariatric surgery, less than 1% will actually undergo the procedure.

## PREVALENCE OF OBESITY

Obesity remains a significant public health issue. It is a chronic disease associated with increased risks of cardiovascular disease, stroke, diabetes, certain cancers, and decreased quality of life. Individuals with severe obesity (body mass index, BMI, >35 kg/m<sup>2</sup>) or obesity (>30 kg/m<sup>2</sup>) have a 50% to 100% increased risk of premature death compared with individuals of a healthy weight.<sup>1</sup>

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Data recently published from the National Center for Health Statistics revealed during 2011 to 2014 the prevalence of obesity in the United States was more than 36% in adults and 17% in youth. From 1999–2000 through 2013–2014, a significant increase in obesity was observed in both adults and youth; however, over the past 4 years, the rate of increase in adult obesity has slowed whereas there has been no significant change in prevalence among youth (Fig. 1).<sup>2</sup>

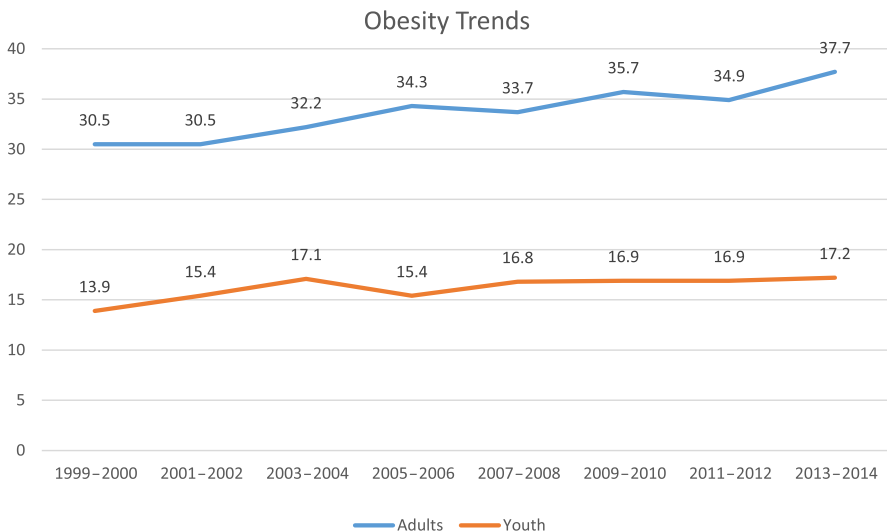
According to this report, age, gender, and race are significant factors in the overall prevalence of obesity. Prevalence among middle-aged adults aged 40 to 59 (40.2%) and older adults aged 60 and over (37.0%) was higher than among younger adults aged 20 to 39 (32.3%) (Fig. 2).<sup>2</sup>

Overall, the prevalence of obesity among women (38.3%) was higher than among men (34.3%). For adults aged 20 to 39 and 40 to 59, the prevalence of obesity was higher among women than among men, but the difference between older women and men aged 60 and over was not significant.<sup>2</sup>

The prevalence of obesity was lowest among non-Hispanic Asian adults (11.7%), followed by non-Hispanic white (34.5%), Hispanic (42.5%), and non-Hispanic black (48.1%) adults. All differences were significant. The only gender differences found among the ethnic groups were among the non-Hispanic black and Hispanic adults. The prevalence of obesity among non-Hispanic black women was 56.9% compared with 37.5% in non-Hispanic black men. The prevalence of obesity was 45.7% among Hispanic women compared with 39.0% in Hispanic men (Fig. 3).<sup>2</sup>

The prevalence of obesity among US adults remains higher than the Healthy People 2020 goal of 30.5%<sup>3</sup>; however, the actual obesity rate among adults in 2010 was lower (35.7%) than the 2003 prediction by the Centers for Disease Control and Prevention (40%).

Although the overall prevalence of childhood obesity is higher than the Healthy People 2020 goal of 14.5%, the prevalence among children aged 2 to 5 years is less than



**Fig. 1.** Trends in obesity prevalence among adults aged 20 and older and youth aged 2 to 19 years: US, 1999–2000 through 2013–2014. (Data from Ogden CL, Carroll MD, Fryar CD, et al. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS Data Brief 2015;(219):1–8.)

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