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SPONTANEOUSLY ARISING DISEASE: REVIEW ARTICLE

One Health Solutions to Obesity in People and Their Pets

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Summary

Despite the high prevalence of overweight and obesity in the human and companion animal populations, and the global trends for increasing numbers of affected people and pets, there are few successful interventions that are proven to combat this complex multifactorial problem.

One key strategy involves effective communication between human and veterinary healthcare professionals with patients and clients about obesity. In human healthcare, the focus of communication should be on physical activity as part of overall health and wellbeing, rather than assessment of the body mass index; clinical examination of patients should record levels of physical activity as a key 'vital sign' as part of their assessment. Successful weight loss programmes for companion animals also involves strategic communication with the entire healthcare team leading clients through the 'stages of change'.

There is great potential in employing a 'One Health' framework to provide novel solutions for the prevention and treatment of this condition in people and their pets. Comparative clinical research into the biology of obesity and its comorbidities in dogs and cats is likely to lead to knowledge relevant to the equivalent human conditions. The advantages of companion animal clinical research over traditional rodent models include the outbred genetic background and relatively long lifespan of pets and the fact that they share the human domestic environment. The human–companion animal bond can be leveraged to create successful programmes that promote physical activity in people and their pets with obesity. Dog walking is a proven motivator for human physical activity, with health benefits to both the owner and the dog. Realizing the potential of a One Health approach will require the efforts and leadership of a committed group of like-minded individuals representing a range of scientific and medical disciplines. Interested parties will need the means and opportunities to communicate and to collaborate, including having the resources and funding for research. One Health proponents must have a role in forming public policy related to the prevention and management of overweight and obesity.

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How Should Healthcare Professionals Best Communicate About Human or Pet Obesity?

Communication About Human Obesity

It is hard to pick up a newspaper or watch television without hearing yet another story on the global problem of obesity. It is estimated that one-third of all Americans are obese (Ogden *et al.*, 2014) and in 2013 the American Medical Association voted to classify obesity as a disease. In light of this, it is interesting to note that the only treatment options currently covered by insurance plans are diet pills and bariatric surgery. Of course these are by far the most expensive treatment options available and both have shown serious side effects and limited effectiveness, particularly in the long term. In addition, Americans have become obsessed with dieting and over 64% of adults express a desire to lose weight (73.2% of women and 55.1% of men) (Yaemsiri *et al.*, 2011). Yet despite this desire to lose weight and billions of dollars being spent on diet books, the statistics continue to show no improvement in the rising tide of obesity.

Physicians today are expected to talk to their patients about weight and in fact are required to document on a patient's record if their body mass index (BMI) falls into the obese range. This often causes considerable unease in both the physician and the patient. Certainly most patients who are overweight already know it and it is doubtful that labelling them as such is helpful in getting them to lose weight and keep it off. Despite mandates to label patients as being obese, there is evidence to suggest that physicians are becoming less likely to discuss the issue of weight with their patients. Data from National Ambulatory Medical Care Survey for 1995–1996 and 2007–2008 showed that during this period adults who were overweight or obese increased from 52.1% in 1995 to 63.3% in 2008. However, patients seen in 2007–2008 had 46% lower odds of receiving weight counselling than in 1995–1996. Even more concerning was the fact that patients with hypertension were 46% less likely and diabetics 59% less likely, to receive such counselling (Kraschnewski *et al.*, 2013). This would suggest that current mandates for assessing obesity are not having a positive effect.

Adding to this is evidence that after controlling for a person's physical activity and fitness level, increasing level of obesity has very little effect on mortality rates (Barlow *et al.*, 1995). Numerous studies suggest that you are better off being fit and fat than skinny and unfit. To put it another way, a low level of fitness seems to be a bigger risk factor for mortality than mild to moderate levels of obesity. The important point to be made is that the benefits of physical activity are the same, regardless of whether you lose weight. This is an important point for patients to grasp, because too often they assume that if they do not lose weight with their exercise routine, then it is not helping. However, the evidence proves this is not true.

For these reasons, it is necessary to develop a new and fresh approach to discussing the issue of weight in the examination room. Instead of the obsession with measuring BMI, labelling patients as obese and prescribing a pill, bariatric surgery or the latest fad diet, the focus should be on total health. It should be acceptable to give patients permission to be fat and still be healthy and a means of achieving this would be to shift the focus from BMI to physical activity. Discussing a patient's level of physical activity is much less threatening than discussing their BMI and labelling them as sedentary and has much less stigma than labelling them as obese. 'Health at every size' is a philosophy that suggests that the primary focus should be on a patient's broader health rather than just their BMI. This does not mean giving patients permission to eat whatever they want and to continue gaining weight. Rather it means talking to a patient about

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