

Obesity

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What is it?

To understand what obesity is, first you need to know your body mass index (BMI). Your BMI is a measurement of health risk based on your height and weight. In fact, the medical terms “overweight” and “obesity” are based on BMI values.

You can calculate your BMI easily by going to familydoctor.org/familydoctor/en/health-tools/bmi-calculator.html or by looking at the BMI chart at familydoctor.org/dam/familydoctor/documents/bmi_chart.pdf. You can also calculate BMI by converting pounds to kilograms (1lb=0.45kg) and inches to meters (1in=0.025m). The equation for BMI is weight (kg) divided by height (m) squared or $BMI = \text{kg}/\text{m}^2$.

For adults, a BMI of 18.5-24.9 is considered normal. A BMI between 25 and 30 is defined as overweight, and a BMI of 30 or more is defined as obese. A BMI of 40 or more is called morbidly obese. The higher your BMI, the greater the risk of developing a weight related illness.

Who gets it?

Obesity is the number one nutritional problem in the US. In 2012, an estimated 217 million Americans or 69.2% of the adult population are considered overweight or obese based on BMI.

The number of obese adults has been increasing at all income and education levels, now 35.9% overall. However, women with limited education and lower incomes tend to be at greatest risk for obesity. Similarly, obesity affects some racial and ethnic groups more than others. Blacks have the highest rate of obesity (49.5%), compared with Mexican Americans (40.4%), all Hispanics (39.1%) and whites (34.3%).

The number of obese children and adolescents also has increase, almost tripling between 2000-2012. Approximately 17% of children under 19 are obese.

What causes it?

Overweight and obesity result from excess calories, or eating more calories than your body uses, which are stored in the body as fat. Calories are the amount of energy in the food you eat. Some foods have more calories than others. For example, foods that are high in fat and sugar are also high in calories.

Risk factors for Obesity

- Age
- Poor diet
- Inactive lifestyle
- Genetics (obesity in family members)
- Emotional eating (eating when lonely / stressed)
- Certain medical conditions
- Certain medications
- Poor sleep habits

Research drawn from twins, adoptees and their families concluded that genetics is somewhat responsible for the *tendency* to become obese. However, heredity is not the whole story. Even if you have the gene for obesity, the choice to keep that gene turned off is with your lifestyle choices. The rapid growth of obesity in the last 3 generations points out the role of behavior and culture. Also important is inactivity which compounds the problem because people tend to eat more when they are sedentary. Exercise helps regulate the brain's appetite control center, which means an inactive person may have more trouble controlling appetite than someone who has even a moderate exercise program.

What are the symptoms?

Excess weight increases the risk of heart disease, liver and gall bladder disease, sleep apnea, osteoarthritis, and infertility. The psychosocial complications of obesity are less studied but no less serious. Adults who are obese are more likely than those of normal weight to face discrimination at work. They also experience higher rates of depression and anxiety.

How do you prevent it?

Overweight and obesity are chronic disease with behavioral origins that can be traced back to childhood in most cases. Childhood obesity predisposes to obesity and significant morbidity in adulthood.

Discussions about good nutrition and regular physical activity can and should take place at all ages and stages of life. For example, www.Choosemyplate.gov offers tips for parents on how to be a role model for their children.

The benefits of physical activity in preventing childhood obesity should also be emphasized. The Physical Activity Guidelines for Americans recommends that children engage in moderate or vigorous aerobic activities for at least 60 minutes per day.

Parents should also limit screen time (time spent watching television or using other electronic media) to a maximum of 2 hours per day for children age 2 or older. In younger children, media use of any kind should be discouraged.

Can it be treated?

Going on a diet is usually not the answer to losing weight and **keeping it off** long term. More than 90% of dieters return to their former weight (or more) within one year. If diets really worked, there wouldn't be so many of them! The secret is to develop a new eating habit which will help you deal with the things that contributed to your being overweight in the first place.

Despite the research devoted to studying the factors that cause patients to become obese, nobody has come up with a better means of losing weight than the old fashioned advice to eat less and exercise more. In other words, your usual eating and exercise patterns need to be changed so that your weight remains controlled. There are no magic bullets.

- **Moderate calorie intake** for most people will be 3 meals a day. These meals should be about equal in size with some protein in each and generally low in fat. Be sure to set realistic goals. Small changes can make a surprising difference in your health. Don't expect to change eating habits overnight – change them one by one. Start by training yourself to eat without doing anything else at the same time (like watching TV). Focus on what you're doing and try to eat without being rushed. Try adding one new healthy habit at a time (like eating more vegetables) or stopping one unhealthy habit (like overeating at dinner). Tracking your eating and activity habits can also help you manage weight. Smartphone apps and free online calorie counters like myfitnesspal.com make self-monitoring easy.

Though skipping meals may work for a while, it backfires in the long run. This is because you get hungry and frustrated and then eat too much. But after about a month of eating a normal breakfast and lunch with a light dinner, you will readjust and eat less overall.

Tips on healthy eating to lose weight

- Begin meals with a large glass of water.
- Use smaller plates for meals.
- Half of dinner should be fruits and vegetables.
- Eat vegetarian meals for some meals.
- Eat only until you feel full.
- Identify stressors that trigger eating.
- Measure servings for portion control.
- Taste pleasure comes from the first 2 bites.

Weight loss target generally should be about one pound per week and not more than 2 pounds per week. One pound of fat is about 3,500 calories. Therefore, to lose 1 pound in a week, you have to eat 500 fewer calories than you burn each day. A minimum of 1200 calories for women and 1400 calories for men should be provided in most cases. A free website myfitnesspal.com also has a mobile app that can help track daily calories.

- **Regular aerobic exercise** (which raises your heart rate) helps burn calories. The longer you exercise, the more your body will burn fat. Working out for 20 minutes or more will help you get the most benefit. The intensity of physical activity is not nearly as important as the duration and frequency. Aerobic exercise includes swimming, jogging, hiking, and bicycling. Walking, even if you aren't fast, can be helpful. If you choose to walk, build up to walking for 30-60 minutes, 5 times per week. The ParkRx program run by the Kaniksu Land Trust 263-9471 or kaniksulandtrust.org has maps for local parks and trails for all levels of activity to meet your goals.

The main thing to remember is that any sort of exercise is better than none at all. To be helpful in the long run, the exercise you choose should be enjoyable. An exercise you can do with someone else may help.

- **Social support** from family and friends is very important for long term success. Keeping the weight off will require making permanent healthy changes to your lifestyle. Reach out to those closest to you and let them know what types of changes you are making. Food Addicts in Recovery Anonymous meets at Bonner General weekly. The more support you have, the more successful you will be.

- **Weight loss surgery** can be considered for the morbidly obese with BMI over 40 or those with severe risk factors. However, risks include gallstones, diarrhea, malnutrition, and repeat surgery.

Are there complications?

An extra 4 or 5 pounds has no effect on health. But an extra 20, 30, or 40 pounds signals danger. Overweight and obesity are high risk for medical complications such as diabetes, high blood pressure, heart disease, kidney disorders, and gall bladder disease as well as breast, endometrial, prostate and colon cancer. In addition arthritis, gout, back disorders and premature death are more common among the obese.

In summary

- A healthy eating plan that you can stick with, an exercise program that you enjoy, more daily activity, and the support of your friends and family will be the keys to a successful weight-loss plan.