Managing Obesity

Experiences from the US and UK

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Recently, the European Congress on Obesity 2013, hosted in Liverpool, brought together international experts in science and policy to present the latest research in the field of obesity. At this Congress, I was fortunate enough to catch up with three highly regarded practitioners to discuss and learn how the issue of obesity is being tackled both in the US and UK. Professor James Hill (JH), *Executive Director of the Anschutz Health and Wellness Center, and Anschutz Professor of Pediatrics and Medicine at the University of Colorado, USA;* Professor Paul Gately (PG), *Director of MoreLife UK and Professor of Exercise and Obesity at Leeds Metropolitan University, UK;* and Sian Porter (SP), *Consultant Dietitian and Spokesperson for the British Dietetic Association*, shared experiences and provided their vision on what needs to be done if we are to win this war against obesity. This article provides the highlights from this very thought provoking discussion.

LG: *What are the current obesity trends both in the US and UK?*

JH: In the US, currently one third of the adult population are obese, one third are overweight and the remaining third are a healthy weight. In some groups the rates have stabilised, however, the reason for this is uncertain. The largest growth is in adults who have a BMI of over 50 – prevalence used to be around 0.6 per cent, but it's now between five to six per cent. Rates in adolescent children are around 15 to 17 per cent – in some groups rates are stabilising, but in other groups they're increasing.

PG: In UK children, data from the National Child Measurement Programme suggests that rates of overweight and obesity among reception year children are stabilising. However, like the US, we're unclear why. In year six children there's a continual increase of around one per cent year-on-year, and in older children we're seeing an increase in those who are obese and very obese. For adults we're not far behind the US, with the prevalence being around 26 to 27 per cent, but the fastest growing group are those with a BMI greater than 50.

SP: We're also seeing some interesting trends among infants and young children. While only a small data set, according to the National Diet and Nutrition Survey of Infants and Young Children (DNSIYC), published in 2013, children between four and eighteen months are on average heavier, longer (taller), have a larger head circumference and subscapular skinfold thickness than the UK-WHO growth standards.

LG: *In your opinion, what are the major reasons for obesity?*

JH: We could talk all day about this! But a nice way to sum it up is 'it's the unintended consequence of societal advancement'. Our genes have evolved so that our biology is designed to eat when food is available and to rest when we don't have to work. We've now designed an environment to serve that biology – lots of food and not having to work to get that food. So it's not one single factor, such as large portions, take-away foods, high energy density, energy saving devices, etc. – it's all of these things. Therefore, to address obesity, it's inappropriate to concentrate on one specific thing; we have to work on a number of aspects.

PG & SP: The UK Foresight Report, 'Tackling Obesities: Future Choices', published in 2007, outlined around 125 different determinants and drivers of obesity that need to be tackled. While this is a fantastic report, the challenge has been to implement this complex model at grass roots level.

LG: *What strategies have been implemented to tackle the obesity issue and which ones are effective?*

JH: In the US there are a lot of tactics but no real plan! A plan needs to consider how to create a healthy lifestyle that will reduce obesity and is consistent with societal values, such as freedom of choice and economic growth. No-one appears to be considering this. Instead, there's conflict between the public and private sector. The private sectors are perceived to be the villains, yet how are we to change people's behaviours if we don't work with the private sector? We need to stop this blaming culture and engage the private sector in what they do best. When they have a product, they market it and get people to want it and so change behaviour. If we want to market healthy lifestyles and create a demand for this, we need people who know how to do this. This solution also has to be consistent with the private sector's business, as like it or not we live in a capitalist society which is driven by profit. As academics and clinicians we can lead the way but we need to work with the private sector.

PG: In the UK we have two major government initiatives – the Responsibility Deal and Healthy Lives, Healthy People – a call for action. Investments have been made into campaigns such as Change4Life, School Sport Strategy, School Food Programme and the Play Strategy. However, I question whether some of this investment is actually getting to those that need it the most. While the Responsibility Deal is a great idea, in my opinion it's not been effectively implemented. We have industry and government on either side of the table and then there are 'others' who are on the side lines. It's these 'others' who use information in a particular way to create a battle ground, partly for their own gain but partly as a misguided approach to a solution. It should be about collaboration and diplomacy rather than the two sides being at war with each another.

SP: We also need to remember that governments may only be in power for a short term. So while investment is made initially, this needs to be continued and evaluated if initiatives are to be successful and sustainable.

LG: *How do you believe we're going to be successful in this war against obesity?*

JH: I believe we need a three pronged attack. Firstly, increase physical activity in society; secondly, work with the food industry to enable smarter eating; and thirdly, teach the principles of energy balance. To do this we need to get everyone working together – academia, the health service, food industry, and even the entertainment industries that make money out of people being inactive. However, we need to be able to talk openly and transparently.

A lot of things have changed in our society to serve our biology and we need to make changes to push back against these. We don't have to radically change the way we live, but we have to make lots of small changes that are sustainable. The message of 'Eat Less, Move More' isn't working as it goes against how our physiology works best. We're designed to operate at a high energy flux, i.e. lots of calories coming in and lots of calories going out. Yet we're constantly being told to eat less. As a society, if we were to raise our physical activity we wouldn't have to rely on the 'eat less' message. Instead we could focus on smarter eating, which voluntarily results in eating less calories without consciously restricting food. To address this we've created the 'Move More, Eat smarter' messages which better encompasses the energy balance framework.

PG: I agree with the focus on small changes for prevention of obesity; however I don't feel we've grasped the treatment end. Obesity is such a complex condition, with psychological, social and economic components. Treatment requires time and high level support including a multi-disciplinary approach with doctors, dietitians, psychologists, exercise physiologists and physiotherapists working around the needs of the individual. Short term interventions are doomed to fail because those who have the most to lose go through natural cycles of weight loss and weight gain. This must be supported over time.

I also believe we need to change our attitudes towards obese people as this doesn't help with treatment. Obesity has been stigmatised in the UK, and this is even among health professionals, where a recent study found that 98.6 per cent of healthcare professionals had negative attitudes towards obese people. It's perceived that obesity is down to individual choice and personal responsibility, which then has a knock on effect on an individual's lack of capability. We need to re-frame the problem of obesity in society not as a personal problem and we need to get ambassadors on board to publicly change this attitude.

SP: If we can help people with advice on appropriate food choices, mindful eating, physical activity and behaviour change, we end up removing all their barriers. It then ends up being down to the individual and understanding that they need to take responsibility. Once they do this, treatment is very effective. However this requires resources and time to achieve. Traditionally we've had a 9am to 5pm health service, but who are you going to capture at this time? We need to rethink how we do things if we want to capture people.

LG: *What lessons have been learnt from the National Weight Control Registry (NWCR) and would such a register be useful in the UK?*

JH: The NWCR started in 1993 as it was widely believed that very few people were successful in long-term weight loss. The NWCR was developed to identify and investigate the characteristics (see **Table One**) of individuals who have succeeded at long-term weight loss. Ten thousand people are now included on the registry, who on average have kept off approximately 70lbs. However, one thing that particularly stands out is their level of physical activity, which is around one hour a day. I believe this is key in this group of people, as it's compensating for the metabolic drive to re-gain weight. Also, some new research shows that these successful weight losers don't drink soft beverages that contain calories, including sugar sweetened beverages and fruit juice, although they do drink alcohol! This indicates, to some extent, an understanding of the role beverages play in overall calorie intake and an active management of this. All drink water and around 50 per cent of them drink sugar free soft drinks.

Table One: Characteristics of Successful Weight Losers

- Eat a low fat diet
- Eat breakfast
- Self-monitor
- Don't watch much TV
- Undertake one hour of physical activity a day
- Keep consistent eating habits
- Drink calorie free soft beverages

PG: This work has helped us globally understand the characteristics of successful long term weight loss and it's now incorporated into many treatment programmes. It would be useful to have such a registry in the UK. While we may see similar traits, it would be good to look at different cultural factors that might lead to different behaviours.

SP: The National Obesity Observatory is the natural place for this to sit and modern technology could help collect the relevant data.

LG: *What are the common myths about diet and obesity that get portrayed in the media?*

JH:

- *Obesity is all about food! Physical activity has no role as it doesn't do much in the treatment of obesity.* Anyone who believes this doesn't understand basic physiology!
- *The rating of food as 'good' or 'bad'.* It's about lifestyle and there are many ways to achieve a healthy lifestyle.
- *Quick fix weight loss* – obesity treatment is at least a three year process. It takes time to get into routines and solidify behaviours which will enable people to keep the weight off.

PG:

- *The perception of obese people being lazy and greedy.* It's true obese people are more sedentary and eat more calories, but framing them as lazy and greedy isn't helpful.
- *The issue, especially in children, that any form of weight management intervention is going to result in eating disorders.* There is no strong evidence to support this, caution is always necessary when dealing with sensitive issues but the recommendations are that such concerns should not limit action.

SP:

- *Fad diets and celebrity culture.* No celebrity wants to stand up for the voice of reason.
- *Miracle cures without having to change your lifestyle in any way.*
- *Demonising single foods and nutrients while promoting superfoods.*
- *Healthy food doesn't taste good.* This is a huge missed opportunity. Celebrity chefs could show us how to make healthy, tasty meals by making a few substitutions to their typical ingredients, e.g. a teaspoon of ground almonds rather than double cream.

LG: *Finally, have you any take-home messages for dietitians to help them in their day to day practice of obesity management?*

JH: Focus on total lifestyle which includes exercise and behaviour change, as well as diet. Remember diet is only one part of the treatment. You need to be completely comfortable discussing all of these and if you don't then consider extra training. Also consider the motivation that's going to drive a person to change their behaviours. By spending time identifying what's important to that person and how this relates to weight, it will give them the motivation to sustain behaviour changes.

PG: Empathy and understanding is critical. Also consider the time that it will take for patients to manage their weight – it's not a short-term intervention. I believe the obesity field is an area where Dietitians can be really active and lead the way and where the British Dietetic Association could help drive this.

SP: Dietitians are vital to treating obesity and we need to be part of the team treatment in combining diet, environment, psychology and physical activity. Examine your attitude yourself and your attitude to your patient and don't judge. Last but not least, keep up-to-date with effective treatments.

THIRST FOR KNOWLEDGE

This article and the roundtable meeting of the authors upon which it is based were supported by Thirst for Knowledge, an educational initiative for healthcare professionals by Coca-Cola Great Britain. If you would like to receive updates on other Thirst for Knowledge activities, please contact thirstforknowledge@coca-cola.com