

## ***GET THE FACTS***

### **About Overweight and Obesity**

Considerable evidence suggests that overweight and obesity are associated with significantly increased risk of diabetes, hypertension, dyslipidemia, certain forms of cancer, sleep apnea and osteoarthritis. Previously, obesity experts concentrated on total body fat as the main predictor of weight-related disease including heart disease and diabetes. Now, location of fatty tissue is thought to be equally if not more important than total body fat. Specifically, excessive body fat stored around the stomach and abdomen is a key risk factor for weight-related disease.<sup>1</sup>

The risks of many medical complications grow with increasing body mass index and abdominal obesity:

- Almost 90 percent of people with type 2 diabetes are overweight.<sup>2</sup> In addition, in one large study of more than 27,000 people, those in the highest 10 percent of waist circumference were 20 times more likely to get type 2 diabetes than those in the lowest 10 percent of waist circumference<sup>3</sup>
  - Research shows that even small amounts of weight loss in the range of 5-10 percent can prevent or delay the development of type 2 diabetes among high-risk adults<sup>4</sup>
- In the Framingham Offspring Study, obesity was responsible for 78 percent of cases of hypertension in men and 64 percent in women<sup>5</sup>
- High waist circumference has been shown to increase risk of death by 35 percent compared to normal waist circumference<sup>6</sup>
- The well-known Nurses Health Study of more than 44,000 women found high waist circumference resulted in a two-fold increase in coronary heart disease<sup>7</sup>

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<sup>1</sup> Wang Y, Rimm EB, Stampfer MJ, Willett WC, Hu FB. Comparison of abdominal adiposity and overall obesity in predicting risk of type 2 diabetes among men. *Am J Clin Nutr.* 2005;81:555-563.

<sup>2</sup> Mokdad A, Ford ES, Bowman BA, et al. Diabetes trends in the US: 1990-1998. *Diabetes Care* 2000; 23:1278-83.

<sup>3</sup> Wang Y, Rimm EB, Stampfer MJ, Willett WC, Hu FB. Comparison of abdominal adiposity and overall obesity in predicting risk of type 2 diabetes among men. *Am J Clin Nutr.* 2005;81:555-563.

<sup>4</sup> NAASO, The Obesity Society. Fact Sheet: Your Weight and Diabetes. Available at: [http://www.naaso.org/information/diabetes\\_obesity.asp](http://www.naaso.org/information/diabetes_obesity.asp). Accessed April 16, 2007.

<sup>5</sup> Garrison, RJ, et al. Incidence and precursors of hypertension in young adults: The Framingham Offspring Study, *Prev Med* 1987; 16, 235-25.

<sup>6</sup> Dagenais GR, Yi Q, Mann JF, Bosch J, Pogue J, Yusuf S. Prognostic impact of body weight and abdominal obesity in women and men with cardiovascular disease. *Am Heart J.* 2005;149:54-60.

<sup>7</sup> Rexrode KM, Carey VS, Hennekens CH, et al. Abdominal adiposity and coronary heart disease in women. *JAMA.* 1998;280:1843-1848.

- Overweight and obesity are clearly associated with increased risks for certain types of cancer, including kidney, endometrial, colorectal and postmenopausal breast cancer<sup>8</sup>
- The prevalence of obesity and overweight has dramatically increased over the past 25 years, moving from 46 percent of the population during 1976-80 to 64 percent in 1999-2000, according to the Centers for Disease Control and Prevention's National Health and Nutrition Survey<sup>9</sup>
- A study in the journal *Health Affairs*, noted that per person healthcare spending for obese adults is 56 percent higher than for normal-weight adults. Over 15 years, the additional costs incurred by obese adults with private health insurance versus normal-weight adults increased from \$272 to \$1,244 per person per year<sup>10</sup>
- A study published in the *Archives of Internal Medicine* suggests that obese employees file twice as many workers' compensation claims, have seven times higher medical costs, and 13 times more lost work days than their non-obese counterparts<sup>11</sup>
- Obesity is also the prime culprit behind the recent sharp increases in Medicare spending. The number of obese Medicare recipients nearly doubled between 1987 and 2002 and the cost of treating them almost tripled.<sup>12</sup>

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<sup>8</sup> Curry SJ, Byers T, Hewitt M, Eds. Fulfilling the Potential for Cancer Prevention and Early Detection. National Cancer Policy Board. Institute of Medicine. National Research Council of the National Academies. Washington, D.C.: National Academies Press, 2003.

<sup>9</sup> Prevalence of Overweight and Obesity Among Adults: United States, 1999-2002. National Health and Nutrition Examination Survey (NHANES), Center for Disease Control, National Center for Health Statistics; Hyattsville, MD: Published October 2004.

<sup>10</sup> Sturm R. The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs, *Health Affairs*. Mar/Apr 2002: 245-253.

<sup>11</sup> Østbye T, Dement JM, Krause KM. Obesity and Workers' Compensation: Results from the Duke Health and Safety Surveillance System, *Arch Intern Med*. 2007;167:766-773.

<sup>12</sup> Thorpe KE, Howard DH. The rise in spending among medicare beneficiaries: the role of chronic disease prevalence and changes in treatment intensity. *Health Affairs*. September/October 2006; 25(5):w378-w388.