

What Will It Take to Stop Obesity?

Obesity has reached epidemic proportions in industrialized countries like the United States, resulting in increased morbidity and mortality, decreased productivity and function, and soaring health care costs. In the United States, the explosion of fast food restaurants, with their high-fat, supersized portions containing little nutritive value, is considered a major contributor to obesity.

In ancient times, people were confronted with the simple challenge of finding food to satisfy their hunger. In modern society, people are bombarded with television, radio, and print advertisements that appeal to satisfying cravings at any time, with no waiting. A McDonald's or Burger King sits on every street corner. This secured supply of calories coupled with our sedentary lifestyle equals extra pounds.

The results of one study indicated that people who dine can expect to be 1 kg (approximately 2.2 pounds) heavier in as little as 24 hours.¹ People polled in another study admitted to consuming three or more fast food meals per week,² which bears out the statistic that 7% of people in the United States dine at fast food restaurants each week.

As noted in a recent article, marketing executives of many types of restaurants have made larger portion sizes more affordable as a means of increasing profit margins.³ Has our society lost the ability to control its gustatory urges in an effort to get more for a buck? Should we look to food manufacturers to reduce portion sizes in the interest of protecting the public's health? Further, is portion size control all that is needed to confront the challenge of a rising obesity?

The battle against obesity will not be won by reducing portion sizes alone, but must focus on educating food manufacturers, consumers, and those medical professionals who care for obese patients.

Society must take responsibility for this epidemic; government must establish weight control as a public health priority by advocating an increase in physical activity, reduction in food intake, and a new emphasis on deriving nutritional benefit from natural foods rather than highly processed foods. Schools and employers must do their part by providing education and encouragement with a strategy to raise motivation. The food and drink industry must create healthier foods with portion control, which could be motivated by tax incentives.

Society—and health care professionals in particular—need to view obesity as a chronic, relapsing disease and not as a character flaw. This begins with physicians and patients setting realistic goals for weight loss. Achieving a minimum of 10% to 15% loss in weight can have significant impact on metabolic fitness,⁴ defined as the absence of biochemical risk factors associated with obesity (elevated fasting blood con-

centrations of glucose, cholesterol, triglycerides, or high blood pressure). Let us help our patients shift their dietary focus from unrealistic, culturally based goals to goals that reflect new healthy practices.

Numerous studies have shown that any successful weight loss strategy begins with diet, behavior modification, and exercise. Behavior modification should begin with fewer visits to fast food restaurants. With this new focused agenda, people may be less inclined to supersize the next time they order from a fast food menu. There are healthier choices in foods and activity everywhere!

Chad E. Potteiger, DO

Department of Gastroenterology and Nutrition

Christopher D. Still, DO

Director, Center for Nutrition and Weight Management

Geisinger Medical Center

Danville, Pennsylvania

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For further information on this subject, please see the article, "Heavy burden: Obesity epidemic spurs DOs to take action," in the February 2003 issue of The DO—Ed.