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SUPPLEMENT TO

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Editor's Message

Coming to Grips With Obesity and Cardiometabolic Risk

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The epidemic of obesity continues to rise, affecting individuals of all ages. Increased morbidity and mortality, decreased productivity and physical function, and substantially greater healthcare costs have been well documented in the medical literature. Physicians, other healthcare professionals, and researchers no longer view obesity as a cosmetic issue or an indication of lack of willpower. They now recognize it as a complex disease that requires lifelong treatment to control.

Metabolic parameters such as hypertension, elevated triglyceride values, glucose intolerance, reduced high-density lipoprotein cholesterol levels, and increased waist circumference are key features of metabolic syndrome, which confers increased cardiometabolic risk. One of the most clinically significant advances in understanding this syndrome and its associated risks is the discovery that the presence of abdominal adiposity, or increased abdominal girth, increases cardiometabolic risk.

Central adipose tissue was not previously viewed as an organ. It was regarded solely as an inert depot for energy storage. It is now known that adipose tissue secretes adipokines—bioactive peptides that act locally and systemically. In other words, adipose tissue is an endocrine organ. It is a metabolic communication mechanism through which adipokines and other substances released by adipocytes interact with distant organs, including the central nervous system. Therefore, healthcare professionals should measure waist circumference (abdominal adiposity) in addition to blood pressure and body mass index in assessing risk and determining treatment modalities for obesity.

This supplement to JAOA—*The Journal of the American Osteopathic Association* is a consensus report developed by renowned practicing clinicians and researchers representing five organizations. The report concisely reviews the most recent epidemiologic data, supports the reasoning behind classifying obesity as a disease, and comprehensively reviews the pathophysiology of abdominal adiposity and its endocrinologic milieu. In addition, it discusses various treatment options, including diet, exercise, behavior modification, and the adjunctive use of pharmacotherapy and bariatric surgery.

This consensus report should prove to be useful to practicing physicians and other healthcare professionals. This report recognizes that obesity is in itself a disease and, if we concentrate on aggressively treating patients for obesity, their comorbid medical problems can be reduced without us having to treat patients for each one separately.

Dr Still is the director of the Center for Nutrition and Weight Management at Geisinger Health Care System in Danville, Pa. He has been studying developments in nutrition and obesity for nearly two decades, and he has published and lectured extensively in the field of obesity and metabolic syndrome.

Dr Still has no conflicts of interests to disclose related to the subject matter of this publication.
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