The Australian and New Zealand Obesity Society (ANZOS) supports the statement of the World Obesity Federation that defines obesity as a “chronic relapsing disease process”.

ANZOS recognises that obesity results from a complex interplay of biological and societal factors within an obesogenic environment and that powerful genetic, epigenetic and biological drivers promote weight gain and subsequently make it difficult to achieve and maintain weight loss. As such, the combination of a strong physiological drive and a potent obesogenic environment forms the basis for the development and progression of obesity. The negative consequences of this process for lifetime health and wellbeing underpins the necessity for rigorous prevention efforts and comprehensive and ongoing clinical care.

ANZOS believes that adopting this position is important in helping to promote a better understanding of the biological and environmental causes of obesity and as such will help to reduce stigmatisation and enable a more supportive environment for those individuals struggling with the health, social, emotional and financial consequences of obesity. The recognition of obesity as a chronic relapsing disease process should heighten the need for effective population – wide programs to best prevent and manage it.

Background to this position

Current situation
- Currently ANZOS has no existing position statement on whether obesity should be classified as a disease and members have expressed a variety of views on this matter in previous discussions.
- However, the release of a position statement by the World Obesity Federation (the international parent body of ANZOS) and commentary on this issue from other Australian health organisations necessitates some formal response from ANZOS.

Background
- In May 2017, the World Obesity Federation released a position statement which recognised obesity as a “chronic relapsing disease process” (Bray et al 2017). This position follows on from and is in line with the position of a wide range of other health agencies and organisations such as the World Health Organization, The American Medical Association, The Obesity Society, the Canadian Medical Association, the American Heart Association, the American College of Cardiology and the American Association of Clinical Endocrinologists.
- The position statement contains a detailed assessment of the scientific evidence as well as the social and political implications of accepting obesity as a disease. It came to the conclusion that obesity is best defined as a disease process characterised by excessive body fat accumulation with multiple organ-specific consequences.
- The statement from World Obesity and an accompanying commentary acknowledged the debate and differing viewpoints on this issue but on weighing up the evidence felt that the classification of obesity as a chronic relapsing disease process was in the best interests of those people who are suffering with obesity. They also indicated that this position offers the best opportunities for advancing action on effective treatment and prevention.

What is meant by a “chronic relapsing disease process “
- The term “disease process” was deliberately chosen by the World Obesity Federation to describe obesity as it was viewed as a more a more meaningful description of progression to health consequences of obesity than the hotly contested and poorly defined term “disease”.

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• The term “disease process” recognises that the risk factors for associated disease may not be present in every individual who meets the criteria for obesity but that excessive adiposity ultimately leads to health consequences in the vast majority of people.
• The term “chronic” bears reference to the fact that obesity is persistent and the physiological changes and consequent ill health develop over time.
• The term “relapsing” refers to the difficulty in achieving lasting reduction in weight despite successful episodes where weight and fat stores have been reduced.
• Thus, chronic, relapsing disease process can be seen as an accurate and representative description of the development and progression of obesity.
• Inherent in the description of a “disease process” is the recognition that not every individual who fulfils the current criteria for obesity will have a “disease” at any single point in time. It is understood however that such “healthy” obese will likely develop metabolic risk factors and physical dysfunction with age whilst they remain obese.

What are the risks associated with ANZOS supporting this position?
A number of risks of defining obesity as a disease or disease process have been raised by a variety of commentators as these are addressed in an editorial associated with the World Obesity Federation statement (Lobstein et al, 2017). These include:
• ‘Medicalising’ obesity by declaring it a disease process defines large sections of the population – including more than one-third of American adults and one-quarter of UK and Australian adults as being ill.
• Finite health resources may be disproportionately allocated to expensive treatment options leading to reduced funding of preventive efforts.
• The need to address the environmental factors driving the development of obesity could be diminished.
• People with obesity may be financially penalised in health insurance for having an existing disease.

Why is ANZOS supporting the World Obesity Federation Statement on “Obesity as a Chronic relapsing disease process”?
ANZOS accepts that there is likely a diversity of views on this issue amongst its membership and that there may be some potential risks with adopting the World Obesity position in Australia and New Zealand. However, on balance we believe that the benefits of taking an active position and supporting the World Obesity position have the potential to deliver positive outcomes that outweigh possible risks. These potential benefits include:
• Improved understanding of the seriousness of obesity as a health concern and a greater urgency for action to address it.
• Improved healthcare investment and health insurer reimbursement of obesity management options leading to improved availability and access to services for persons with obesity
• Greater focus, funding and resolve around public health efforts to prevent the development of obesity.
• Greater allocation of resources to enable research into improved management and prevention of obesity.
• Highlighting the serious nature of the condition and its physiological and genetic bases will invalidate the perception that obesity is a self-inflicted lifestyle condition and help reduce the stigma and bias associated with obesity.

References