Editorial

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The Obesity Epidemic: Let's Get Real

As an endocrinologist, I am frequently asked to evaluate patients with significant obesity in order to determine whether an endocrine pathology might be responsible for the excess weight. Now, I readily acknowledge that a small percentage of these referred patients do, indeed, have an endocrine abnormality—such as an insulinoma, Cushing syndrome, or hypothyroidism—that is causing or contributing to their condition. Being a true believer in the field of endocrinology, I'll go ahead and do a mini-workup to screen for, and usually rule out, these abnormalities.

After years of fielding these referrals, however, it's getting harder and harder to contain my dismay and frustration with patients and providers who buy into the fairy-tale scenario in which the miraculous discovery of a glandular disease leads to a simple pharmacologic treatment that magically melts the pounds away. In this day and age, it's amazing how many in the medical community, let alone the general public, continue to perpetuate this myth.

The truth about the obesity epidemic in the United States and other developed countries is much less tidy and appealing. It appears that, over the course of human evolution, natural selection has created a bias toward more efficient food and energy storage, probably in response to unpredictable and unreliable food supplies in the early history of the species. The problem is that, in the developed world today, food supplies are just the opposite: incredibly abundant and relatively easy to access.[1]

At the same time, we've developed into a society that discourages physical activity. We all know the addictive power of cable television, video games, and the internet. While these innovations facilitate the exchange of information and knowledge, they also have become major contributors to our sedentary existence. Additionally, urban and suburban sprawl has led many of us to depend on our cars rather than our feet to get us from one place to another, which has led some researchers to suggest that our modern spaces and infrastructure are linked with rising obesity rates and a greater prevalence of hypertension.[2]

So, how do we halt the obesity epidemic, which threatens to decrease our life expectancy and, in so doing, reverse a century or more of progress toward longer, healthier lives? The way I see it, what is needed is a societal and cultural assault on the fundamental, modifiable causes of obesity: the twin peaks of overeating and under-exercising.

There are many conceivable approaches to this predicament, all of which would probably cause some degree of discomfort or inconvenience for many of us. For example, we could encourage restaurants to reduce portion size by imposing a size- or weight-based plate tax. Towns and cities could encourage residents and visitors to walk by placing a sizeable tax on parked vehicles in heavily trafficked areas of business and commerce—and, when necessary, by establishing or enhancing public transportation networks. Businesses could pitch in by offering their employees cash incentives for commuting on foot or by bicycle. And additional state or federal funding could be set aside for schools that expand their physical education activities. The possibilities are nearly infinite, but they all require a commitment—from individuals and public and private organizations alike—that has yet to be fully demonstrated.

The bottom line is that automatic referral of overweight and obese patients to overworked endocrinologists in order to find a hormonal etiology is unlikely to be the magic bullet that gets to the heart of the obesity problem. Rather, we health care practitioners need to team up with our patients and communities—first to acknowledge that the societal problem we have on our hands is huge (no pun intended) and then to start making dramatic changes in the way we live our lives. ●

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REFERENCES

1. Schille SF. Conference report—Highlights of the American College of Preventive Medicine Annual Meeting: The obesity epidemic: A consequence of our success. *Medscape Public Health Prev*. 2004:2(1). http://www.medscape.com/viewarticle/470991. Posted March 17, 2004. Accessed January 21, 2008.
2. Ewing R, Schmid T, Killingsworth R, Zlot A, Raudenbush S. Relationship between urban sprawl and physical activity, obesity, and morbidity. *Am J Health Promot*. 2003;18(1):47–57.