Obesity Cost Soars to $147 Billion a Year

BY HEIDI SPLETE

WASHINGTON — The health cost of obesity in the United States jumped from $74 billion in 1998 to approximately $147 billion (inflation adjusted) today, based on data from a study conducted by the Centers for Disease Control and Prevention and the Research Triangle Institute. The data were presented last month at the CDC's inaugural Weight of the Nation conference on obesity.

"Obesity affects every body system," Dr. Thomas R. Frieden, director of the CDC, said during opening remarks at the conference.

Obesity accounted for 6.5% of overall annual medical costs in the United States in 1998, but that proportion increased to 9.1% by 2006, said the study's lead author, Eric Finkelstein, Ph.D., of the independent Research Triangle Institute.

The annual cost of medical care per adult in the United States is 41% less for a normal-weight individual than for an obese individual, Dr. Finkelstein said. In this study, obesity was defined as a body mass index of 30 kg/m^2 or higher, and normal weight was defined as 18.5-25 kg/m^2.

Prescription drugs are among the top contributors to the costs of obesity, Dr. Finkelstein said. In 2006, across all insurance payers, the average annual prescription drug cost for a normal-weight individual was $707, compared with $1,275 for an obese individual. This difference represents an 80% increase in drug costs for the obese, Dr. Finkelstein said. The data were collected from annual Medical Expenditure Panel Surveys, which are nationally representative surveys of medical expenses for the civilian, noninstitutionalized U.S. population. The complete data were published online on July 27 in the journal Health Affairs (doi: 10.1377/hlthaff.28.5.w822).

If the obesity prevalence had remained the same between 1998 and 2006, 2006 medical costs in the United States would have been approximately $40 billion less, Dr. Finkelstein emphasized.

The study results were limited by the reliance on self-reports of body mass index, Dr. Finkelstein noted. The study examined only aggregate health costs and did not look at disease-specific costs, but "diabetes is one of the largest drivers of health care costs," he said.

At a media briefing, Dr. Frieden said that the most effective strategies to reduce obesity and its associated costs in the United States may involve community intervention rather than clinical intervention. But physicians have a responsibility to promote healthy living in their communities, as well as to encourage patients' weight-loss efforts in a clinical practice setting, he added.

The study was sponsored in part by the CDC. ■

CDC Urges Communities to Combat Obesity

BY HEIDI SPLETE

WASHINGTON — Curbing the obesity epidemic requires community intervention, Dr. Thomas R. Frieden, director of the Centers for Disease Control and Prevention, said at the CDC's Weight of the Nation conference.

"The only way on a societal basis to reduce the prevalence of obesity is through community action, not through individual clinical interventions," Dr. Frieden said in a press conference.

"We got to this stage in the [obesity] epidemic because of a change in our environment," he said. "Only a change in our environment again will allow us to get back to a healthier place."

To help communities respond to the obesity epidemic, the CDC launched Common Community Measures for Obesity Prevention. As part of this project, the CDC convened a panel of experts in a variety of areas including nutrition, urban planning, and physical activity, as well as obesity prevention. The complete recommendations, along with supporting evidence and suggestions for implementation, were published in the Morbidity and Mortality Weekly Report (2009:58 [RR-7]:1-26).

"We can't wait for the best possible evidence; we have to act on the best available evidence," explained Dr. William

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Dietz, director of the CDC's Division of Nutrition, Physical Activity, and Obesity. Dr. Dietz presented the CDC's recommendations at a press conference.

The panel agreed on 24 strategies, which fall into six categories:

► To promote availability of affordable healthy foods and beverages (e.g., adding grocery stores in underserved areas).

► To support healthy food and beverage choices (e.g., limiting ads for unhealthy food and beverages).

► To encourage breast-feeding (e.g., encouraging workplaces to support breast-feeding mothers).

► To encourage physical activity or limit sedentary activity in children and adolescents (e.g., requiring physical education in schools).

► To create safe communities that support physical activity (e.g., enhancing infrastructure to support walking and biking).

► To encourage communities to organize for change (e.g., participating in coalitions and partnerships to address obesity).

The panel chose strategies that are likely to have a broad reach and a long-term, meaningful impact on health, according to the full report. And the panel deemed the strategies reasonable for a community to implement.

It is often physicians who encourage community actions and influence policy makers.

DR. FRIEDEN

"Of course there are important things that physicians can do in their own practices, in terms of measuring [body mass index], counseling patients, and taking action to encourage weight loss and maintenance of weight loss," Dr. Frieden said.

But physicians' roles shouldn't begin and end in the office setting, he added.

"I think there is a responsibility to physicians and the medical profession generally to be active in their communities promoting prevention," said Dr. Frieden. It is often physicians who encourage community actions and influence policy makers, he emphasized. ■

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Important Safety Information

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

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