Obesity Rates Continue to Increase Nationwide

BY HEIDI SPLETE

ot a single state showed signs of a decline in adult obesity rates in the past year, according to the annual obesity report released by the Trust for America's Health and the Robert Wood Johnson Foundation.

The report, "F as in Fat: How Obesity Policies Are Failing in America 2009," ranks states by obesity rates in adults 18 and older and overweight or obesity rates in children aged 10-17 years.

The data suggest that children may be especially at risk—adult obesity rates in the United States increased in 23 states compared with last year's data, but obe-

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sity rates in children aged 10-17 years have tripled since 1980.

The prevalence of obesity in adults and the prevalence of either overweight or obesity in children was highest in Mississippi (33% and 44%) and lowest in Colorado for adults (19%) and Utah and Minnesota for children (tied at 23%).

Overweight was defined as at or above the 85th percentile for height and weight, and obesity was defined as at or above the 95th percentile for height and weight.

Despite the apparent lack of progress, "we are beginning to see early signs of hope," in efforts to prevent overweight and obesity, especially in policies that are designed to improve children's school environments, Dr. James S. Marks, a pediatrician and the senior vice president of the Robert Wood Johnson Foundation, Princeton, N.J., said at a press conference.

For example, a total of 19 states currently have school nutrition standards that are stricter than the national standards, Dr. Marks said.

But all parts of the community need to work together to create solutions to the obesity problem, he noted.

For doctors, the take-home message is to tell people whether they are over-weight or obese. Hearing from their physician is critical in getting people to get serious about the changes they need to make, Dr. Marks said.

In addition, physicians and other practitioners must "be advocates for changes that their community needs," such as eliminating junk food vending machines in schools, he said. "Their voices will carry a lot of weight."

Data from the report also suggested that obesity rates in youth increased during the summer months. "That was a surprising finding for us in the field," Dr. Marks said.

The data suggest that despite the

break from sitting at school desks all day, young people "are eating more and exercising or playing less" than expected, he said.

The report also emphasized that programs to reduce obesity should address baby boomers before they reach Medicare age and place additional strain on the health care system.

"Our health care costs have grown along with our waistlines," Jeff Levi,

Ph.D., executive director of the Trust for America's Health, said at the press conference.

Obesity-related health care costs become more significant as people age. Recent data suggest that the baby boomers are more obese than previous generations, and as they reach Medicare age, the percentage of obese seniors could increase significantly over the current obesity rates among seniors.

The report also called for a national strategy to combat obesity that involves federal, state, and local governments and promotes community efforts outside of the doctor's office, stating that economic and neighborhood factors continue to thwart the efforts of youth and adults to eat well and exercise regularly.

The complete report is available at www.healthyamericans.org.

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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).

For additional safety profile and other important prescribing considerations, see the accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the Pen.

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