

Obesity: Obvious Obstacle; Oblivious To Opportunity

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Obesity has been known to human kind for thousands of years. Descriptions of obesity are visible in ancient art and sculpture, and can be read in texts and manuscripts of yesteryear.¹ It is in recent decades, however, that the condition has emerged as a pandemic. Figures from the World Obesity Federation suggest that nearly 3.3 billion adults across the globe will live with overweight and obesity by the year 2035, as compared to 2.2 billion in 2020. Apart from these, 770 million children and adolescents (aged 5 to 19 years) will live with overweight and obesity in 2035, an increase from 430 million in 2020.² This reflects an increase from 42% of adults in 2020 to over 54% by 2035, and from 22% to over 39% children and adolescents over the same time frame.

The short- and long-term multifaceted consequences of obesity are well known. The Octopus construct is a user-friendly model which helps understand the diversity of causality, clinical presentations, calculations, complications and comorbid conditions that are associated with obesity. These include not only biomedical and logical complications, but financial and social challenges, too.³ Obesity therefore, has been recognized as a disease by various international organizations and bodies.^{4,5}

Unfortunately, most policy makers and planners continue to view obesity as an innocuous comorbid condition. The focus on downstream complications such as diabetes, hypertension and heart disease prevents pre-emptive action from being taken to reduce weight and prevent these avoidable diseases. This is disappointing, because data and discussion regarding the obvious obstacles that obesity poses to health is easily available.² It is heartening, however, to note that international specialist organizations have taken cognizance of the need to manage obesity as a distinct entity, along with

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cardiovascular disease.⁶

Being oblivious to this public health challenge comes at a cost. The cost of not treating obesity is much higher than that of managing the disease. High body mass index (BMI) is expected to reduce the global economy by over US\$4 trillion in 2035. This represents nearly 3% of global gross domestic product.²

The obvious solution is to view obesity as an opportunity to manage the disease, prevent its downstream complications, reduce health related expenditure, and improve health outcomes.⁷ This needs concerted action, at various levels of health care delivery, from policy-making and planning, to primary care. Obesity must be clearly designated as a disease in policy documents, and accepted in insurance claims. Endocrinologists and physicians should be trained and equipped to manage obesity, while referring select patients to sister specialties such as psychology, physiotherapy and bariatric surgery, as needed.

Health care professionals in all disciplines, including paediatrics, women's health and geriatrics, should be sensitized to the need for weight optimization. Primary care physicians must be able to screen for, and diagnose obesity, and offer basic lifestyle modification therapy. The public should also be made aware of obesity as a disease, and encouraged to advocate for better health. An intersectoral approach will help us optimize results.

We should not ignore the obvious obstacle that obesity is, and we must not be oblivious to the opportunity that obesity care presents. The Journal of Pakistan Medical Association has maintained a regular monthly column on Barocrinology since August 2021. The articles published so far cover epidemiology, etiology, clinical presentation, non-pharmacological, pharmacological and invasive therapy, and public health aspects as well. Through this editorial we reinforce the need to focus on weight management as a primary tool in ensuring optimal health for all.

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