

OBESITY IS A CHRONIC DISEASE

Obesity is a chronic disease, with multiple pathophysiological determinants, that requires multidisciplinary, long-term management

Obesity is defined as abnormal or excessive fat accumulation that may impair health.¹ It leads to anatomic (e.g. osteoarthritis, sleep apnea) and metabolic (e.g. the impact of body fat mass on insulin resistance and progression to T2DM and CVD) impairments in body function²

Body weight regulation is complex, influenced by genetics, physiology and the environment (Figure 1)³⁻⁵

ADIPOSE TISSUE

PANCREAS

SLEEP AND STRESS

NUTRITION

SOCIAL HUMBON MEDICATION

GENETICS

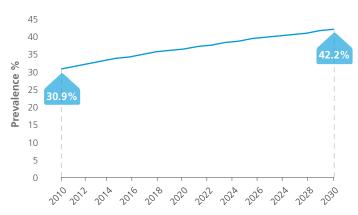
BEHAVIOR

Figure 1: Obesity is a complex multifactorial disease³⁻⁵

Professional associations (the American Medical Association, the American Association of Clinical Endocrinologists, the Obesity Society) recognize obesity as a global health challenge that requires a chronic disease management model ^{2,6-8}

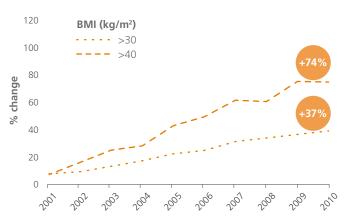
Obesity is increasing in prevalence and severity^{9,10}

Figure 2: Estimated obesity prevalence among US adults, 2010–20309



Notes: For BMI \geq 30 kg/m² based on Behavioral Risk Factor Surveillance System (BRFSS) data; based on the current linear trend, prevalence could reach 51%.

Figure 3: Prevalence of higher BMI categories is increasing faster than the prevalence of lower BMI categories¹⁰



Note: Based on BRFSS data



Abbreviations: BMI, body mass index; BRFSS, Behavioral Risk Factor Surveillance System; CVD, cardiovascular disease; GLP-1, glucagon-like peptide-1; T2DM, type 2 diabetes mellitus.

Biological mechanisms undermine weight loss effects and promote weight regain in individuals attempting even modest weight loss^{11,12}

Weight loss through dieting increases levels of hunger hormone (ghrelin) and reduces levels of hormones that drive weight loss (e.g. PYY, OXM, GLP-1, leptin, and others)^{11,12}

Figure 4: Physiological factors driving weight regain after weight loss through dieting¹¹

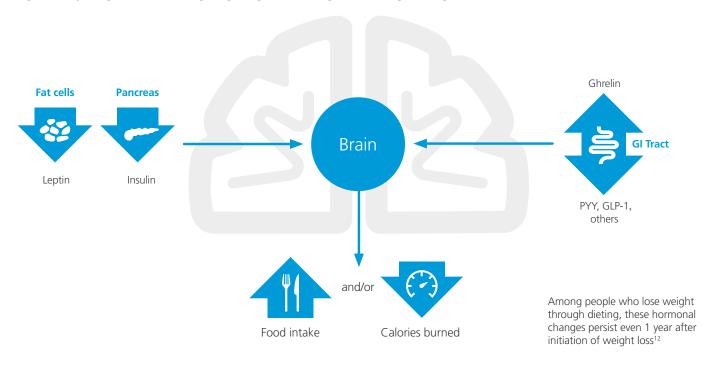
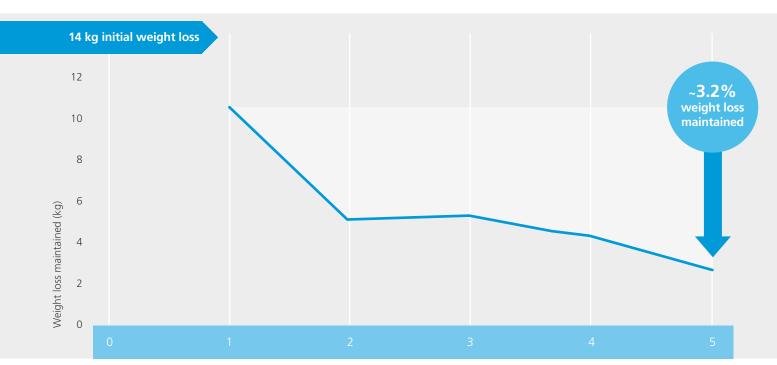


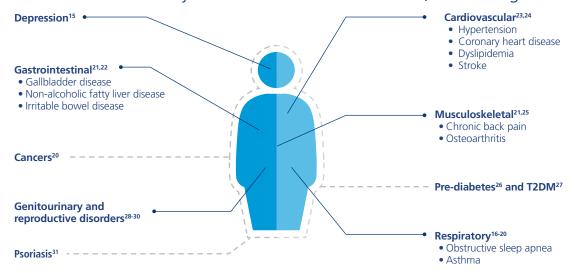
Figure 5: Weight reduction maintained over 5 years among people who achieved an initial weight loss of 14 kg after completing short-term, structured weight loss programs¹³



Years of follow-up after initial weight loss

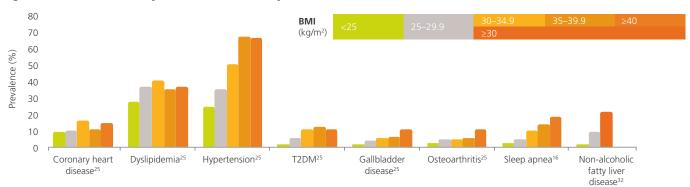


Obesity is associated with many conditions and comorbidities, 14 including:



The prevalence of obesity-related comorbidities generally increases with BMI^{16,25,32}





46% of individuals with Class I/II obesity 55% with Class III obesity

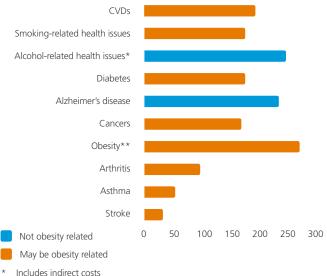
have ≥5 comorbidities³³

With an economic burden of \$1.42 trillion annually in the US,34 obesity is one of the top 10 most expensive chronic diseases for healthcare payers, as are obesity-related diseases, such as CVD, T2DM, and cancers³⁵

The economic burden of obesity in the US is estimated at \$1.42 trillion, or 8.2% of GDP34



Figure 7: Centers for Disease Control (CDC) most expensive diseases for US payers (direct healthcare costs, \$ billion)35



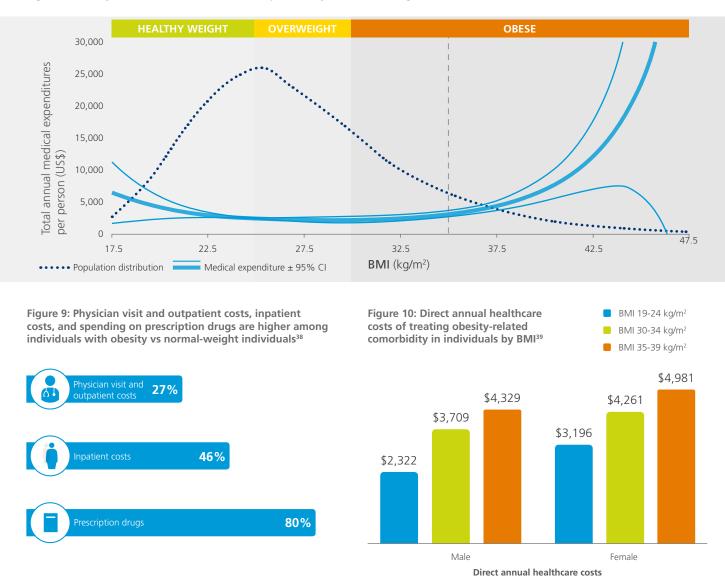
** This does not include \$117 billion in costs related to physical inactivity

Abbreviations: BMI, body mass index; CVD, cardiovascular disease; GDP, gross domestic product; T2DM, type 2 diabetes mellitus.



Healthcare costs rise rapidly with BMI in the range of Class II and Class III obesity (BMI >35 kg/m²)³⁶

Figure 8: Obesity-related healthcare costs rise exponentially with BMI >35 kg/m² ^{36,37}



In the US, obesity is associated with indirect costs of \$988 billion from premature mortality, disability, workers' compensation, insurance claims, and work absenteeism or presenteeism^{34,40-42}



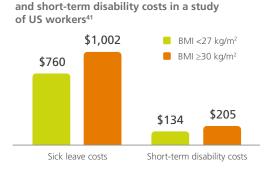


Figure 11: Per-employee annual sick leave

Figure 12: Annual workers' compensation claims per 100 full-time employees⁴²

11.65 claims

5.8 claims

Employees in recommended BMI category (19–24 kg/m²)

(19–24 kg/m²)



References

- World Health Organization. Obesity and overweight. Fact sheet No 311.
 June 2016. Available at: http://www.who.int/mediacentre/factsheets/fs311/en/#
- Mechanick et al. American Association of Clinical Endocrinologists' position statement on obesity and obesity medicine. Endocr Pract. 2012 Sep-Oct;18(5):642-8.
- Woods & Seeley. Understanding the physiology of obesity: review of recent developments in obesity research. Int J Obes Relat Metab Disord. 2002 Dec;26 Suppl 4:S8-S10.
- Campfield & Smith. The pathogenesis of obesity. Baillieres Best Pract Res Clin Endocrinol Metab. 1999 Apr;13(1):13-30.
- Badman & Flier. The gut and energy balance: visceral allies in the obesity wars. Science. 2005 Mar 25;307(5717):1909-14.
- Jensen et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2014 Jul 1;63(25 Pt B):2985-3023.
- American Medical Association. AMA adopts new policies on second day
 of voting at annual meeting: Obesity as a disease. 2013. Available at:
 http://news.cision.com/american-medical-association/r/ama-adopts-new-policies-on-second-day-of-voting-at-annual-meeting,c9430649.
- 8. Council of the Obesity Society. Obesity as a disease: the Obesity Society Council resolution. Obesity (Silver Spring). 2008 Jun;16(6):1151.
- Finkelstein et al. Obesity and severe obesity forecasts through 2030. Am J Prev Med. 2012 Jun;42(6):563-70.
- Sturm & Hattori. Morbid obesity rates continue to rise rapidly in the United States. Int J Obes (Lond). 2013 Jun;37(6):889-91.
- 11. Schwartz & Doucet. Relative changes in resting energy expenditure during weight loss: a systematic review. Obesity Reviews. 2010; 11:531-547.
- 12. Sumithran et al. Long-term persistence of hormonal adaptations to weight loss. N Engl J Med. 2011 Oct 27;365(17):1597-604.
- Anderson et al. Long-term weight-loss maintenance: a meta-analysis of US studies. Am J Clin Nutr. 2001 Nov;74(5):579-84.
- Garvey et al. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. Endocr Pract. 2016 Jul;22(Suppl 3).
- Luppino et al. Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Arch Gen Psychiatry. 2010 Mar;67(3):220-9.
- Li et al. Prevalence of self-reported clinically diagnosed sleep apnea according to obesity status in men and women: National Health and Nutrition Examination Survey, 2005-2006. Prev Med. 2010 Jul;51(1):18-23.
- 17. Peppard et al. Longitudinal study of moderate weight change and sleepdisordered breathing. JAMA. 2000 Dec 20;284(23):3015-21.
- American Academy of Sleep Medicine. Hidden health crisis costing America billions: Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. 2016. Available at: https://aasm.org/ resources/pdf/sleep-apnea-economic-crisis.pdf.
- Wang et al. Sex difference in the association between obesity and asthma in U.S. adults: Findings from a national study. Respir Med. 2015 Aug;109(8):955-62.
- Steele et al. Vital Signs: Trends in Incidence of Cancers Associated with Overweight and Obesity - United States, 2005-2014. MMWR Morb Mortal Wkly Rep. 2017 Oct 3;66(39):1052-8.

- 21. Guh et al. The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. BMC Public Health. 2009:9:88.
- Karlas et al. Gastrointestinal complications of obesity: non-alcoholic fatty liver disease (NAFLD) and its sequelae. Best Pract Res Clin Endocrinol Metab. 2013 Apr;27(2):195-208.
- 23. Hobbs. Cardiovascular disease: different strategies for primary and secondary prevention? Heart. 2004 Oct;90(10):1217-23.
- Calle et al. Body-mass index and mortality in a prospective cohort of U.S. adults. N Engl J Med. 1999 Oct 7;341(15):1097-105.
- 25. Must et al. The disease burden associated with overweight and obesity. JAMA. 1999 Oct 27;282(16):1523-9.
- Hosler. Prevalence of self-reported prediabetes among adults participating in a community-based health awareness program, New York State. Prev Chronic Dis. 2009 Apr;6(2):A48.
- Mokdad et al. Diabetes trends in the U.S.: 1990-1998. Diabetes Care. 2000 Sep;23(9):1278-83.
- Subak et al. Obesity and urinary incontinence: epidemiology and clinical research update. J Urol. 2009 Dec;182(6 Suppl):S2-7.
- 29. Ramlau-Hansen et al. Subfecundity in overweight and obese couples. Hum Reprod. 2007 Jun;22(6):1634-7.
- 30. Kiranmayee et al. Correlations Between Anthropometry and Lipid Profile in Women With PCOS. J Hum Reprod Sci. 2017 Jul-Sep;10(3):167-72.
- 31. Jensen & Skov. Psoriasis and Obesity. Dermatology. 2016;232(6):633-9.
- 32. Church et al. Association of cardiorespiratory fitness, body mass index, and waist circumference to nonalcoholic fatty liver disease. Gastroenterology. 2006 Jun;130(7):2023-30.
- Agborsangaya et al. Multimorbidity in a prospective cohort: prevalence and associations with weight loss and health status in severely obese patients. Obesity (Silver Spring). 2015 Mar;23(3):707-12.
- Waters & DeVol. Weighing down America: The health and economic impact of obesity. November 2016. Available at: https://www. milkeninstitute.org/publications/view/833.
- Beaton. Top 10 most expensive chronic diseases for healthcare payers. Health Payer Intelligence. July 19, 2017. . Available at: https:// healthpayerintelligence.com/news/top-10-most-expensive-chronicdiseases-for-healthcare-payers.
- Cawley et al. Savings in Medical Expenditures Associated with Reductions in Body Mass Index Among US Adults with Obesity, by Diabetes Status. Pharmacoeconomics. 2015 Jul;33(7):707-22.
- 37. Cawley & Meyerhoefer. The medical care costs of obesity: an instrumental variables approach. J Health Econ. 2012 Jan;31(1):219-30.
- Finkelstein et al. Annual medical spending attributable to obesity: payer-and service-specific estimates. Health Aff (Millwood). 2009 Sep-Oct;28(5):w822-31.
- 39. Ostbye et al. Is overweight and class I obesity associated with increased health claims costs? Obesity (Silver Spring). 2014 Apr;22(4):1179-86.
- 40. Loeppke et al. Health and productivity as a business strategy: a multiemployer study. J Occup Environ Med. 2009 Apr;51(4):411-28.
- Kleinman et al. Cohort analysis assessing medical and nonmedical cost associated with obesity in the workplace. J Occup Environ Med. 2014 Feb;56(2):161-70.
- Ostbye et al. Obesity and workers' compensation: results from the Duke Health and Safety Surveillance System. Arch Intern Med. 2007 Apr 23:167(8):766-73.

