

## OBESITY IN AMERICA

### OVERVIEW

- Obesity is a life-threatening disease affecting more than one-third of all adults in the U.S.
- Weight classifications for adults:
  - **Super obese:** A person with a BMI of 50 or more
    - 50,000 adults are super obese in the U.S.
  - **Morbidly obese:** A person with a BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as type 2 diabetes, heart disease or sleep apnea
    - 15 million adults are morbidly obese in the U.S.
  - **Obese:** A person with a BMI of 30 – 39.9
    - 64 million adults are obese in the U.S.
  - **Overweight:** A person with a BMI of 25 – 29.9
    - 134 million adults are overweight or obese in the U.S.
- Body Mass Index (BMI), the most common measurement tool to assess body fat, is calculated by dividing weight in kilograms by height in meters, squared:

$$\frac{\text{Weight in kilograms}}{\text{Height in meters}^2}$$

### PREVALANCE

- An estimated 66 percent of adults in the U.S. are either overweight or obese; 32 percent are obese<sup>1</sup>
- Between 1980 and 2002, obesity prevalence doubled in adults ages 20 or older and overweight prevalence tripled in children and adolescents ages 6 to 19
- Between 2000 and 2005, obesity (BMI  $\geq$ 30) increased by 24 percent, morbid obesity (BMI  $\geq$  40) increased by 52 percent and super obesity (BMI  $\geq$  50) increased by 75percent<sup>2</sup>
- Approximately 17 percent of children and adolescents ages 2 to 19 (over 12.5 million) are overweight, defined as BMI for age at or above the sex-specific 95<sup>th</sup> percentile
- Overweight adolescents have a 70 percent chance of becoming overweight or obese adults. This increases to 80 percent if one or more parent is overweight or obese<sup>3</sup>
- The CDC reports: In 2006, only four states had a prevalence of obesity less than 20 percent. Twenty-two states had a prevalence equal or greater than 25 percent; two of these states (Mississippi and West Virginia) had a prevalence of obesity equal to or greater than 30 percent

### RISKS ASSOCIATED WITH OBESITY

- Morbid obesity is associated with more than 30 illnesses and medical conditions including: type 2 diabetes, coronary heart disease, stroke, hypertension and cancer. Other conditions include: asthma, osteoarthritis, joint degeneration, cirrhosis of the liver, venous stasis disease, infertility, pregnancy complications,

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gastroesophageal reflux disease (GERD), chronic headaches, liver disease, sleep apnea, lower back pain and urinary incontinence

- Individuals who are obese have a 10 to 50 percent increased risk of death, as compared to individuals of healthy weight<sup>4</sup>
- Obesity is associated with 112,000 excess deaths each year in the U.S.<sup>5</sup>

#### **COSTS ASSOCIATED WITH OBESITY**

- Overweight and obesity costs the U.S. healthcare system an estimated \$117 billion annually<sup>4</sup>
- Lost productivity related to obesity among Americans ages 17 to 64 costs \$3.9 billion a year<sup>4</sup>
- Obese individuals spend 36 percent more on health care costs and 77 percent more on medications per year than individuals of normal weight<sup>6</sup>
- 5.3 percent of medical spending in the U.S. is attributable to obesity<sup>7</sup>

#### **CONTRIBUTING FACTORS TO OBESITY**

- **Genetics:** According to the NIH, several studies have shown that adopted children have weights closer to their biological parents than to their adoptive parents
- **Metabolism:** The resting metabolic rate (RMR) – the energy needed to keep the body functioning at rest – can vary substantially from one person to another, which may help explain why some people gain weight quicker than others and find it more difficult to lose weight
- **Environmental factors:** Lifestyle, dietary habits, and physical activity, have a particularly strong influence on the likelihood of being or becoming obese
- **Psychological factors:** Many people overeat or binge to suppress negative emotions or escape from problems

**Facts compiled and provided by the American Society for Metabolic & Bariatric Surgery.**

**For the latest facts related to metabolic and bariatric surgery, visit:**

[http://www.asbms.org/Newsite07/media/asbs\\_presskit.htm](http://www.asbms.org/Newsite07/media/asbs_presskit.htm)

<sup>1</sup> Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999-2004. *JAMA* 295:1549-1555. 2006.

<sup>2</sup> Sturm R. Increases in morbid obesity in the USA: 200-2005. *Public Health* (2007), doi:10.1016/j.puhe.2007.01.006.

<sup>3</sup> USDHHS; The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. Overweight in children and adolescents; [http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_adolescents.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm).

<sup>4</sup> National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). National Institutes of Health (NIH). Statistics Related to Overweight and Obesity. May 2007.

<sup>5</sup> Flegal KM, Graubard BI, Williamson DF and Gail MH. Excess Deaths Associated with Underweight, Overweight, and Obesity. *JAMA*. 2005; 293: 1861-1867.

<sup>6</sup> R. Sturm. The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs. *Health Affairs*. Mar/Apr 2002: 245-253.

<sup>7</sup> Finkelstein, E.A., Fiebelkorn, I.C., & Wang, G. (2003). National medical spending attributable to overweight and obesity: How much, and who's paying? *Health Affairs*, W3, 219-226. Available on the World Wide Web: <http://content.healthaffairs.org/cgi/content/full/hlthaff.w3.219v1/DC1>.