

Selective Editing leads to Continued Denial

According to the Centers for Disease Control, 33% of Americans are overweight and 33% of Americans are obese. The rate at which Americans are reaching the morbid obesity classification (defined as BMI of greater than 40) is greatly exceeding the rate of moderate obesity. Yet most Americans deny the full extent of their weight issue.

The National Consumers League recently did a study which reveals the depths of our nation's denial. They surveyed 1,978 Americans asking for self reported data on height and weight as well as asking patients how they would classify themselves (normal weight, overweight, obese). The results are startling. 52% of the responders classified themselves as overweight with only 12% classifying themselves as obese. Based on their self reported numbers, 35% of the responders were overweight (17% misclassified) and 34% (22% misclassified) were obese, severely obese or morbidly obese. Of the 34% that were obese, 82% of them misclassified themselves as "simply overweight". How do you classify yourself? Use a search engine and search, BMI charts. A normal BMI is less than 25, Overweight 25-30, Obesity 1 - 30-34, Obesity 2 - 35-40, Obesity 3 (Morbid Obesity) BMI of 40 or greater.

The president of the National Consumer League was exactly correct when she stated "This discrepancy between perceived and actual weight categories suggests that the stigma associated with being obese is a powerful one; many consumers would benefit from a more realistic picture of their own weight."

Excessive weight is the number one health problem facing our nation and yet we are in denial as to the enormity of the problem. The press has recently fostered some of our denial. In November, a study published in the Journal of American Medical Association, was released that revealed that causes of mortality differed depending on weight. This study revealed that compared with normal weight individuals, overweight, obese and underweight individuals were more likely to die. Specifically, there was in excess of 112,000 deaths for obese individuals from cardiovascular deaths. There was in excess of 23,000 deaths for underweight individuals from diseases other than cancer or cardiovascular disease. There was in excess of 61,000 deaths for overweight and obese individuals from diabetes and kidney disease. Overweight and obesity was protective as compared to normal weight (69,000 fewer deaths) for certain situations, particularly non cancer and non cardiovascular deaths.

So why might overweight and obesity be protective? If we look at what people die from other than cancer, diabetes, kidney cardiovascular disease, the other

big causes of mortality are injuries and infections. This study revealed that overweight and obesity was far more protected against injuries as compared to normal weight individuals. As you might imagine, obesity severely limits the amount of physical activities that one can engage in. If you do not participate in physical activities, it is less common to have an injury resulting in death. You cannot die from a bike accident if you never ride a bike.

The results of this study were distorted by the press. The headlines read “being overweight does not increase your risk of dying of heart disease, or cancer” (true, but risk of dying of the far more common diabetes and kidney disease was equal to the protective benefit from heart disease and cancer). Not to mention that obesity did dramatically increase the risk of dying of heart disease or diminish ones quality of life from complications associated with diabetes and kidney disease such as amputations and dialysis.

The bottom line is being overweight, obese or underweight all cause more deaths than being normal weight. The likelihood of certain deaths does appear to vary depending on ones weight. What this study really tells us is that excess weight limits potentially injury producing activities and increases the likelihood of getting a disease that decreases the quality of ones life. This can hardly be considered a benefit.

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