

obesity and health risks

It's no surprise that obese people have higher rates of medical problems. Weight loss is the key to a healthy metabolism, but for many, it's not easily achieved through diet and exercise.

Obesity is a national epidemic among U.S. adults. Fortunately, for those who are overweight or morbidly obese and have tried every option to lose weight, there are medical procedures that can help. These include Bariatric Surgery, gastric bypass and lap-band procedures. Although these measures are extreme, they can lower the risks of obesity related illness.

The more you know about obesity and health risks, the more you can weigh options for yourself or a loved one and evaluate the benefits of Bariatric Surgery. For thousands of Americans who have embraced weight loss surgery and the ensuing lifestyle changes, knowing more about obesity, Body Mass Index (BMI), and health risks can help them make the decision to move forward with Bariatric Surgery.

OBESITY IN THE UNITED STATES

Obesity in the United States is a growing problem. In the past, people thought that obesity was caused by a lack of willpower and overeating. Today, we know many other factors contribute to obesity including environment, psychology, society, culture, lack of physical activity, genetics and family influence.

The obesity statistics are staggering.

- It is estimated that greater than 50% of the U.S. population is overweight.
- 27% are categorized as obese and an additional 34% considered clinically overweight.
- According to a national survey, 50 million Americans are obese and 12 million are morbidly obese.

what is obesity

Obesity is an excess of body fat tissue associated with increased cell size and number. Population studies indicate a direct correlation between Body Mass Index (BMI) and morbidity and mortality.

In order to give people a measuring tool for healthy weight, BMI—a ratio of height to weight—provides ranges that indicate obesity. A body weight of 20 percent or more above normal constitutes a health hazard and is considered obese.

Weight Status based on
Body Mass Index (BMI) I:

Below 18.5

Underweight

18.5 - 24.9

Normal Weight

25.0 - 29.9

Overweight

30.0 - 39.9

Overweight

40.0 - Above

Morbidly Obese

- The morbidly obese patient is approximately 100+ pounds over their ideal body weight. Morbid obesity is more accurately identified by the Body Mass Index (BMI).

WEIGHT LOSS SURGERY CAN PREVENT MORTALITY

Current statistics indicate that more than 300,000 to 500,000 obesity-related deaths occur each year.

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People who are obese have higher rates of medical problems such as HTN, DM, OSA, joint issues, even infertility. The medical complications of obesity may occur in moderately obese people but it increases dramatically as weight increases.

For example, very obese men between the ages of 25 and 35 have 12-fold greater risk of dying prematurely, compared to their normal weight counterparts.

Medical conditions that are commonly caused or exacerbated by obesity are considered “co-morbidities.”

Here is a relative risk of a person with a BMI of 25 compared to a person with a BMI of 40:

Disease	BMI = 25	BMI = 40
Death: All Causes	1.1	2.0
Death: Heart Disease	2.0	6.0
Death: Cancer	1.1	1.6
Type 2 Diabetes	6.0	53.0
High Blood Pressure	1.1	3.5
Stroke	1.1	2.0

In 1991, the National Institutes of Health (NIH) concluded that weight loss surgery is the only successful treatment, recommending it for those with patients with:

- A minimum BMI of 35 who suffer from 1 or more major co-morbidities.
- Those with a BMI of 40 or above (morbidly obese).

The effects of weight loss surgery.

Below is a list of these medical conditions that are expected to resolve or improve after weight-loss surgery.

Pulmonary: The obese have decreased lung volumes and a decreased expiratory reserve volume causing obstructive sleep apnea, obesity hypoventilation syndrome, cor pulmonale and Asthma/Reactive Airway Disease.

Cardiac: High blood pressure is six times more prevalent in the obese person than in average weight people. The morbidly obese population has a 55-60% higher prevalence of hypertension. The relationship of obesity to the incidence of Coronary Artery Heart Disease (CAHD) has been documented in many studies.

- The Framingham Study is a large general population-based study with a long period of follow-up. Results indicate an increased risk of CAHD with increasing levels of obesity: for each 10% increase in body weight there is a 20% increase in the incidence of CAHD.

Gastrointestinal and Abdominal: There is a six times increase in incidence of gallstones (Cholelithiasis) in obese women between 20-30 years. At the age of 60, 33% of women will have gallbladder disease. Other problems include recurrent heartburn or GERD (Gastro esophageal Reflux Disease) and recurrent hernias.

Endocrine: Moderate obesity will increase the risk of non-insulin dependent diabetes mellitus (NIDDM) or Type 2 diabetes ten times. As a result, 33% of the morbidly obese have diabetes. Reducing weight in diabetics will improve glucose control and decrease other diabetes-related conditions such as kidney disease or neuropathy.

Genitourinary, Reproductive: Obesity can cause irregular menstruation in obese women leading to irregular periods and infertility. During pregnancy the obese can have an increase in toxemia and hypertension. Menses occur earlier in obese girls. Other problems include frequent urinary tract infections and stress urinary incontinence.

Musculoskeletal: An increase in weight can cause degeneration or osteoarthritis of the spine, knees, and hips; disc herniation; chronic non-surgical low back pain. Excess weight can increase uric acid levels and increase gout risks.

Cancer Risk: Studies show a correlation between obesity and certain cancers.

- The American Cancer Society (ACS) Study involving more than one million men and women found that obese males had a higher mortality from cancer of the colon, rectum and prostate.
- Men who are 130% above average weight have a 2.5 times higher chance of death from prostate cancer in a 20-year follow-up study.
- Obese females had a higher mortality from cancer of the gallbladder, biliary tract, breast (post-menopausal), uterus (including both cervix and endometrium) and ovaries
- For women with endometrial cancer, marked obesity showed the highest relative risk (5.4) compared to non-obese.

Psychological Disorders: The obese person has difficulty in daily life, work, recreation, social interaction and sleep. Because of their limitations in lung capacity and mobility they become physically impaired and become a target for discrimination. They suffer from an impairment of their body image, which can lead to depression and anxiety.

ST. VINCENT'S MEDICAL CENTER: A LEADER IN WEIGHT LOSS SURGERY

At St. Vincent's state-of-the-art comprehensive Bariatric Surgery Center, it is our responsibility to educate and support each individual's medical, surgical and emotional needs. The success of our Bariatric Weight Loss program is greatly enhanced by our counseling in the nutrition, exercise and psychosocial aspects of obesity.

Don't wait for weight-loss—learn more and know your options now by registering for a free, no-obligation, informational seminar. See how other Bariatric Surgery patients achieved their goals.

**FOR MORE INFORMATION,
PLEASE CONTACT THE BARIATRIC
COORDINATOR AT (203) 576-5431**