Obesity and Chronic Conditions
Professor Andrew Wilson

Ministerial Obesity Summit
Canberra 2019
Our Partners

Our funding partners

- Australian Government National Health and Medical Research Council
- Australian Government Department of Health
- ACT Government ACT Health
- Cancer Council Australia
- NSW Government
- Government of South Australia SA Health
- Tasmanian Government
- VicHealth

Hosted by

saxInstitute

Supporting smart decisions. Powered by research.
Prevalence of chronic conditions in adults, by weight status, 2014–15

Burden attributable to overweight and obesity, by age and sex, 2011

Source: AIHW analysis of burden of disease database, 2011.
DALY per 1,000 people for the top six diseases linked to overweight/obesity, 2003 and 2011

Disability-adjusted life years due to overweight and obesity, by selected diseases and socioeconomic group, 2011

Note: Rates per 1000 people age-standardised to the 2001 Australian standard population.

Source: AIHW 2017a; Table S16.
Figure 4.4.2: Graphical representation of the overlap between selected risk factors for chronic disease, people aged 18 and over, 2011–12

Source: AIHW. Australia’s Health 2016.
Complex relationship of obesity and chronic conditions

- **Osteoarthritis**
  - Obesity strongly causally related to osteoarthritis
  - Obesity increases symptomatology
  - Loss of mobility associated with osteoarthritis can worsen weight gain (and limit weight loss)

- **Depression**
  - Depression is a risk factor for depression
  - People with obesity more likely to develop depression
  - Some mediations used in treatment of mental illness lead to weight gain

- **Sleep**
  - Obesity is a risk factor for sleep apneoa
  - Poor sleep can increase of obesity
Complex systems and wicked problems

- Obesity prevention and control is a complex problem.
- No easy fix, no one strategy.
- Likely to be lots of “failures”, need to learn from failures as well successes.
- Need systematic and systemic approaches.
- Need persistence – how do we institutionalise ongoing action?
- Need to assess and minimise the potential for harm along the way.
Controlling overweight and obesity

- Prevent early weight gain – healthy environment
- Identify and intervene early
- Treat
  - Primary care – overweight and early obesity
  - Specialty care – obesity
- Manage relapses
  - Address social determinants
  - Address system nihilism
  - Address health care system preparedness
Obesity and the health care system

- Barriers in health care system for obesity common to chronic diseases particularly:
  - Poor coordination of services
  - Poor resourcing for core capacities particularly in community settings
  - Lack of management accountability
  - Low managerial priority
  - Lack of funding mechanisms for multi-disciplinary care.

- Additionally health care system issues for obesity include:
  - Victim blaming
  - Therapeutic nihilism – ‘nothing works’
  - Normalisation of overweight – staff and patients have the problem
  - Responsibility not held by any one clinical profession
  - Concerns about stigmatizing through identification.
Addressing obesity in health care: A systems approach

## Weight loss surgery in Australia, 2014–15

- Around 18,000 of weight loss surgery separations, or 79%, were for female patients.
- From 2005–06 to 2014–15, the total number of weight loss surgery separations more than doubled, from about 9,300 to 22,700.
- Major growth in non-surgical procedures for obesity.

In conclusion

- Overweight/Obesity in combination with inappropriate nutrition and low physical activity is a major risk factor for many chronic conditions.

- The relationship is complex.

- The health care system is not well set up for managing either obesity or chronic conditions.

- A strategic response to overweight and obesity must recognize important role of health care.

- There will need to be system changes for the health care system to respond effectively and efficiently.