The Australian Prevention Partnership Centre

Systems and solutions for better health

Obesity and Chronic Conditions
Professor Andrew Wilson

Ministerial Obesity Summit

Canberra 2019

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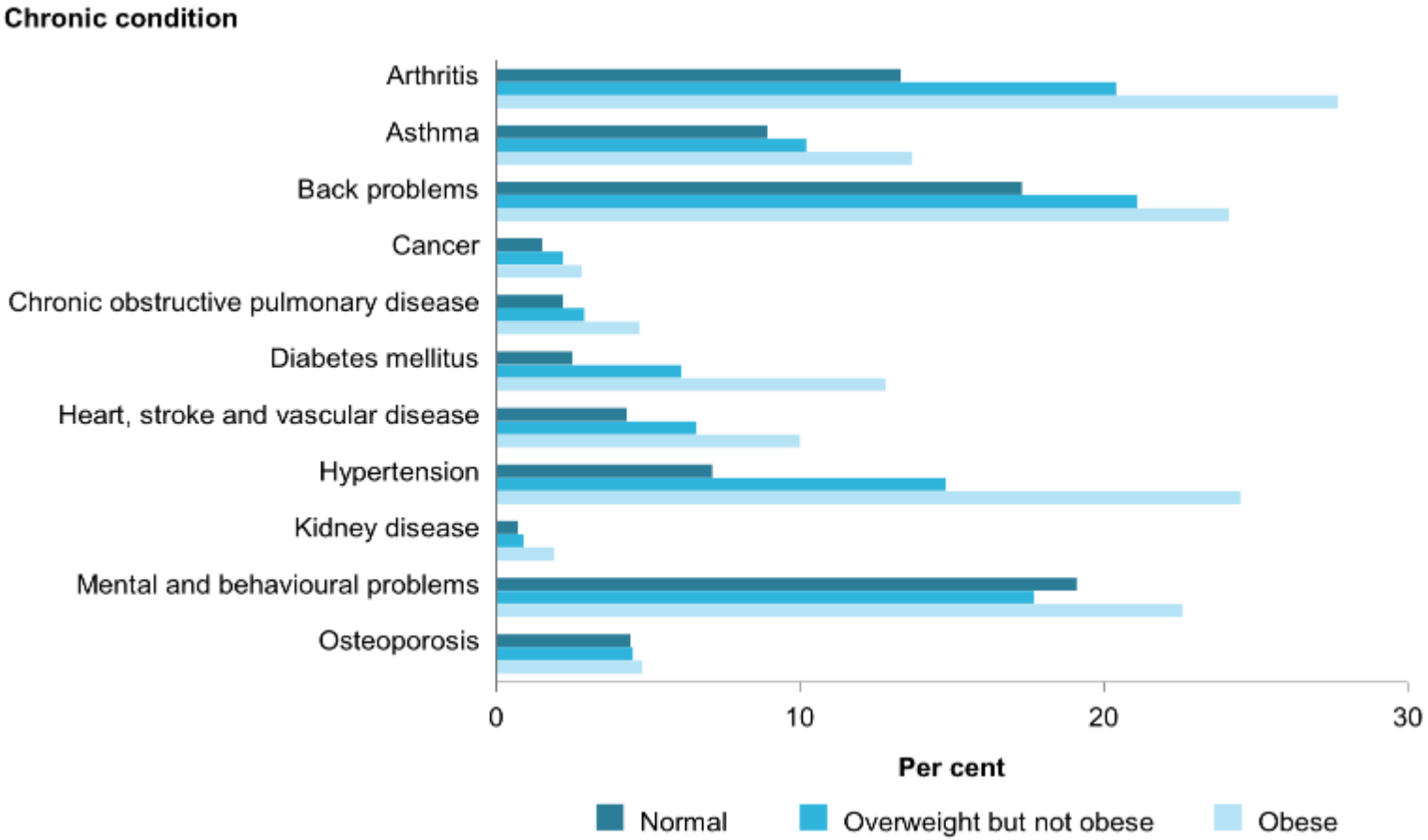
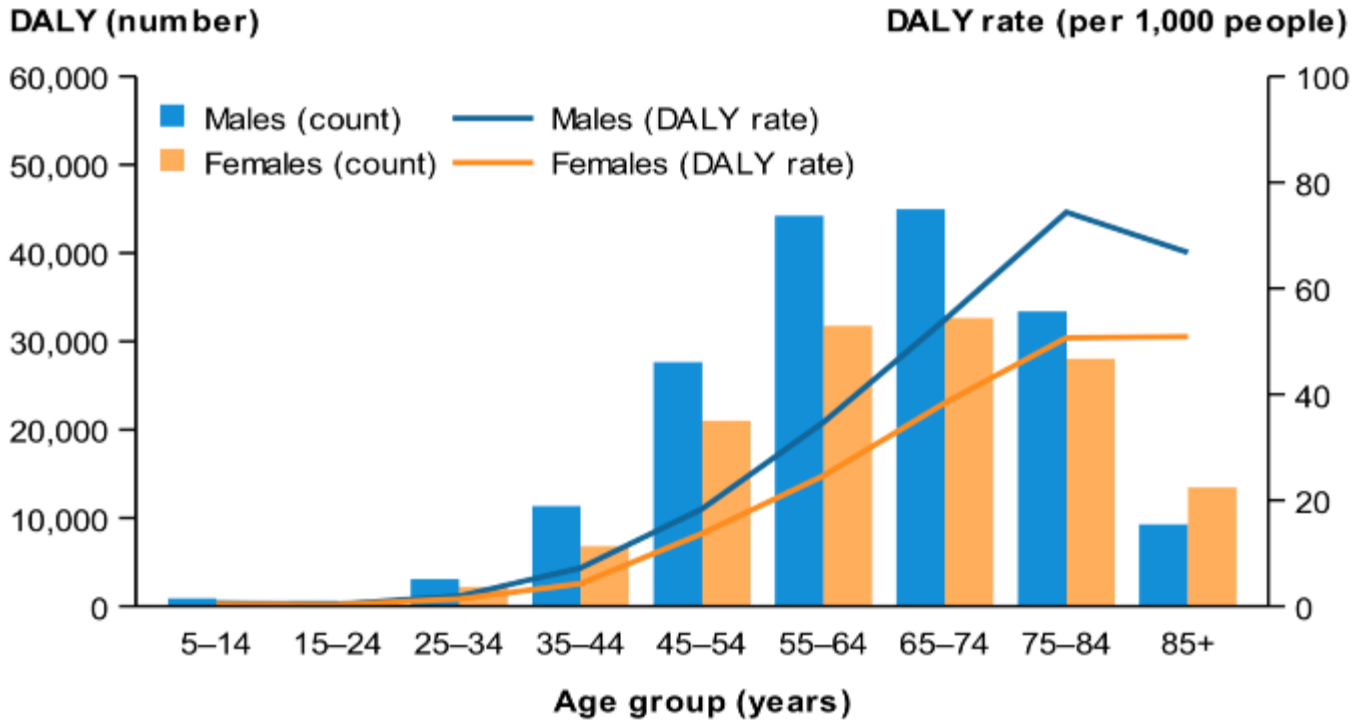
Prevalence of chronic conditions in adults, by weight status, 2014–15



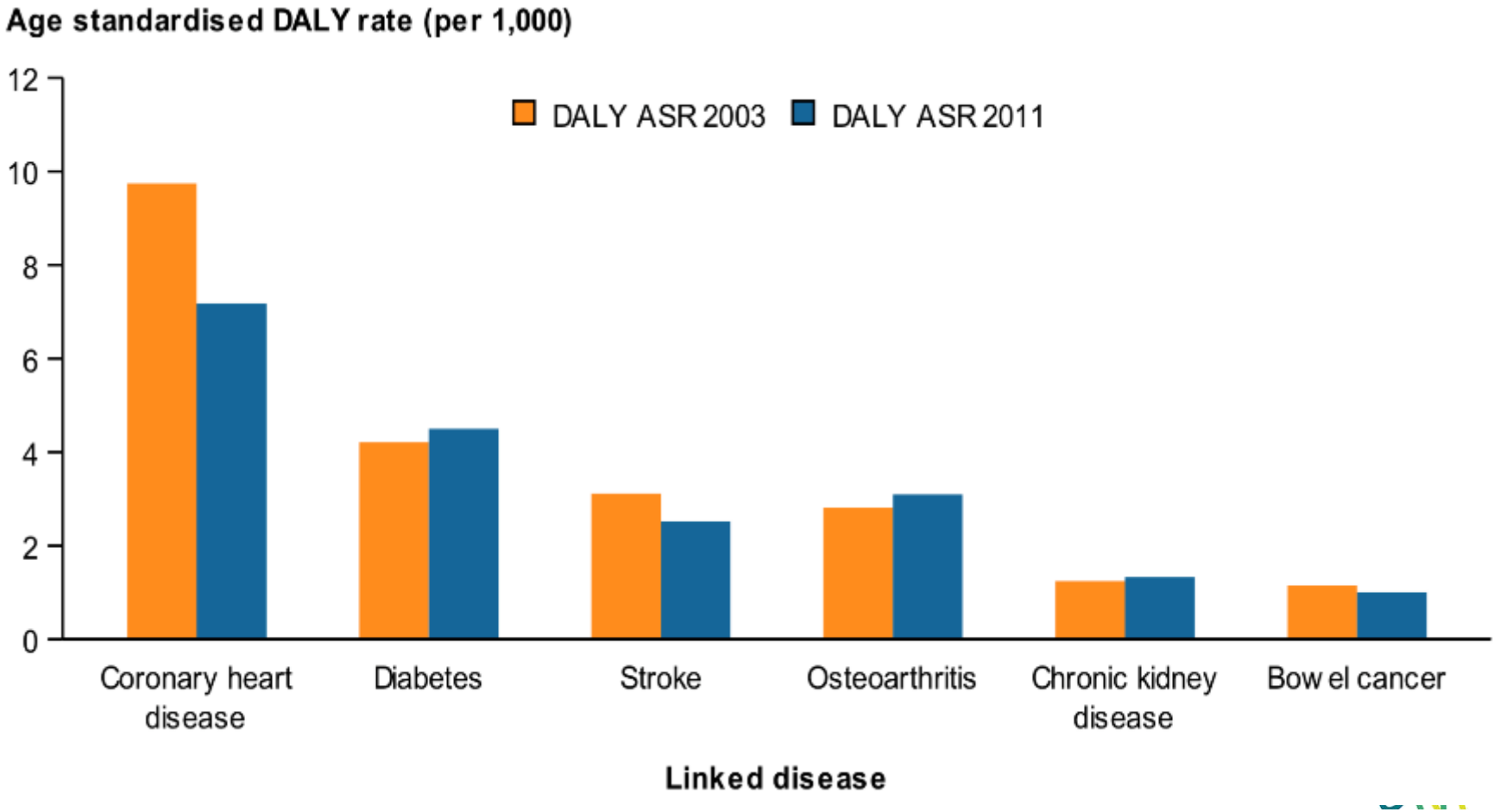
Source: AIHW 2018.Canberra.

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



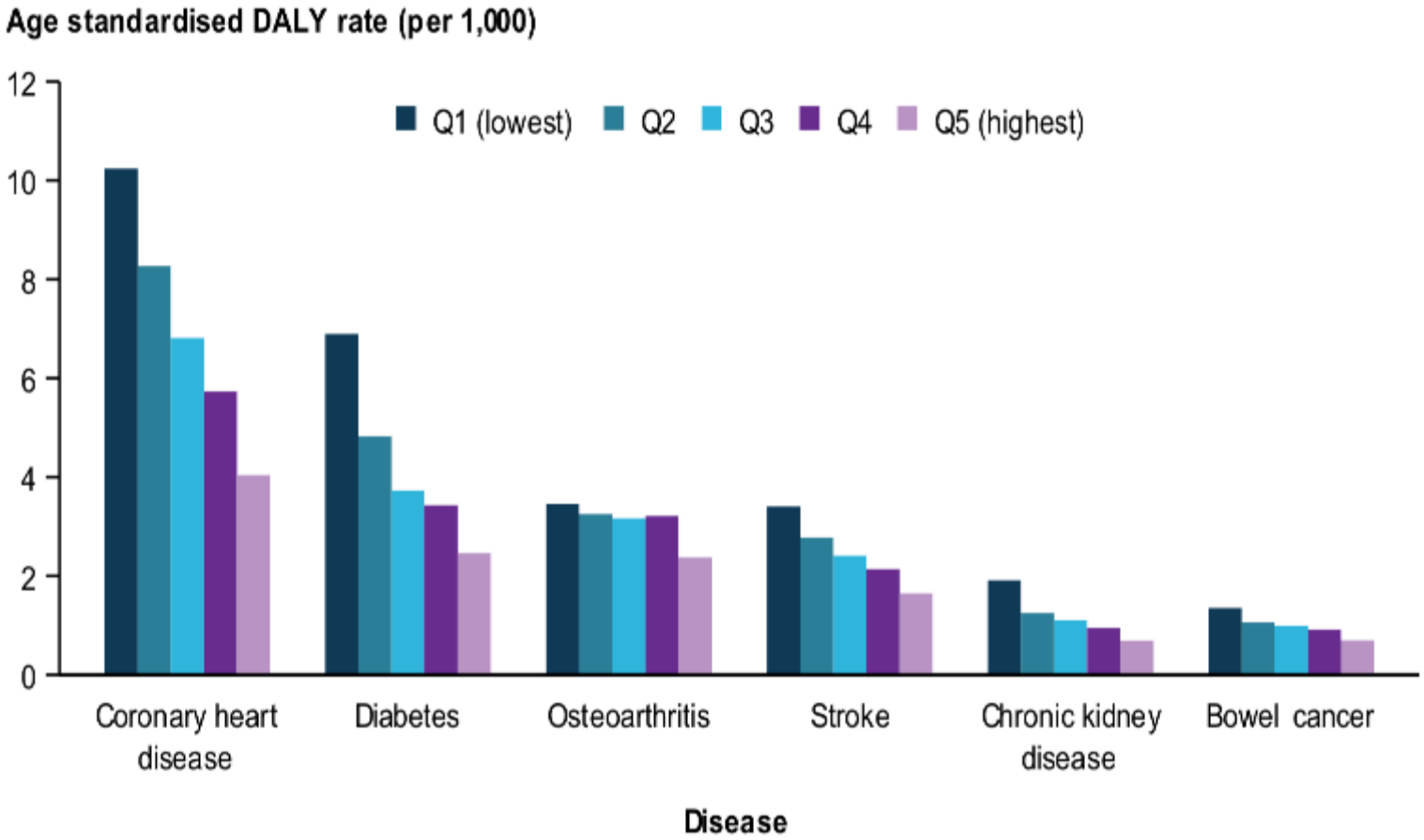
Source: AIHW analysis of burden of disease database, 2011.

DALY per 1,000 people for the top six diseases linked to overweight/obesity, 2003 and 2011



Source: AIHW 2017. Impact of overweight and obesity as a risk factor for chronic conditions: Australian Burden of Disease Study. Canberra: AIHW.

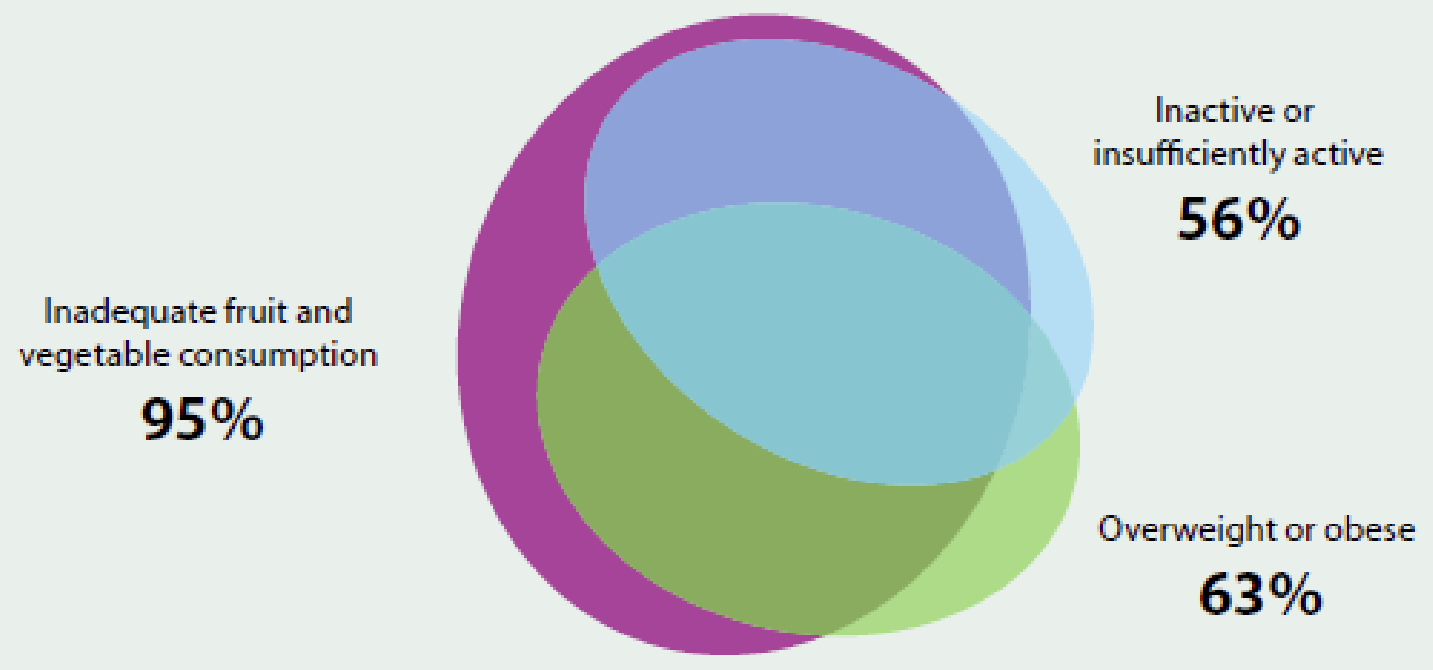
Disability-adjusted life years due to overweight and obesity, by selected diseases and socioeconomic group, 2011



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

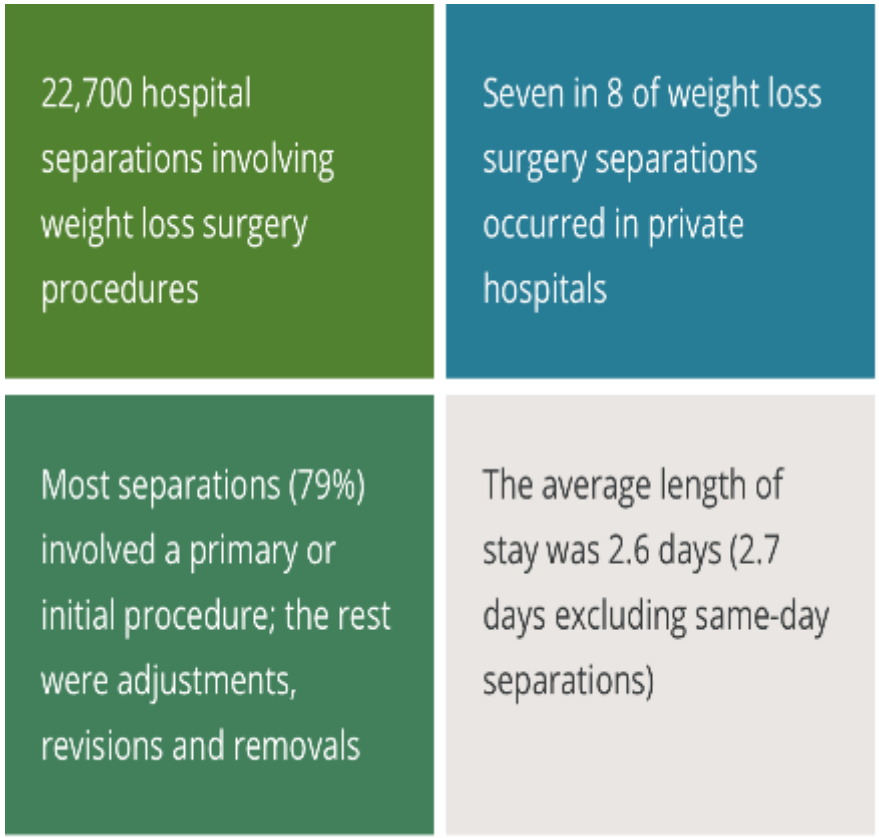
Obesity and the health care system

- **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

Source: WHO, 2002.

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.

Source: AIHW 2017. Weight loss surgery in Australia 2014–15: Australian hospital statistics. Canberra: AIHW.

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.