

Obesity is a complex, relapsing, multifactorial disease

Obesity is not only a risk factor for other diseases, it is a disease in its own right. Obesity was added to the sixth International Classification of Diseases in 1948. Yet over seven decades later, this classification has not been fully accepted. Although an increasing number of organisations and countries now recognise obesity as a disease, many still do not, hampering attempts to address the pandemic. Obesity is now one of the 21st century's greatest public health challenges, rising fastest in low- and middle-income countries.

In many societies, obesity is not recognised as a disease but instead as personal failure. However, we know that 40% to 70% of obesity can be attributed to genetics. Genetically, the majority of the global population is pre-programmed to store fat in order to avoid starvation. While this is a helpful survival mechanism during periods of famine, it is not helpful in our current obesogenic environments.

An environment is defined as obesogenic when it adversely affects healthy nutrition and physical activity. Today, we live in environments where proliferation of cheap and available high energy density food dominates, while opportunities to be physically active are reduced, consequently causing excess weight gain. Obesity is thus not a matter of personal failure, but a disease state developed in response to an obesogenic environment.

Like other diseases, obesity impacts our bodies and minds in a number of ways, affecting appetite, satiety, metabolism, body-fat distribution and stress eating behaviours. When an individual tries to lose weight, hormonal changes occur rapidly, leading to an increase in appetite while simultaneously the metabolic rate – the rate at which our body uses energy – slows down, leading to fewer calories being burnt. These hormonal changes tend to persist after weight loss and can last for years until the weight is put back on. Obesity is thus a chronic disease that requires long-term treatment.

Obesity is also a relapsing disease: without addressing the obesogenic environment, individuals affected remain exposed to the same risks and, due to the bodily responses described above are likely to live with obesity long-term. Policymakers cannot reduce genetic risk, but they can reduce the influence of obesogenic environments. Creating healthy environments plays a central role in tackling obesity.

Many of the determinants of obesity lie outside the traditional jurisdiction of the health sector and the impact of obesity can only be improved through multisectoral approaches. Ensuring access to healthy diets and opportunities to be physically active are not only policies to prevent obesity: it is vital to enable the billion people living with the disease the best chance of recovery. Improving access to nutritious food, while reducing the consumption of energy-dense foods, especially among vulnerable children, and supporting policies that promote physical activity as part of normal living must be key goals for governments working to halt the rising prevalence of obesity.

Recognising obesity as a disease will encourage people to seek medical care, shift the public discourse away from individual blame and could help ensure that access to treatment is available for all that need it. Recognising obesity as a disease can also help reduce weight bias and stigma, improve education of health professionals to prevent and manage obesity, and foster investments in obesity research. Our window of opportunity to ensure better, more resilient, and sustainable action on obesity is now.

References:

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