



Invited Editorial

Perspectives on the management of overweight and obesity

ARTICLE INFO

Highlights:

- While obesity prevalence is similar in men and women, men are less likely to participate in weight-loss programs
- Women and men differ in their biology, social roles, and their position in the community
- New models of obesity management are needed to account for gender differences and broader social and environmental factors.

Keywords:

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Around one-third of the world's adult population are currently overweight or obese [1] and, without intervention, it is estimated that almost half of adults will be overweight or obese by 2030 [2]. Excess body weight is a significant risk factor in the development of numerous noncommunicable diseases, including cardiovascular disease, type 2 diabetes, musculoskeletal disorders and some cancers, and is associated with an 18% increase in the risk of all-cause mortality [3].

Along with their significant health burden, overweight and obesity are notable contributors to escalating healthcare costs, lost productivity, and adverse social and economic outcomes for families. Indeed, recent estimates place the global economic impact of obesity at USD 2.0 trillion in 2014 [2]. Despite the significant health and economic burden posed by overweight and obesity and the significant investment in management and prevention programs, health promotion activities have demonstrated variable success [1,4,5]. This has led many researchers, clinicians, and policymakers to consider why such programs have been unable to address this significant health issue successfully.

The answer to this is that obesity is complex and results from a combination of causes and contributory factors — both individual to societal — and change will occur only through sustained and collaborative efforts between government, industry, and communities at all levels, including the re-orientation of foods systems, attenuating obesogenic environments and re-thinking behavior-change communication [4–6]. This editorial focuses on the last, i.e., the role of the clinician in effectively communicating and supporting patients to make positive lifestyle changes.

Beliefs that overweight or obese patients are lazy, responsible for their condition, or weak-willed are common among health

professionals. These perspectives are likely to influence the way weight management interventions are communicated, or even whether they are communicated at all [7]. When these views are coupled with incongruence between patients' expected and actual weight loss, it has the potential to influence individuals' weight loss maintenance, relapse, and satisfaction [7]. Taken together, these misconceptions will almost certainly undermine any efforts to implement behavior-change interventions effectively and are likely to reinforce negative stereotypes around obesity and weight management.

Success depends not only on changes in health professionals' education and practice about obesity, but also on the development of interventions that are responsive to individuals' needs and able to be embedded within their lives. This is particularly important when considering the correlated nature of many risk factors, like sleep insufficiency and physical inactivity [8], the impact of obesogenic environments [5], and the reciprocal link with poor mental health [9]. Therefore, interventions that focus on only one behavior, that do not address barriers to behavior change, and that do not include strategies to enhance self-efficacy and resilience, are unlikely to yield the greatest success.

Moreover, even though the prevalence of overweight and obesity are similar in men and women, men comprise only around one-quarter of weight-loss program participants [10] suggesting that gender might also be an important consideration. Women and men differ in their biology, the roles and responsibilities that society assigns to them and their position in the family and community [11], and their perceptions about body weight. These factors influence the causes, consequences, and management of diseases and ill-health and the efficacy

of health promotion policies and programmes [11]. Thus, as our understanding of overweight and obesity has expanded, the utility of the typical 'one size fits all' approach to promoting healthy lifestyles across the sexes is increasingly recognized as limited, and unlikely to maximize the benefits for individual patients. Such approaches do not account for differences in susceptibility, biology, social, cultural, economic, environmental and political determinants of health and lifestyle behaviors between men and women [11].

To minimize lifestyle-related health risks, and combat the increasing burden of obesity, health professionals need skills in practical and compassionate communication that acknowledges that while individuals bear some personal responsibility for their health, social and environmental determinants also contribute to the overconsumption of unhealthy foods and weight gain [7]. Moreover, new evidence-based health promotion models are needed to account for gender differences, concurrent risk factors in the development of overweight and obesity, and the broader social and environmental factors that inhibit or facilitate positive lifestyle changes.

Contributors

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Conflict of Interest

The authors declare that they have no conflict of interest.

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