

Obesity: where is the next focus?

Dr. Ciardullo is the Cardiovascular Disease Program's head, and Dr. Daglio is the Health Literacy and Citizen Empowerment Program's head at the Local Health Plan of the Local Health Unit "Azienda USL" in Modena

Dear editors,

The points of critic raised by professor Vuille's are very interesting and stimulating (Vuille 2003). Here we attempt to work out some of them. Nowadays a lot of resources are spent to persuade people to lose weight. The International Obesity Task Force (IOTF) estimates that between 2–8% of the total sick care costs in Western countries are attributable to obesity. But what are the effects of lifestyle interventions to achieve sustained weight loss? Evidences suggest that a combination of advice on diet and exercise, supported by behaviour therapy, is probably more effective than either diet or exercise advice alone. No differences have been found in weight loss using interventions to promote physical activity. Weight regain is likely, but weight loss of 2–6 kg may be sustained over at least two years. Anyway, the resource implication of providing long-term maintenance of any weight loss is the major barrier to the routine implementation of maintenance programmes (Glenny et al. 1997; Thorogood et al. 2002).

Part of these resources are spent for mass campaigns. Paradoxically, they often reach those people, i.e., the middle- and upper-class individuals, that do not represent the intended target of such an action. In fact, dietary habits of higher social classes are more often in line with dietary recommendations than those in the lower classes (Smith et al. 1992). Middle- and upper-class individuals hardly differ in their food consumption. Furthermore, middle-class mothers consider the "health" value of foods more often as their primary consideration, while lower-class mothers consider the "cost" of food and the preferences of their relatives more often as important considerations in their choice of food. Higher-class mothers are more likely to control their children's consumption (Hupkens et al. 2000).

Galobardes and colleagues have recently reported that smoking, obesity, high blood pressure, and physical inactivity are more prevalent among low-socio-economic positioned Swiss adults. Most socio-economic risk factor differences remained stable in the 1990s. Thus, social inequalities in chronic disease morbidity and mortality will persist in the next decades (Galobardes et al. 2003).

Moreover, even if we will be successful in reaching the true target of campaigns, i.e., the lower-class individuals, a major conflict might occur. An excess of information could lead them to frustration because they could not bear the higher cost of healthy foods.

Measures to improve social capital are relevant in public health. Intervention studies concerning work site-interventions have suggested possible pathways for influencing dietary behaviour (Lomas 1998; Sorensen et al. 1999). But all the strategies to face the obesity epidemic in the Western world could mean nothing when dealing with the overwhelming needs of a changing world. Globalisation offers public health both an important opportunity and challenge to refocus on broader determinants of health. Achievement of such a perspective, including effective public health responses to globalisation, will require a renewed and sustained commitment to a multidisciplinary approach to multisectoral issues. In this respect, public health might have a critical role to play in defining the emerging global health agenda.

Media are very dutiful in portraying the Western world as the land of overwhelming fat victims, and the poor one as the land of increasing AIDS victims. But what they miss out here is that the latter land have more number of people dying of malnutrition and starvation than AIDS. Also scientists seem to have forgotten that still children and adults die of malnutrition or starvation. Why is this? What

can one do to change this situation? Maybe awareness and education, i. e., “empowerment”, are the only way out. The world scientists, and the Western governments, should aim at health-related activities rather than disease related activities. Emphasis should be on health and not disease. Researchers have come to rely on randomised controlled trial (RCT) as the definitive study design to demonstrate causality. But – Voltaire docet – sometimes “the best is the enemy of good”. Indeed, clinicians have to use RCT to establish the effectiveness of treatments and interventions for obese people. Yet much of public health is not easily or cost-effectively able to be subjected to such types of evaluation. Instead epidemiologists must be more willing to adopt creative study designs that tell compelling causative stories from associative data. Effective strategies should be pursued using different approaches. The “communityled intervention” is an intervention organised to modify the entire community through community organisation and activation, as distinct from interventions that are simply community-based, which may attempt to modify individual health behaviours (Lomas 1998). The “participatory action research” was originally developed for use in international settings (Gaventa 1988). The

method attempt to break down the barriers between outside researchers and governors and economically and/or socially disadvantaged community members, through engaging the three groups in collaboratively identifying and investigating a local problem with the ultimate goal of taking action to improve local conditions and community self-empowerment. Results of participatory research both have local applicability and are transferable to other communities (Macaulay et al. 1999). These methods should be implemented both among lower-class people living in the Western world and among the poor ones living in the least developed countries.

In conclusion, we tried to give a creative answer to professor Vuille’s difficult question “but what sort of action?”. Perhaps we have to move our focus on poverty, i. e., rather than urging people to eat less and move more, we should have to urge Western people to enable the persons living in the Least Developed Countries to eat more and move less (we mean less working hard).

The epidemiologists should not fail to take in hand such an action, even though from the reverse of the medal.

Anna V. Ciardullo and M. Monica Daglio

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Address for correspondence

Anna V. Ciardullo, MD, MSc
Azienda USL
Viale Muratori, 201
I-41100 Modena
Tel.: +39 059 435200
Fax: +39 059 435222
e-mail: a.ciardullo@ausl.mo.it