

Storing up problems: the medical case for a slimmer nation

Andrew Prentice

Within a few days in February 2004, the medico-political establishment of the UK had two important new reports to mull over: *Storing up problems: the medical case for a slimmer nation*¹ and *Securing good health for the whole population*.² The first is the report of the Royal College of Physicians (RCP), Royal College of Paediatrics and Child Health and Faculty of Public Health Working Party on Obesity, and the second was compiled by Derek Wanless, a former chief executive of one of our largest high street banks, who was commissioned by the Treasury to advise on the likely economic impact of future health trends. Some important similarities and synergies emerge.

First, each of the reports joins the crescendo of voices crying out for something to be done to slow the momentum of the obesity pandemic. They each concede that smoking remains the greatest scourge to individual and population health, but they agree that obesity is already a close second and will soon take the lead if current projections continue. Second, they agree that the time has come to concentrate on solutions not problems – there may be some subtleties about the causes of obesity that we do not yet understand, but for the most part the knowledge is there. ‘Failure to act now will have severe consequences for millions of individuals, for the nation’s health and for the health service.’¹ Third, they stress that something can be done, but that this will require concerted action across numerous different fronts.

Consensus across a wide front

Let us examine these three areas of agreement in more detail.

Storing up problems reproduces graphs from the International Obesity Task Force (IOTF) to convince us that the nation is undergoing a virtually unprecedented anthropometric transition. In adults, obesity rates have tripled in 20 years in both men and women. There is only one siren voice that contends the figures. One of our lady parliamentarians, Ann Widdecombe, stole the media headlines by claiming that scientists were exaggerating the problem and that she did not see legions of overweight people from her car window. If only she were right. Unfortunately these data are derived from the excellent, randomly sampled annual Health Survey of

England and are extremely robust. When IOTF apply a linear projection to the past data they predict that by 2020 38% of women and 34% of men will be clinically obese.

In a chapter entitled ‘The obesity time bomb’, *Storing up problems* as taken an elegantly simple approach to make the case that obesity leads to ill-health, a burden on health services and early death. We are not burdened with annexes full of meta-analyses and tortured discussions of the ifs and buts of the evidence. Instead, in eleven boxes labelled ‘Research evidence’ they briefly summarise the most potent studies that confirm and quantify the link between obesity and a series of major ill-health outcomes, ranging from diabetes and cardiovascular disease to cancer and early death. How can they get away with such a superficial treatment of the topic? Quite simply because the evidence is overwhelming and would not be contested by any but the most ardent heretic. Wanless is certainly not one of these heretics; he also accepts the evidence and moves straight on to a discussion of the potential solutions.

Occam’s razor is applied with equal rigour to the debate about the causes of obesity. It is true that science does not yet know everything about why we get fat, but it does know a great deal. It knows that obesity is caused when energy in exceeds energy out over a sustained period of time. The endless debates about whether obese people had mysterious ‘energy-sparing’ defects are long gone. Thrifty genes remain an interesting concept to evolutionary biologists, but they do not explain why obesity emerged with such speed at the end of the twentieth century. It is now accepted that obesity is caused by a combination of gluttony

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(driven by cheap, palatable, heavily promoted energy-dense foods) and sloth (driven by energy-saving devices, motorised transport, sedentary work, TV viewing and computing). These provide us with plenty of targets for action.

The time for action

So what are the actions recommended by the two reports? Again they speak with a united voice in concluding that the responsibilities lie across all sectors of national life, from the individual to central government. Wanless draws on a phrase derived in his previous report in which he described the potential advantages of a 'fully engaged' scenario in which every individual joins with the health services (in their widest meaning) to create and protect their own good health. He argues that this fully engaged scenario requires input 'from public services, government, media, businesses, society at large, through families, and the voluntary and community sector'. *Storing up problems* draws up a similar team list which includes 'government, local authorities, health professionals in all disciplines, educators, food manufacturers, retailers, advertisers and the public'.

The role of the clinician and allied health professionals

By this stage readers of *Clinical Medicine* may be asking, 'Where does this all concern us – in our everyday clinical work?' and it is in this respect that *Storing up problems* is perhaps at its most interesting. Interesting as much for what it does not say as for what it does. There is virtually no mention of treatment and therapeutic services for obesity. In fact, the report is making an implicit plea that the problem of obesity and its inevitable comorbidities should not be dumped on the doormat of GP's surgeries. If it is, the health service will be swamped. Some might view this as negligent at best, and delinquent at worst but, even as a non-physician, I strongly endorse the approach taken. Apart from anything else there have been recent RCP and National Institute for Clinical Excellence reports on treatment aspects of obesity.³⁻⁶ But more importantly, *Storing up problems* is a firm assertion from the medical profession that the burden must be shared and that prevention is the only rational way forward, however hopeless the task may look at present. And many analysts argue that the task will be hopeless unless we undertake a radical transformation of health delivery. As Wanless puts it:

In spite of numerous policy initiatives being directed toward public health they have not succeeded in rebalancing health policy away from the short-term imperatives of health care. So it is not surprising to hear the view regularly expressed that we have a 'National Sickness Service'.²

The radical overhaul of attitudes and approaches will require brave and determined leadership, and it is for this reason that the RCP report is principally aimed at government and policy-makers, and calls for the establishment of a cross-governmental task force at Cabinet level. Wanless makes an equally strong bid for better engaging individuals in their own healthcare and sets out the various ways in which this might be encouraged. He

talks of 'health literacy' and the increasing trend towards self-care in which individuals monitor and treat their own conditions. Self-care must extend to self-prevention when it comes to obesity.

Storing up problems does have a short chapter focussing on the contribution that can be made by health professionals. This argues there should be an increased emphasis on setting standards by which to judge the performance of local plans to tackle obesity. The working party also argues that nutrition and physical activity should be enhanced as elements in the core training of doctors, nurses, pharmacists and allied health professionals. They recommend that prevention and management of overweight and obesity should be included in all NHS plans, policies and clinical care strategies.

To those of us who started working on obesity several decades ago when it was most definitely a Cinderella subject, it is gratifying to see the change in mood – a change which we have been trying to engineer for many years through bodies such as the Association for the Study of Obesity. No longer does the handful of tertiary care specialists with an interest in obesity have to hide behind the figleaf of a badge labelled 'endocrinologist' or 'diabetologist'. It is now quite respectable to work on obesity and the research funding for practical preventative and management issues is starting to flow from bodies such as the Food Standards Agency.

Public and professional opinions have turned a corner, and we are mostly agreed that something has to be done. It is now the specifics that need our attention. Both *Storing up problems* and Wanless use a broad brush and, with some exceptions, it is difficult to tease out precise recommendations. The RCP report states clearly that:

New standards in nutritional content, food labelling and food marketing and promotion should be agreed jointly by the food industry and Food Standards Agency. Incentives to encourage the production, promotion and sale of healthier foods should be introduced.

Adventurous stuff from a Royal Colleges of Physicians, and emboldened no doubt by the involvement of the Faculty of Public Health.

Wanless goes further and hints that fiscal policies such as a 'fat tax' might be an effective mechanism for central government to influence behaviour. He sets out the complex issues that need to be considered in trying to predict whether and at what level such taxes might be effective, but he falls short of recommending any. This is just one example of several issues he raises when discussing the main levers for government action, namely taxes, subsidies, service provision, regulation and information.

The prospects of government-led action on a united front?

We must now await two more reports to see whether a democratic system that places an inevitable premium on government actions that reap dividends prior to the next election can take a longer view and deliver a truly ground-breaking approach to securing our future health. The first is the forthcoming White

Paper on Public Health. The second is the report on obesity from the Parliamentary Select Committee on Health that will be published shortly, and followed by the Governments response to its findings.

A change is in the air. We hear less about fears of ‘nanny statism’. There are some distant glimmers of firm government action and a willingness to stand up to the many industrial vested interests that are fuelling (quite literally) the social and ecological changes that are making us so fat. Something must be done, and something can be done – we must now hope that something will be done.

References

- 1 Royal College of Physicians, Royal College of Paediatrics and Child Health and Faculty of Public Health. *Storing up problems: the medical case for a slimmer nation*. Report of a working party. London: RCP, RCPCH and Faculty of Public Health, 2004.
- 2 Wanless D. *Securing good health for the whole population*. London: HMSO, 2004. www.hm-treasury.gov.uk
- 3 Royal College of Physicians. *Anti-obesity drugs: guidance on appropriate prescribing and management*. A report of the Nutrition Committee of the Royal College of Physicians. London: RCP, 2003.
- 4 Royal College of Physicians. *Nutrition and patients: a doctor’s responsibility*. Report of a working party. London: RCP, 2002.
- 5 National Institute for Clinical Excellence. *Guidance for the use of orlistat for the treatment of obesity in adults*. Technology Appraisal 22. London, 2001. www.nice.org.uk
- 6 National Institute for Clinical Excellence. *Guidance for the use of sibutramine for the treatment of obesity in adults*. Technology Appraisal 31. London, 2001. www.nice.org.uk