Obesity epidemic migrates east

A dramatic decrease in physical activity and an influx of junk food following the collapse of the Berlin Wall have triggered an epidemic of obesity among Eastern Europeans.

Hungary’s ministry of health, for example, reports that the level of people with a body mass index of 35 plus (obese) has doubled since 1989. Four-fifths of Latvian women and 75% of Czech men also have a body mass index above 25.

A WHO report on obesity recently declared the problem epidemic in Europe, with Romania and the former Yugoslavia leading the pack.

Nearly half the population in Serbia and Montenegro, as well as Slovakia, is also overweight. And that figure grows to 56% in Bulgaria, says Professor Svetoslav Handjiev of the Bulgarian Association for the Study of Obesity.

Although statistics on obesity were not compiled during the Communist era, experts who participated in the Sept. 13 European Congress on Obesity in Prague agree there has been a marked increase since the region began its transformation to democracy in 1989. Heart attacks, diabetes and some cancers, all linked to obesity, are also rising.

“In my opinion the countries of Eastern Europe have a faster growing obesity rate in comparison with Western Europe due to a lack of physical activity and the arrival of fast foods, such as KFC,” says Handjiev.

Eastern Europeans have experienced a huge lifestyle revolution since 1989. “The biggest change is that many, many more people own cars now and do not walk,” says Marie Kunesova, an obesity specialist at Prague’s Institute of Endocrinology. The number of car owners has increased 400% over the last decade.

The decrease in physical activity is particularly problematic when combined with the traditional pork and nonvegetable diets many older people are stick-

ing to, despite the new availability of fruits and vegetables.

“Central and Eastern Europe [ranks] at the top for middle-aged obesity due to Communist-time agricultural and food policies geared toward producing and eating a lot of meat and fat,” said Philip James, chairman of the London-based International Obesity Task Force.

Kunesova estimates 60% of middle-aged Czechs are overweight and 22%–25% of all Czechs are obese, compared with 16%–22% in the early 1990s. “It’s like in the States,” Kunesova says.

The sudden impact of commercial television is also a critical factor, Kunesova adds. During Communism, there was only 1 state-run television station per country. Now, cable television and private stations “mean that people are sitting and watching television beyond what we could have ever imagined.”

To combat fat, some Eastern European health professionals have joined the European Study for Obesity (ESO). Established in 1988 by the International Obesity Task Force to promote research and inform government policy, the ESO has more than 2500 members in 27 countries.

In October, the Czech Republic launched a National Council on Obesity under the auspices of the health ministry, a move Serbia and Montenegro recently duplicated.

“We would like to have an obesity specialist in every district of the country,” says Kunesova.

But the region is in a race against time and Kunesova and others are still involved in a debate over the merits of prevention versus treatment. She believes health professionals must view obesity as a unique medical issue, separate from endocrinology for example, in order to successfully treat it.

America spends US$123 million annually fighting obesity, but has had little success, some researchers at the Prague conference argued.

“What we have learned from the US is that general prevention is not as successful as trying to focus on people at risk, particularly the poor,” Kunesova says.