A holistic approach is needed to overcome the obesity epidemic

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The new 220-page WHO European Regional Obesity Report 2022, published on May 3, has revealed alarming data showing that overweight and obesity rates have reached epidemic proportions across the region. Almost 60% of adults in the region and one in three children are overweight or have obesity. The prevalence of obesity among adults increased by 138% between 1975 and 2016, with a 21% rise between 2006 and 2016. In the same period (1975–2016), the prevalence of overweight and obesity among children aged 5 to 19 years increased by nearly three times in boys, and more than doubled in girls.

In view of the high prevalence in the European region, which has been accentuated by the COVID-19 pandemic and continues to increase, none of the 53 Member States of the region are currently on track to meet the WHO Global noncommunicable disease target of halting the rise in obesity by 2025. Moreover, overweight and obesity are the cause of 13 different types of cancer and among the leading causes of death and disability in the region, causing more than 1.2 million deaths annually and contributing to 7% of total years lived with disability.

To tackle obesity, the report recommends a suite of interventions and policy options for Member States to consider. Policy interventions that target environmental and commercial determinants of poor diet at the entire population level are likely to be most effective. Specific policies that show promise include the implementation of fiscal interventions (such as taxation on sugar-sweetened beverages or subsidies for healthy foods); restrictions on the marketing of unhealthy foods to children; mandatory front-of-pack nutrition labelling on all foods; improvement of access to obesity and overweight management services in primary health care, as part of universal health coverage; and efforts to improve diet and physical activity across the life course.

Other policy recommendations for educational settings that can have lasting generational impacts are to have statutory nutrition education and counselling in schools to increase the intake of fruits and vegetables. A good example of long term policy implementation has been observed in Amsterdam, where within 3 years of implementation of the Amsterdam Healthy Weight Approach initiative in 2012, the prevalence of childhood overweight and obesity appeared to decrease by 12% in the city. The initiative involved numerous interventions, including banning fruit juice in schools, placing water fountains around the city, providing cooking classes, banning fast food companies from sponsoring city events, and subsidising activities for families with low incomes.

Although the WHO recommendations are encouraging, they also highlight many barriers to the implementation of obesity policies. Of note is the continuing narrative that addressing obesity is the responsibility of the individual, and not the responsibility of wider society including governments. Such public health issues are seldom recognised or given high importance by governments and economic priorities often take precedence over health. Interventions that impact the food industry face considerable opposition and low political will, which is a key barrier for cross-sectoral engagement. In addition to these barriers, there is also lack of guidance on how to implement effective and integrated obesity treatment and management as part of universal health coverage.

For national policies to be effective, high-level political commitment is crucial. On one hand, a new calorie labelling regulation was imposed in England on April 6, requiring restaurants (only businesses with >250 employees) to provide calorie information on menus and food displays; but on the other hand, in May, the UK government announced that the planned ban on multibuy deals for junk food and television advertising of these products before 9 pm will be delayed by a year. Such lack of commitment from the government is disappointing and will have severe ramifications for children’s health.

The WHO report does not cover pharmaceutical interventions to treat obesity, which are outside the scope of the report. Obesity is complex, multifactorial, and is caused by both genetic and environmental factors. As such, pharmaceutical interventions are equally important to treat obesity, for chronic weight management.

Achieving a sizeable (>20%) and sustained reduction in bodyweight has been a major challenge with all the drugs approved so far in Europe—orlistat, liraglutide, bupropion, naltrexone, and, with some limitations, cathine—which result in sustained weight loss of less than 5%. However, there have been some encouraging developments from recent clinical trials of semaglutide and tirzepatide, which seem to be twice as effective as previous weight-loss drugs, raising hopes that their use
will translate into confirmable health benefits. The US Food and Drug Administration has approved semaglutide (GLP-1 analogue that regulates appetite and food intake), which can result in up to 12.4% weight loss, for chronic weight management. Furthermore, in April, 2022, Lilly announced encouraging results from the phase 3 SURMOUNT-1 trial, in which adults with obesity or overweight administered tirzepatide (combines synthetic mimics of GLP-1 and GIP, which suppress hunger) had up to a 22.5% reduction in weight loss. Ongoing clinical studies will determine whether drugs that are more efficacious than semaglutide and tirzepatide can achieve efficacy comparable with bariatric surgery.

No single intervention—pharmacological, surgical, public, or governmental policies—can halt the growth of the obesity epidemic alone. It is important to have a holistic multisectoral approach that targets the obesity epidemic. Without such an approach, obesity is likely to overtake smoking as the main risk factor for preventable cancer in the coming decades.