

Obesity in North America

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Obesity as a Major North American Health Problem

Obesity is a health disorder typified by excessive body fat, which increases the likelihood of health complications. Individuals are viewed as obese whenever their body mass index passes the 30 kg/m² mark. Obesity has been a serious health problem in recent decades in the United States and Canada, leading to diseases such as coronary [heart disease](#), which result in death. Although many countries have encountered comparable increases, obesity incidents in North America, particularly the United States, Mexico, and Canada, remain the highest in the universe. The latest statistics from the US Department of Health and Human Services outline that approximately one-third (36.5%) of American adults above 20 years and 17% of persons between 2 and 19 years are obese. Statistics Canada (2014) outlines that more than 21% of Canadians above 18 years old are obese, while the World Health Organisation ([2018](#)) [data](#) shows that more than 30% of Mexicans are classified as obese.

According to the World Health Organisation (2018), more than one billion people across the world are overweight with most likely to become obese. Obesity remains the greatest health concern in the North American region, with more than 50% of the population at [risk of developing](#) obesity. According to the US Department of Health and Human Services (2014), about 3 out of 5 Americans are overweight or obese, while almost a quarter of all Canadians are likely to be diagnosed with obesity. Obesity remains at an all-time high in North America, with women accounting for the biggest proportion at 41.1% compared to 37.9% for men. A pre-2020 regional forecast estimated that close to three-fourths of the populations of the United States, Canada, and Mexico would be overweight or obese by 2020; it should not be presented as a current statistic because prevalence and definitions differ by country.

A manifold interaction of human behavior, genetics, and the environment plays a vital role in the onset of obesity. Environmental aspects are the leading contributors to obesity prevalence. Figures from the US Department of Health and Human Services (2014) and WHO (2018) outline that television watching, video game playing, and proxy measures of physical laziness closely parallel the escalating trends in obesity in North America. Using data from Statistics Canada (2014), Kahan and Kushner (2017) confirmed that the frequency of obesity rose by 2% for every extra hour of television watched. Evidence also outlines that the relative pricing and accessibility of various food items influence food consumption, and the built environment, like local parks, shapes the level of exercise in the community (Kahan & Kushner, 2017). These outcomes not only underscore the influence of the environment on obesity but also imply that policies regarding the accessibility of high-caloric-density foods and the built environment might lead to the obesity scourge.

Chronic Disease and the Social Burden of Excess Weight

The pervasiveness of obesity in North American society is evidenced by the rising cases of people contracting chronic illnesses such as stroke, cardiovascular disease, and diabetes. According to Statistics Canada (2014), approximately 25% of adults in Canada are obese, with a similar percentage of youngsters at risk of being obese. On their part, Kahan and Kushner (2017) posit that fast food outlets are responsible for the increasing incidents of obesity in society. He asserts that the overabundance of fast food chains in North America has forced most people to partake in huge amounts of unhealthy foods. For instance, consumption of red meat and fatty foods has been linked with weight gain in women and men. According to the World Health Organisation (2018), about a third of kids aged between 4 and 19 years consume fast food each day in the US, Mexico, and Canada. The consumption of French fries, burgers, sodas, and doughnuts, according to WHO (2018), affects the genes that control weight and increases the genetic susceptibility of individuals to gain weight. Weight gain, in return, is responsible for overweight issues and possibly obesity.

Other than the mentioned aspects, there is a genetic susceptibility to obesity. Scientists argue that single gene mutations are causative of rare types of monogenic obesity. There is mounting evidence that single-nucleotide polymorphisms (SNP) might play vital roles in the prevalence of obesity (Yisahak, Beagley, Hambleton, & Narayan, 2014). Among adults and adolescents, a sedentary lifestyle is also a contributory factor to obesity. Lack of regular physical activity coupled with excessive TV watching and video games has resulted in weight gain and overweight among most North Americans (Kahan & Kushner, 2017). As many Canadians and Americans lead sedentary lifestyles, the rates of obesity rise; inactivity lessens high-density lipoprotein while increasing unhealthy triglycerides. Kahan and Kushner (2017) also argue that approximately 60% of adults do not exercise as required, with about a quarter of them not active at all. Regardless of the known benefits of exercise, most people lead inactive lifestyles, which puts them at risk of becoming obese.

Obesity is responsible for numerous deaths in North America and is the leading cause of high blood pressure and heart disease. In view of Yisahak, Beagley, Hambleton, and Narayan (2014), obesity has been mentioned as the causative agent of between 100,000 and 400,000 deaths in Canada and the United States every year and has amplified healthcare expenses and use, costing the countries an estimated \$7 and \$147 billion in direct and indirect costs respectively (Statistics Canada, 2014; US Department of Health and Human Services, 2014). Admittedly, one obese American/Canadian incurs approximately \$1,429 in health expenses yearly, and the figures are anticipated to rise by \$1.24 billion each year until 2030. Overall, diabetes expenses surpass healthcare costs linked to smoking and represent about 6 to 12 percent of the national healthcare expenditures in Canada and the United States (WHO, 2018).

Besides, obesity is also linked with high risks of various chronic illnesses such as stroke, hypertension, diabetes, and heart failure. Obesity also triggers numerous digestive ailments like gastro-oesophageal

reflux disease and its complications such as oesophageal adenocarcinoma, erosive esophagitis, and Barrett's esophagus as well as liver disease, cancer, and colorectal polyps (Yisahak, Beagley, Hambleton, & Narayan, 2014). Kahan and Kushner (2017) estimated the possibility of death in a prospective cohort of more than 500,000 American women and men after ten years of follow-up and concluded that amongst patients who had never smoked, the likelihood of death is amplified by 20% to 40% in overweight persons and two or threefold in obese persons when compared with normal-weight individuals.

Diet, Physical Activity, and Sustainable Weight Management

The main solution for obesity comprises physical exercises and dieting. Diet programs often result in significant weight loss over the short term; however, sustaining the weight loss is very difficult and frequently requires making exercise and a low-food-energy diet a lasting component of a person's lifestyle (Statistics Canada, 2014). Over the short term, diets consisting of low carbohydrates seem more effective than those with low fat in weight loss. However, in the long term, all forms of low-fat and low-carbohydrate diets are equally advantageous (World Health Organisation, 2018). A 2014 study by Yisahak, Beagley, Hambleton, and Narayan realized that diabetes and heart disease risks linked with various diets seem analogous. Evidently, the adoption of Mediterranean diets by the obese might reduce the risks of heart disease.

What is more, diets comprising low intakes of sugary drinks have been perceived as healthy and effective in minimizing weight loss among obese patients. Nonetheless, the success and efficiency rates of long-term weight loss diets in combination with lifestyle changes are squat, ranging between 2 and 20% (Kahan & Kushner, 2017). That said, lifestyle and dietary changes are, however, efficient in reducing excessive weight gain among pregnant women while improving outcomes for both the child and the mother. What is more, comprehensive behavioral counseling might be suggested for obese persons at risk of developing heart disease or other complications.

In addition to weight loss diets, supplements can also be used to target obesity among affected individuals. Five medications have evidence for long-term use: naltrexone/bupropion, orlistat, phentermine/topiramate, liraglutide, and lorcaserin. Kahan and Kushner (2017) contend that these supplements result in weight loss after one year, with losses ranging from 3kgs to 6.7kgs. Orlistat, naltrexone/bupropion, and liraglutide are accessible in both North America and Europe while phentermine/topiramate and lorcaserin are obtainable only in the United States (US Department of Health and Human Services, 2014). The latter two drugs were rejected by European regulatory bodies owing to their propensity to cause heart valve issues (lorcaserin) and general blood vessel and heart issues (phentermine/topiramate). On the other hand, the use of Orlistat is linked with elevated rates of gastrointestinal problems and discomfort, as well as harmful effects on the kidneys. However, there exists no evidence on how the medications affect the long-term consequences of obesity, like death

or cardiovascular disease.

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