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**Bericht & Report: The Obesity "Epidemic" and its Impact on  
the European Union**

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Overweight and Obesity

# THE OBESITY “EPIDEMIC” AND ITS IMPACT ON THE EUROPEAN UNION

Within the last three decades we have witnessed a dramatic rise in overweight and obesity in the EU population. Since the 1980s the prevalence of obesity has more than trebled in many European countries, according to the Quote Study.

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In the majority of Member States more than 50 % of the adult population is overweight or obese. Child obesity is of particular concern (about 30 % in 2006). An estimated 21,748,312 million children are overweight; three million European school children are now obese. Additionally, 400,000 and 85,000 children become overweight and obese each year. Figure 1 outlines the increase in child obesity in several countries in the EU and around the globe. As childhood obesity is also strongly linked to obesity in adulthood, young people tend to retain excess weight throughout their adult lives and are more likely to become obese. Therefore, the best time to address the problem is early in life. Data suggests that people consumed around 300 calories more per day in 1999 than in 1970, and that a higher proportion of energy consumed came from fat. On the physical activity side, studies show that one in three Europeans does not exercise at all in their free time, while the average European spends over five hours a day sitting down. According to data available two thirds of the adult population in most countries in the WHO European Region is not physically active enough to secure and maintain healthy gains, and only in a few countries does the consumption of fruit and vegetables achieve the recommended levels. This low physical activity levels across the EU population can be expected to increase future levels of a number of chronic conditions, such as cardiovascular disease, hypertension, type 2 diabetes, stroke, certain cancers, musculoskeletal disorders and even a range of mental health conditions. In the long term, this will result in a negative impact on life expectancy within the member states of the EU, and a re-

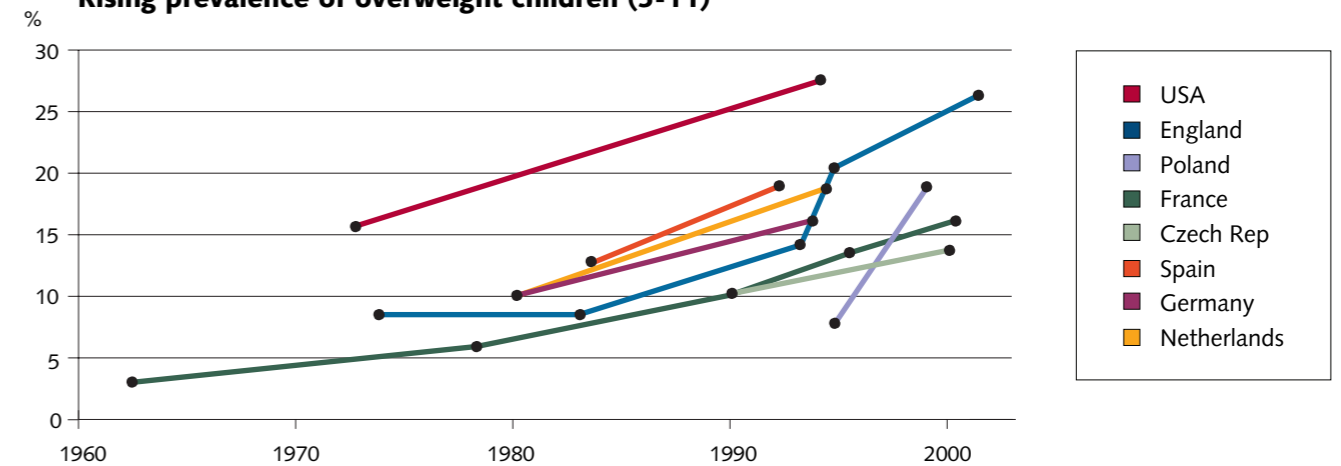
duced quality of life for many citizens. It is therefore important to address existing inequalities within the EU countries regarding obesity, diet and physical activity and to exchange and learn from best practice. Since obesity is a multi-causal condition it requires a comprehensive preventive approach, including multi-stakeholder efforts at local, regional, national, European and global levels. Additionally to the health effects outlined above it is worth noting that obesity has a more pronounced impact on morbidity than on mortality. Increases in the prevalence of obesity will potentially lead to an increase in the number of years that subjects suffer from obesity-related morbidity and disability. This has a variety of socio-economic effects, impacting for instance unemployment levels, individual earnings and the number and frequency of social contacts. Increased obesity thus impacts not only health policies, but also the competitiveness of the European workforce (Lisbon agenda), as reflected in number of sick-days and earlier retirement as well as a smaller overall workforce due to increased morbidity. At the same time, socioeconomic determinants and the social gradient are important in influencing the development of obesity (cf. WHO European Ministerial Conference on Counteracting Obesity (2006) Conference Report p.11). The direct and indirect costs of obesity and lack of physical activity are thus enormous.

Globally medical costs for overweight and obesity are over \$90 Billion per year.  
About 9 % of aggregate medical spending goes to treating obesity related diseases around the world.

In the European Union the European Commission has estimated that direct health costs related to obesity are 59 billion a year but the overall economic impact could be as high as €118 to €236 billion. Obesity costs the EU an average of 7 percent of its total health care spend. The overall economic damage of the EU's fat "epidemic" is hard to calculate but recent studies by the US, Canadian, UK and Swedish governments estimate the total impact is between two times and four times the size of the direct health care cost. (EU Observer 2006). Obesity is difficult to treat but evidence shows that it is possible to prevent obesity in children and adolescents through limited, school-based programs that combine the promotion of healthy dietary habits and physical activity Health Developing Messages concentrated on qualitative studies with children, parents, and teachers help identifying communications opportunities for healthful lifestyles and the prevention of obesity. Main impact of future projects is finding these opportunities.

Taking into account the European scale of the obesity "epidemic", national activities on their own are insufficient and European collaboration for supporting and coordinating research, education, and extension programs across European countries to stem the rising tide of obesity are clearly needed. We need projects that bring together cutting edge research to focus on a critical gap in addressing the problem of obesity. That gap is in understanding the factors that affect behaviour and lead to obesity and in finding ways to intervene to change those factors to prevent obesity.

Rising prevalence of overweight children (5-11)



Source: EU Platform on Diet, Physical Activity and Health, International Obesity Task force EU Platform Briefing Paper 2005

In Europe today, six out of the seven most important risk factors for premature death (blood pressure, cholesterol, Body Mass Index, inadequate fruit and vegetable intake, physical inactivity, excessive alcohol consumption) relate to how we eat, drink and move (the odd one out being tobacco). A balanced diet and regular physical activity, along with restraining from smoking, are important factors in the promotion and maintenance of good health. Moreover, it is those with lower incomes and education level that are most affected.

Studies show that healthy eating habits are formed in childhood. People who eat a lot of fruit and vegetables in childhood remain good consumers. Those, who eat little tend not to change their ways and also pass on their habits to their own children. Research has also shown that families with a lower level of income tend to consume less fruit and vegetables. As such, free provision of these healthy products in schools can make a real difference, particularly in underprivileged areas. Physical activity is considered to be an integral part of a healthy lifestyle and that learning to enjoy sport and physical activity at school and during leisure time, as well as starting education about healthy living at an early age is of utmost importance. The focus should be on education activities (training of pedagogues and parents) in kindergarten children.

The European Commission is committed to the promotion of healthy diet and physical activity as a part of health lifestyles. Nutrition, physical activity and obesity are key priorities in EU public health policy and are taken up by the Public Health Action Programme (2008-2013). In March 2005, the

European Commission launched the Diet, Physical Activity and Health EU Platform for Action. The European Union also supports the adoption of the Global Strategy on Diet, Physical Activity and Health. The European Commission analysis of existing national policies and consultations with experts has demonstrated that the benefits of the school scheme described above can be enhanced if the provision of fruit is accompanied by awareness-raising and educational measures to teach children the importance of good eating habits. Encouragement will also be given to networking between different national authorities which run successful school fruit schemes. These already exist in some EU countries, and take many different forms. But there is much more that can be done. One of the objectives of the programme of Community Action in the field of Public Health (2003-2008) is to promote health and prevent disease through addressing health determinants across all policies and activities, in particular by preparing and implementing strategies and measures, including those related to public awareness, on life-style related health determinants, such as nutrition, physical activity.

**Therefore, preventive measures in early childhood are much more effective than obesity therapy because:**

- The body weight of children is related to risk of disease and mortality of adults and is affected by psychological and socioeconomic factors.
- Obesity in early childhood is associated with the incidence of obesity in adulthood.
- The treatment of obesity and their consequential diseases are lifelong, cost-intensive and ineffective.

- Promoting behavioural patterns is much more effective in early childhood than trying to induce behavioural change at a later age.
- With increasing duration of obesity, the successful intervention becomes more challenging.

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**Summary**

Worldwide reports reveal that the prevalence of overweight and obesity in early childhood is increasing rapidly in the last few years.

The WHO states: "Overweight and obesity represent a rapidly growing threat to health of populations and an increasing number of countries worldwide" making the obesity epidemic one of the hardest defiance for healthcare politics. In many countries, the prevalence of obesity has tripled in the last twenty years. Half of all adults and one-fifth of all children in the European region are overweight. One third of this group is already obese – with increasing tendency. The annual increase of obesity prevalence in children has risen steadily and today, it is ten times higher than in 1970 and 70 - 80 % of obese children continue with this obesity status into adulthood.