

A Call to Shift the Public Health Focus Away From Weight

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To the Editor

Fildes and colleagues¹ present sobering data on the reality of sustained weight loss for individuals with obesity. These authors concluded that current approaches to weight loss have failed and suggest, “research to develop wider reaching public health policies is needed to prevent obesity at the population level.” We agree that advances in research and policy should be leveraged to promote population health. However, we assert that this can best be achieved by shifting the focus *away* from markers of weight such as body mass index (BMI). BMI is a notoriously crude predictor of cardiometabolic health as well as mortality². Indeed, individuals with grade 1 obesity (BMI of 30.00-34.99) actually have a comparable risk of all-cause mortality to individuals considered having a “normal” weight (BMI of 18.50-24.99)³.

Beyond merely relying on a crude marker of morbidity and mortality, the weight-focused approach can actually contribute to poorer mental and physical health by promoting mood disorders (e.g., depression), poor body image, and eating pathology⁴. Emphasizing weight (and weight loss in particular) can also perpetuate the stigma associated with obesity; stigma which itself has significant consequences for the health of individuals with obesity. Experiencing or anticipating weight stigma can lead to increased eating, activation of physiological stress systems, decreased physical activity, and healthcare avoidance. Moreover, weight stigma actually predicts weight gain over time in large longitudinal studies, including the nationally representative Health and Retirement Study^{5,6}. Therefore, when viewed through the lens of public health ethics, continuing the dominant weight-centric approach may violate the core principles of beneficence and nonmaleficence⁷.

Where, then, should we focus, if not weight? There are many candidates that more directly assess an individual's health risk – blood pressure, fasting blood glucose, cholesterol, or triglycerides, for example. We believe the evidence is particularly strong regarding the role of fitness as a more effective focus than weight. Cardiorespiratory fitness repeatedly outperforms measures of fatness (e.g., BMI) in predicting cardiovascular and metabolic health as well as cardiovascular and all-cause mortality^{2,8}.

The evidence is clear: sustained weight loss is an untenable goal for the vast majority of individuals with obesity and a fervent emphasis on weight is likely to do more harm than good. Thus, in order to effectively promote the health and wellbeing of all individuals (regardless of their size), researchers, clinicians, and policymakers should eschew weight as the primary outcome of interest.

References

1. Fildes, A, Charlton, J, Rudisill, C, Littlejohns, P, Prevost, AT, Gulliford, MC. Probability of an obese person attaining normal body weight: cohort study using electronic health records. *Am J Public Health*. 2015; e1-e6. doi:10.2105/AJPH.2015.302773
2. Lavie, CJ, De Schutter, A, Milani, RV. Healthy obese versus unhealthy lean: the obesity paradox. *Nat Rev Endocrinol*. 2015; 11(1): 55-62. doi:10.1038/nrendo.2014.165
3. Flegal KM, Kit BK, Orpana H, Graubard BI. Association of all-cause mortality with overweight and obesity using standard body mass index categories: a systematic review and meta-analysis. *JAMA*. 2013;309(1):71-82. doi:10.1001/jama.2012.113905.
4. Bacon, L, Aphramor, L. Weight science: evaluating the evidence for a paradigm shift. *Nutr J*. 2011;10(9):2-13. doi:10.1186/1475-2891-10-9
5. Hunger, JM, Major, B, Blodorn, A, Miller, C. Weighed down by stigma: how weight-based social identity threat influences weight gain and health. *Soc Psychol and Personal Compass*. 2015; 9(6):255-268. doi: 10.1111/spc3.12172
6. Tomiyama, AJ. Weight stigma is stressful. a review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite*. 2014;82:8-15. doi: 10.1016/j.appet.2014.06.108
7. Tylka, TL, Annunziato, RA, Burgard, D, et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. *J Obesity*. 2014. doi: 10.1155/2014/983495

8. Barry VW, Baruth M, Beets MW, Durstine JL, Liu J, Blair SN. Fitness vs. fatness on all-cause mortality: a meta-analysis. *Prog Cardiovasc Dis*. 2014;56(4):382-90. doi:10.1016/j.pcad.2013.09.002.