

# Obesity as chronic disease

The term *chronic disease* has been defined by several public health agencies, including the CDC and WHO. While somewhat varied, the definitions generally agree that chronic diseases have complex etiologies, are of long duration, and progress slowly. They are associated with functional impairment or disability and while they cannot be cured, they can be managed.

The 2020 “Obesity in Adults: A Clinical Practice Guideline” states that obesity is a complex chronic disease in which abnormal or excess adiposity impairs health, increases the risk of long-term medical complications, and reduces lifespan.<sup>1</sup> Many adiposity-related conditions, such as diabetes, hypertension, and cardiovascular disease, are recognized as chronic diseases. The guideline emphasizes the limitations of using BMI to define obesity and advocate for novel approaches that incorporate the requirement that individuals not only have an elevated BMI but also experience health consequences (metabolic, physical, and psychological parameters) as a result of excess adiposity.<sup>2</sup> The guideline also clarifies that obesity management is primarily about the improvement of the health and well-being of patients, not just about weight loss. It acknowledges that many individuals with elevated BMI are physically and mentally healthy, and not at the same risk for complications. This aligns with the standard definition of the term *disease*, which refers to “any *harmful* deviation from the normal structural or functional state of an organism.”<sup>3</sup>

Although many will recoil at the idea of labeling individuals with obesity as having a disease, the words we use are important in how they influence our understanding. Recognizing

obesity as a disease, not an individual lifestyle choice, helps us shift the deeply held societal belief that people with obesity simply lack willpower and just need to eat less and exercise more. Even among health professionals, this intrinsic belief is prevalent and leads to bias and stigma despite extensive evidence that obesity is no more an individual choice than cancer or dementia.<sup>4</sup> Understanding obesity as a medical condition like any other will help relieve patients of the typical shame and blame they regularly experience.

It will also help them understand that their condition is not the result of personal failure, but rather the result of a complex interplay of genetics, physiology, environment, and early life experiences; it is *not* their fault. This understanding would help alleviate the underlying mental health problems related to the guilt or shame associated with repeated failures to maintain weight loss, often unwittingly exacerbated by medical professionals. The fear of being shamed or humiliated in the doctor’s office can result in patients with obesity avoiding care altogether, leading to yet other health issues.

Recognizing obesity as a chronic disease has important implications for patients. Until obesity is recognized as a chronic disease, health systems will not allocate resources to prevent and manage obesity as they do for other chronic diseases. This can increase the out-of-pocket costs that patients pay for evidence-based obesity treatments and wait times to access publicly funded treatments.

Until obesity is recognized as a chronic disease, health care professionals will not receive adequate obesity training, leading to delays in screening, diagnosis, and treatment, and needless progression of illness with deepening negative effects on quality of life. There is also the concern that patients having no other options

may seek expensive treatments that are not evidence-based and are potentially harmful.

The WHO recognized obesity as a chronic disease in 1948. The Canadian Medical Association recognized obesity as a chronic disease in 2015, and several other provinces have followed suit (Yukon in 2019, Saskatchewan in 2015, Ontario in 2020, and Alberta in 2021). British Columbia has not yet taken this important step. A resolution recognizing obesity as a chronic disease within our province will help us advocate for safe, effective,

sustainable management that focuses on the root causes and management of complications with the intent to improve overall quality of life for people living with obesity. ■

—Ilona Hale, MD

—Priya Manjoo, MD

**Understanding obesity as a medical condition like any other will help relieve patients of the typical shame and blame they regularly experience.**

## References

1. Wharton S, Lau DCW, Vallis M, et al. Obesity in adults: A clinical practice guideline. *CMAJ* 2020;192:E875-E891.
2. Sharma AM, Kushner RF. A proposed clinical staging system for obesity. *Int J Obes (Lond)* 2009;33:289-295.
3. Scarpelli DG, Burrows W. Disease. *Encyclopedia Britannica*, 2020. Accessed 9 April 2021. [www.britannica.com/science/disease](http://www.britannica.com/science/disease).
4. Fruh SM, Nadglowski J, Hal HR, et al. Obesity stigma and bias. *J Nurse Pract* 2016;12:425-432.

---

*This article is the opinion of the Nutrition Committee, a subcommittee of Doctors of BC’s Council on Health Promotion, and is not necessarily the opinion of Doctors of BC. This article has not been peer reviewed by the BCMJ Editorial Board.*