6. Priority diseases and reasons for inclusion

6.18 Obesity
See Background Paper 6.18 (BP6_18Obesity.pdf)

Background

Obesity is a chronic disease and one of the most important causes of illness and premature deaths worldwide. Today, over one billion people are overweight and half a billion are obese.\(^1\) According to global projected trends, by 2030 one billion people will suffer from obesity.\(^2\) In more than half of the EU countries one in two people are overweight or obese. Figure 6.18.1 shows the prevalence of obesity in men and women in EU Member States.\(^3\) While the obesity epidemic continues to increase in many European countries, in some it appears to have levelled off.\(^3\)

Figure 6.18.1: Percentage of population with Body Mass Index (BMI) above 30 (defined as obese), age-standardized estimate, based on available data for EU Member States 2008-2009

<table>
<thead>
<tr>
<th>Percentage of population with BMI &gt;30</th>
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<tbody>
<tr>
<td>United Kingdom</td>
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<tr>
<td>----------------</td>
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<tr>
<td>Women</td>
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<tr>
<td>Men</td>
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</tbody>
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Source: Author’s own elaboration based on Eurostat data, Nov 2011\(^4\)

Note: According to Eurostat there was no recent data available for Denmark, Ireland, Lithuania, Luxembourg, Netherlands, Portugal, Finland, or Sweden.
In the United States, obesity has been declared the number one health threat. Non-surgical and non-pharmacotherapeutical options include diet, exercise, behaviour modification, and psychological support. In contrast to experimental settings, in routine primary care it has proved to be difficult to implement life-style interventions that reduce morbidity at population level.

Weight-loss (bariatric) surgery is currently the only intervention that can provide significant and long-term weight loss for the morbidly obese (approximately 20% weight loss after 10 years). It has also been shown to improve diabetes, hypertension and quality-of-life. However, the procedure is associated with surgical risks (mortality less than 1%), long-term digestive problems, and nutritional deficiencies. While savings may be achieved for health care systems six years after the surgery, it is unclear whether these continue after 10 years.

Remaining challenges

Only very limited pharmacotherapeutical options exist, and overall pharmacotherapy has played a minor role in the treatment of obesity. Only one pharmaceutical (orlistat) is currently available in most European countries. Since the weight loss with this medicine is moderate (2.9 kg, 95% CI 2.5 to 3.2 kg), the majority of obese patients remain significantly obese, even with pharmacotherapy. Due to their risk/benefit profile it has been challenging to develop medicines that have gained acceptance by regulatory authorities or remained available for a long time.

Research needs

- Since existing non-invasive therapeutic options have only a moderate effect on reducing obesity-related illness and deaths, there is a continuing need to develop effective and affordable treatment for those affected by obesity in Europe and worldwide.
- More research is needed on adherence and the regaining of body weight after discontinuation of pharmacotherapy, in order to better evaluate its cost-effectiveness.
- Research is also needed into the long-term savings of surgical interventions.

References

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