

WELL | EAT

The Growing Toll of Our Ever-Expanding Waistlines

Personal Health

By JANE E. BRODY NOV. 13, 2017

I hope you're not chomping on a bagel or, worse, a doughnut while you read about what is probably the most serious public health irony of the last half century in this country: As one major killer — smoking — declined, another rose precipitously to take its place: obesity.

Many cancer deaths were averted after millions quit lighting up, but they are now rising because even greater numbers are unable to keep their waistlines in check.

Today, obesity and smoking remain the two leading causes of preventable deaths in this country.

Reviewing more than 1,000 studies, the International Agency for Research on Cancer and the Centers for Disease Control and Prevention linked the risk of developing 13 kinds of cancer to overweight and obesity, especially cancers that are

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Included are cancers of the esophagus, liver, gallbladder, colon and rectum, upper stomach, pancreas, uterus, ovary, kidney and thyroid; breast cancer in postmenopausal women; meningioma and multiple myeloma. Only for colorectal cancers has the overall incidence declined, primarily the result of increased screening and removal of precancerous polyps.

In most cases, the studies revealed, cancer risk rose in direct proportion to the degree of excess weight. In other words, the heavier you are, the more likely you will be to develop one of these often fatal cancers.

From 2005 to 2014, the C.D.C. reported in October, there was a 1.4 percent *annual* increase in cancers related to overweight and obesity among people aged 20 to 49, and a 0.4 percent rise in these cancers among people 50 to 64.

“Nearly half of all cancers in people younger than 65 were associated with overweight and obesity,” C.D.C. experts reported in JAMA. And they predicted that given the current “high prevalence of overweight and obesity among adults, children and adolescents,” going forward there will be additional increases in weight-related cancers and cancer deaths among Americans.

The experts called upon clinicians who treat children and adults to do their due diligence and spend more time assessing body mass index (B.M.I.) and counseling patients about how to avoid or reduce excess weight. The payoff in terms of health, life and dollar savings would likely far outweigh the costs of society-wide professional and public health measures to curb America’s expanding waistlines.

Of course, it is not just cases and deaths from cancer that such an effort could prevent. Overweight, and especially obesity, are major risk factors for Type 2 diabetes, heart disease and stroke, high blood pressure, osteoarthritis, gout, gallbladder disease, and respiratory disorders like sleep apnea and asthma.

However, even when the costs of weight assessments and counseling are fully covered by insurance, it seems they are rarely done. In November 2011, the Obama administration offered free weight-loss counseling to obese seniors on Medicare, with no co-payment or deductible for those with Medicare Part B insurance. The

benefit, which is still available, applied to the approximately 30 percent of Medicare beneficiaries with a B.M.I. of 30 or more.

Yet in the first three years, only about 120,000 seniors, representing less than 1 percent of those on Medicare, took advantage of this benefit, a result weight-loss specialists have called “very disappointing” and “a huge lost opportunity.”

The free coverage includes weekly counseling for the first month, a session every other week for months two through six, then monthly sessions for another six months for those who lose at least 6.6 pounds by the sixth month. Participants who fail to hit the six-month target can get a second chance six months later, with no limit to how many times they can take advantage of this benefit if their B.M.I. is still 30 or higher.

To be sure, many of those with serious weight problems have probably tried and failed to lose weight and keep it off, leading them to think there’s little hope that yet another effort will bring success. But it is worth noting that for most people who managed to quit smoking, it typically took anywhere from eight to 30 attempts.

The fault with weight-loss failures may lie almost as much with health care practitioners as with their patients. Many primary care doctors have little to no training in how to counsel patients who need to lose weight. Some have told me that they are afraid patients won’t come back if they focus on a need to lose weight. And patients are often turned off by what they perceive to be their health care providers’ negative attitudes toward people with weight problems.

An online survey by researchers at Yale University’s Rudd Center for Food Policy and Obesity revealed that people considered terms like “obese,” “fat” and “morbidly obese” to be stigmatizing and blaming language used by doctors. Nearly one participant in five said they would avoid future medical appointments, and 21 percent said they would seek a new doctor, if they felt stigmatized about their weight.

The Medicare opportunity notwithstanding, there is a growing need to tackle weight issues much earlier in life. Researchers at the Harvard School of Public Health reported in *JAMA* in July that 23 percent of women and 13 percent of men gained 44 pounds or more between the ages of 18 and 55. And Dr. William H. Dietz

of the C.D.C., who noted in an accompanying editorial that “obesity-related cancers in both men and women were associated with moderate weight gain during adulthood,” added that “efforts to prevent and control obesity in young adults should be accorded a high priority.”

Dr. Dietz also pointed to a doubling in the prevalence of obesity between the childhood ages of 6 to 11, now at 17 percent, and young adulthood ages of 20 to 29, now at 34 percent.

Why are so many young Americans seriously overweight? The prevalence of high-calorie snacks and fast foods and cutbacks in physical activity both within and outside of school are not the only reasons. The problem can start as soon as babies are weaned and able to eat solid foods. Too often parents and caretakers, in the interest of keeping youngsters subdued, ply them with snacks all day long, creating in some a lifelong oral drive linking comfort and food.

And, for too many, I’m afraid, an increased risk of developing and dying from cancer.

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