

U.S. OBESITY IN ADULTS | FAST FACTS

42.4%

42.4% of U.S. Adults are obese

39%

Since 1999 the prevalence of U.S. obesity has grown over 39%

9.2%

About 1 in 11 adults have severe obesity

11.5%

Women have severe obesity compared to 6.9% of men



RISK FACTORS

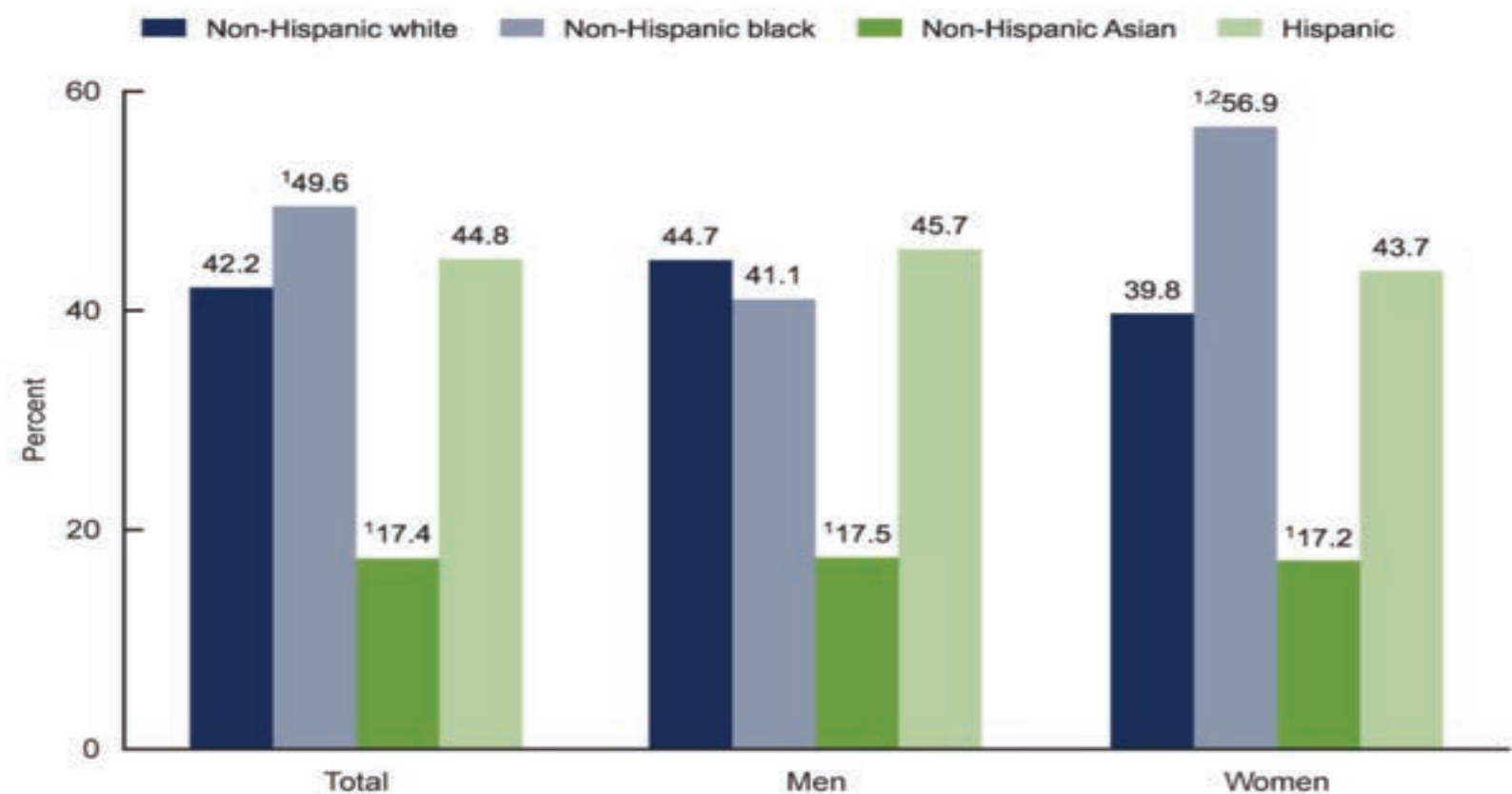
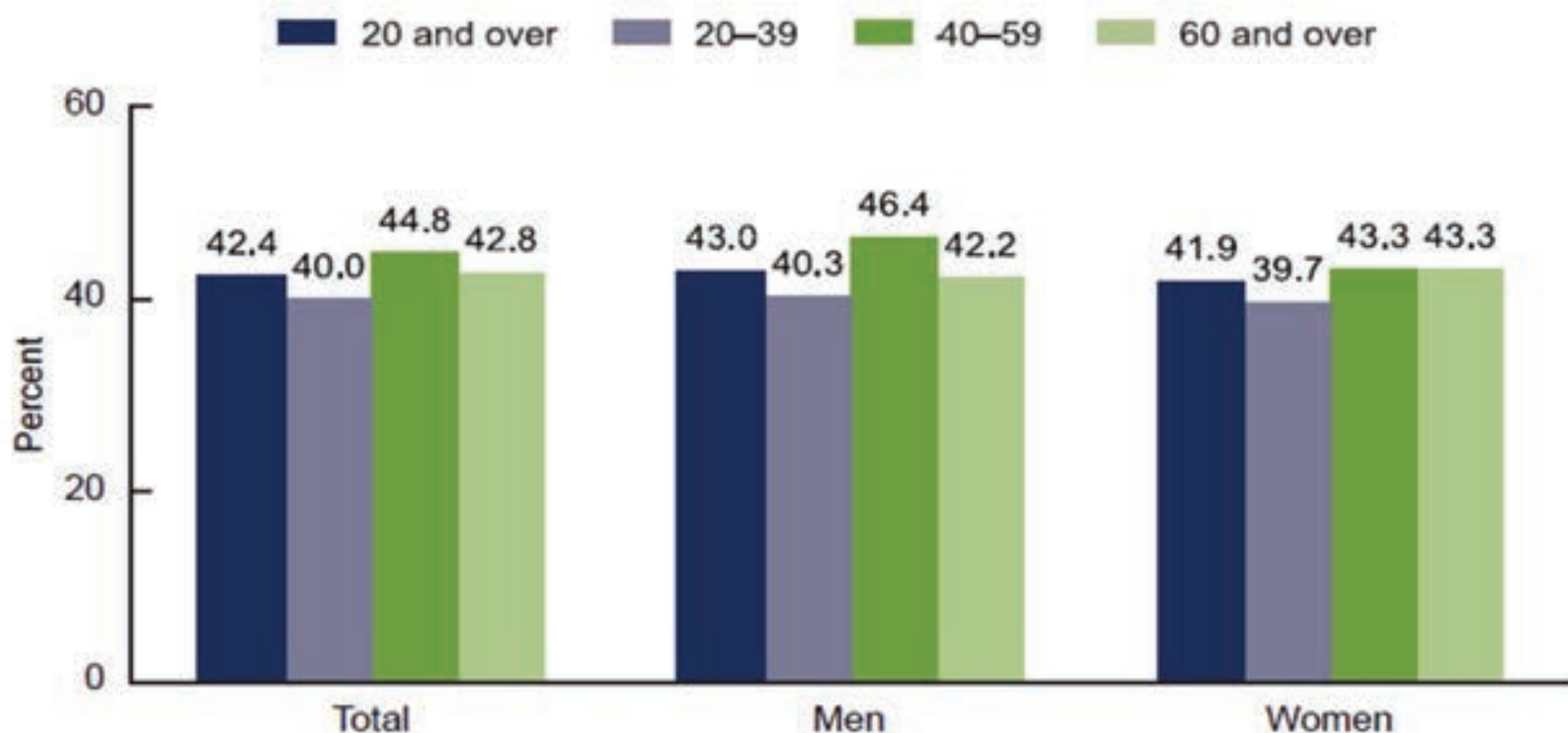
- Environment
- Genetics
- Lack of physical activity (adults need 30 minutes of moderate to vigorous activity a day)
- We work too much! Working > 40 to 45 hours a week increases the risk of obesity at an odds ratio of 1.43
- Eating more calories than needed
- Eating processed foods or food high in sugar and fats
- Sleep deprivation matters. Sleep restriction is associated with increased levels of ghrelin, salt retention, and inflammatory markers as well as decreased leptin and insulin sensitivity

<https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity>

<https://bmjopensem.bmj.com/content/4/1/e000392.abstract>

OBESITY STATISTICS

What you should know



As shown in the above bar graphs, men and women differ in their rates of obesity and severe obesity

STATISTICS

& Risk Factors



Men and women differ in their rates of obesity and severe obesity.

- More women (11.5%) than men (6.9%) have severe obesity.
- Severe obesity by age group: Highest among those 40 to 59 (11.5%), followed by those age 20 to 39 (9.1%), and in those 60 and older (5.8%).
- About 1 in 11 non-Hispanic white adults (9.3%) have severe obesity.
- More than 1 in 8 non-Hispanic Black adults (13.8%) have severe obesity.
- About 1 in 50 non-Hispanic Asian adults (2.0%) have severe obesity.
- About 1 in 13 Hispanic adults (7.9%) have severe obesity.

OBESITY DIAGNOSIS

& Complications

BMI	CLASSIFICATION
18.5 to 24.9	Normal, or healthy, weight
25 to 29.9	Overweight
30+	Obesity (including severe obesity)
40+	Severe Obesity

Use this [online tool](#) External link from the Centers for Disease Control and Prevention (CDC) to gauge BMI for adults.

Health Risks

Type 2 diabetes- Occurs when your blood glucose, or blood sugar is too high. This can lead to problems such as heart disease, stroke, kidney disease, eye problems, nerve damage, and other health problems.

- **High blood pressure-** Also called hypertension, is when the blood flowing through your vessels is with a greater force than normal. Hypertension increases your risk of heart attack, stroke, kidney disease, and death.

- **Heart Disease-** If you have heart disease you may have a heart attack, heart failure, sudden cardiac death, or an abnormal heart rhythm.

- **Stroke-** A condition in which the blood supply is suddenly cut off caused by a blockage or bursting of a blood vessel in your brain or neck.

- **Other health risks include-**

- Metabolic syndrome
- Sleep apnea
- Fatty liver diseases
- Osteoarthritis
- Gallbladder diseases
- Some cancers
- Kidney disease
- Pregnancy problems

COMORBIDITIES

& Management

Prevention & Treatment

Measuring weight and accessing lifestyle is key to determining the risks for obesity

After screening, the patients BMI should be accessed and the patient should be counseled on the health benefits of avoiding weight gain. Patients with more severe obesity should get treatment for 0 weight gain or to lose weight and prevent further progression.

Pharmacological Treatment

Pharmacotherapy or AOMs used with lifestyle modifications can produce better results compared to lifestyle modifications alone

"The AACE/ACE guidelines recommend this combination be considered for all individuals with a BMI of at least 27 kg/m² if lifestyle therapy fails to halt weight gain; it is also recommended for individuals with obesity stage 2 AOM use and selection should be individualized based on clinical weight loss goals, and weight-related conditions".

Screening

Patients with obesity should be screened for the following:

- Abnormal Blood Glucose and Type 2 Diabetes Mellitus, Adults
- Cardiovascular Disease Risk
- Carotid Artery Stenosis
- Hypertension
- Lipid Disorders
- Obstructive Sleep Apnea in Adults

Treatment

Weight management and weight loss are fundamental goals in treating overweight and obesity:

"An energy deficit is required for weight loss, a reduction in caloric intake forms the foundation of any weight-loss strategy. According to both guidelines, individuals with overweight or obesity who intend to lose weight should be prescribed aerobic exercise and resistance training along with a reduced-calorie diet, their active leisure-time pursuits should be promoted, and their sedentary time should be reduced" (AJMC, 2022).

Guidelines

& References

Current guidelines are held by the American College of Cardiology (ACC)/American Heart Association (AHA)/The Obesity Society (TOS) made in 2013:

<https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437739.71477.ee>

The American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE):

<https://pro.aace.com/files/obesity/final-appendix.pdf>

A review of both in light of new pharmacotherapeutics is here:

<https://www.ajmc.com/view/review-of-current-guidelines-for-the-treatment-of-obesity>

References

NIDDK. (2023a). Definition & Facts for adult overweight & obesity - NIDDK. National Institute of Diabetes and Digestive and Kidney Diseases. <https://www.niddk.nih.gov/health-information/weight-management/adult-overweight-obesity/definition-facts>

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