European Commission classifies obesity as a chronic disease

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Obesity was first included in the International Classification of Diseases in 1948. Hardly anyone took notice. The misconception that obesity is a lifestyle choice, that can be reversed simply by exercising willpower, has become cemented in the minds of the general public and much of the medical profession. But over the past 25 years or so, most particularly the last decade, momentum has been steadily building towards an acknowledgement that obesity is not merely a risk factor for illnesses such as type 2 diabetes, it is a disease in its own right.

In 1997, WHO recognised obesity as a chronic disease. Portugal followed suit in 2004 and Italy in 2019. In 2013, the American Medical Association passed a motion describing obesity as a "disease state with multiple pathophysiological aspects". A range of medical associations have since expressed similar views. In March 2021, the European Commission issued a brief in which it defined obesity as a "chronic relapsing disease, which in turn acts as a gateway to a range of other non-communicable diseases". The brief provides obesity with the formal and bind categorisation status of a non-communicable disease (NCD).

"With at least 59% of people within the EU already living with pre-obesity or obesity, the potential ramifications of this landmark categorisation are huge", explains Jacqueline Bowman-Busato, EU Policy Lead at the European Association for the Study of Obesity. "Most countries, not least all EU Member States, have a set approach and related legislation to enable NCDs to be addressed in a systemic way, from research to primary prevention, diagnosis, treatment and long-term management. Obesity can finally be seen through this existing lens."

Bowman-Busato added that categorising obesity as an NCD is simply the first step. "A number of gaps to implementation are now very clear", she said. "Much remains to be done to design and deliver meaningful national plans for the prevention, management and long-term treatment of obesity".

John Wass, professor of endocrinology at Oxford University, welcomed the move. But he cautioned that were the UK to adopt a similar definition to the European Commission, it would add substantially to the work of general practitioners (GPs), who would find that somewhere in the region of a quarter of their patients had been abruptly diagnosed with a disease. "We have to help GPs understand obesity, and to provide facilities for them to refer patients to", Wass told *The Lancet Diabetes and Endocrinology*. "At the moment, there is a real dearth of places where people with severe and complex obesity can go for help". He advocates rolling out tertiary services with teams of physicians, nurses, psychologists, and exercise experts, linked to bariatric centres, to receive patients with obesity.

Policymakers charged with tackling obesity have tended to focus almost exclusively on prevention. In England, less than 1% of those who satisfy the clinical criteria for surgical treatment for obesity actually receive the intervention. Defining obesity as a disease would almost certainly raise take-up. Critics of the disease thesis point to the fact that it is possible for people to have a BMI higher than 30 while remaining in good health, free of risk factors such as pre-diabetes, or hypertension. Francesco Rubino, chair of metabolic and bariatric surgery at King's College London, stresses the importance of establishing better diagnostic criteria that distinguishes between individuals for whom obesity is a condition and those for whom it is a disease. He recommends learning from other health issues.

"We are pretty comfortable with the difference between depression and clinical depression; people do not expect people with clinical depression to just decide to be happy. That thinking is missing in obesity", said Rubino. "We have a definition that is entirely based on strict BMI cutoffs, which does not accurately predict any disease state, or the risk of future disease across different ethnic groups. We need a new, smarter metric that understands that while obesity can be a disease, it is not always a disease".

Rubino is dismissive of suggestions that patients who are told that obesity is a disease will abdicate personal responsibility for their health. "You do not see people diagnosed with type 2 diabetes or hypertension suddenly decide to stop exercising or managing their diet", said Rubino. "If anything, there has been far too much emphasis on blame and personal responsibility, including from doctors; we need to move away from those attitudes, not closer towards them". Classifying obesity as a disease could help reduce stigma, offer a bulwark against sham weight-loss therapies, and expand research into the mechanics of weight gain. Perhaps most importantly, it matches how patients conceive of their situation.

"Most people with obesity think of themselves as having a chronic, relapsing disease; they no sooner lose weight than they put it back on again, and we know there are physiological reasons behind this", explained Wass. "We know that appetite and satiety are inherited and that up to 70% of your weight is genetically determined. There is every reason to treat obesity as a chronic, relapsing disease".

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