

UNDERSTANDING

Morbid Obesity

*An educational resource provided by the
Obesity Action Coalition*




OAC
Obesity Action Coalition

Understanding Morbid Obesity

It is estimated that more than eight million Americans are morbidly obese. Morbid obesity is characterized by an individual weighing more than 100 pounds over their ideal body weight, or having a body mass index (BMI) of 40 or higher.

Throughout this brochure, the term “morbidly obese” is used to define an individual weighing more than 100 pounds over their ideal body weight. Mass media and the public sometimes refer to morbid obesity using the term “severely obese.” These two terms may be used interchangeably.

What is the difference between obesity and morbid obesity?

Obesity is a serious health epidemic that affects one in three Americans. It is estimated that more than 93 million Americans are obese, with that number predicted to climb to 120 million in the next five years. Obesity is a disease characterized by excessive body fat or by having a BMI greater than 30. Obesity increases the likelihood of certain diseases and other related health problems.

Morbid obesity is characterized by an individual having a BMI greater than 40. In addition, it also has a much higher correlation than obesity with co-morbid conditions, such as diabetes, heart disease and many more.

Measuring Morbid Obesity

Morbid obesity is most commonly calculated using BMI. BMI is calculated by dividing a person's weight in kilograms by his or her height in meters squared. Patients with a BMI of 40 or higher are classified as morbidly obese. **To calculate your BMI, please turn to page 12.**

BMI is not used to determine a person's actual percentage of body fat, but it is a good indicator to categorize weight in terms of what is healthy and unhealthy.

What are the risks associated with morbid obesity?

Many co-morbidities accompany morbid obesity. Once a patient is considered morbidly obese, these conditions become serious health risks. These co-morbidities also negatively impact the quality of life for a patient and their family members affected by morbid obesity.



The most prevalent morbid obesity-related diseases include:

- High blood pressure
- High cholesterol
- Diabetes
- Heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Some cancers (endometrial, breast and colon)
- Liver disease
- Venous disease
- Acid reflux
- Menstrual irregularities and infertility

Those who are affected by morbid obesity are encouraged to talk with their physician concerning the co-morbidities listed. The earlier these are detected, the better advantage a patient may have to keep them under control with the assistance of a physician.

To learn more about these co-morbid conditions, please visit the "Related Conditions" section of the OAC Web site.

Causes of Morbid Obesity

Morbid obesity is simply not a result of overeating. It is a serious disease that needs to be prevented and treated. The causes of morbid obesity are widespread, but target three main contributors: behavior, environment and genetics.

Behavior

In today's fast-paced environment, it is easy to adopt unhealthy behaviors. Behavior, in the case of morbid obesity, relates to food choices, amount of physical activity you get and the effort to maintain your health.



Americans are consuming more calories on average than in past decades. The increase in caloric intake has also decreased the nutrients consumed that are needed for a healthy diet. This behavioral problem also relates to the increase in portion sizes at home and when dining out.

While Americans are consuming more calories, they are not expending them with enough physical activity. Physical activity is an important element in modifying and molding behaviors. The influence of television, computers and other technologies discourage physical activity and add to the problem of obesity in our society.

Environment

Environment plays a key role in shaping an individual's habits and lifestyle. There are many environmental influences that can impact your health decisions. Today's society has developed a more sedentary lifestyle. Walking has been replaced by driving cars, physical activity has been replaced by technology and nutrition has been overcome by convenience foods.

Genetics

Science shows that genetics play a role in obesity and morbid obesity. Genes can cause certain disorders which result in obesity. However, not all individuals who are predisposed to obesity become morbidly obese. Research is currently underway to determine which genes contribute most to morbid obesity.



What are the social effects of morbid obesity?

Individuals affected by morbid obesity often face obstacles far beyond health risks. Emotional suffering may be one of the most painful parts of morbid obesity. Society often emphasizes the importance of physical appearance. As a result, people who are morbidly obese often face prejudice or discrimination.

Effects at Work

Due to the negative stigma associated with morbid obesity, morbidly obese employees are often viewed as less competent, lazy and lacking in self-discipline by their co-workers and employers. Often times, discriminatory attitudes can negatively impact wages, promotions and employment status for obese employees.

In Healthcare Settings

Negative attitudes about morbidly obese patients also exist in the healthcare setting. Morbidly obese patients that are often reluctant to seek medical care may be more likely to delay important preventative healthcare services and may more frequently cancel medical appointments. Delaying medical attention can lead to delayed discovery or treatment of co-morbid conditions, such as diabetes and cardiovascular disease, while becoming more physically damaging.

The consequences of discrimination against the morbidly obese can seriously impact an individual's quality of life and only further intensify the negative stigma associated with obesity.

Treating Morbid Obesity

*(*Note: Please consult with your physician before beginning any treatment program.)*

Because the health risks associated with morbid obesity are life-threatening, clinical programs, such as medically managed weight-loss, weight-loss surgery and other options are available for treatment.

Medically Managed Weight-Loss

Medically managed weight-loss programs provide treatment in a clinical setting with a licensed healthcare professional, such as a medical doctor, nurse, registered dietitian and/or psychologists. These programs typically offer services such as nutrition education, physical activity and behavioral therapy. Often, these programs incorporate total meal replacement programs.

Medications (Pharmacotherapy)

Currently there are three medications that are FDA approved for weight-loss: sibutamine (Meridia®), orlistat (Xenical®) and Noradrenergics products. All are to be used in conjunction with a reduced-calorie diet, exercise and behavior modification. In addition, there are several weight-loss medications awaiting FDA approval. For more information on these medications as they become available, please view the Obesity Action

Coalition's quarterly magazine, *OAC News*. As with all therapies, medically managed weight-loss needs to be approached with a focused treatment plan, which includes a team of healthcare providers. The team should include dietitians, psychologists and exercise specialists, in addition to the medical providers to provide care at all stages of the weight-loss treatment process.

In addition, some physicians may also use medications traditionally prescribed for other conditions/diseases for the treatment of morbid obesity.

For more information on medically managed weight-loss, please visit the "Weight-Loss Options" section on the OAC Web site.

Bariatric Surgery (Weight-loss Surgery)

If your BMI is more than 40, or your BMI is more than 35 and you have a weight-related co-morbidity, such as diabetes or hypertension, you may consider bariatric surgery (also called weight-loss surgery). After weight-loss surgery, individuals must still modify their lifestyle habits, adjust their diet and increase their physical activity. It is important to speak with your physician to determine if surgery is right for you.

Today, the four most commonly selected procedures for weight-loss surgery are:

- Roux-en-Y Gastric Bypass
- Laparoscopic Adjustable Gastric Banding
- Biliopancreatic Diversion with Duodenal Switch
- Sleeve Gastrectomy

When considering weight-loss surgery, you must balance the personal risk of being morbidly obese with the potential risk and complications of the surgery. This treatment option is a tool that you will continually use to lose weight. Surgery is a resource to help you reduce your weight. Behavioral, physical and psychological changes are required for you to maintain a healthy quality of life. Continued positive weight-loss relies upon your desire and dedication to change your lifestyle with a proactive approach.

If you are a candidate for bariatric surgery, you will likely be referred for evaluation and consultation with a psychologist. Although this may seem surprising to you, it has become a routine part of your preparation for surgery. Your follow-up care will be provided by a team of professionals and each of them, including a dietitian, exercise therapist and psychologist, will need to become more familiar with you and your individual situation and needs.

To learn more about weight-loss surgery, please visit the “Weight-Loss Options” section on the OAC Web site.

Additional Treatment Options



In addition to weight-loss surgery and medically managed weight-loss, the following therapies are also utilized to treat morbid obesity.

Behavior Modification

Behavior plays a significant role in morbid obesity. Modifying behaviors that have contributed to developing obesity is one way to treat the disease either alone or in conjunction with other treatments. A few suggested behavior modifiers include: changing eating habits, increasing physical activity, becoming educated about the body and how to nourish it appropriately, engaging in a support group or extracurricular activity and setting realistic weight management goals.



Physical Activity

Increasing or initiating a physical activity program is an important aspect in managing morbid obesity. Routine physical activity can greatly impact your health. Set realistic goals and make sure to consult with your physician before initiating any exercise program.

Non-Clinical Weight Management Programs

Participating in non clinical programs is another form of treatment for obesity. Some programs may be commercially operated, such as a privately owned weight-loss chain. Counselors, books, Web sites or support groups are all ways you can be involved in a non clinical weight-loss program.

Gain Access to Treatment with Your Insurance Provider

Individuals affected by morbid obesity rely on their insurance provider to assist them in the process of seeking access to safe and effective medical treatment. Many times they experience difficulty when working with their insurance providers, such as repeated denial of claims. In addition, the process often times seems complicated, and physically and emotionally draining.

The Obesity Action Coalition (OAC) designed a resource, titled "Working with Your Insurance Provider: A Guide to Seeking Weight-loss Surgery," to provide individuals with the knowledge needed to effectively work with their insurance provider and gain access to safe and effective treatment. Although specifically designed to assist those seeking weight-loss surgery, the information and guidance in the brochure is useful for those seeking insurance reimbursement for other medical treatments.

To view this brochure, please visit the "Educational Tools" section of the OAC Web site.

What can you do to learn more about morbid obesity?

The OAC, a non profit patient-based organization, offers many valuable resources to those affected by morbid obesity and their family members.

BMI Chart

Obese Morbidly Obese

5'0"	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65	67	69	71	72	74	76	78	80	82	84	86	88	
5'1"	30	32	34	36	37	39	42	44	45	47	49	51	53	55	57	59	61	63	64	66	68	70	72	74	76	77	79	81	83	85	
5'2"	29	31	33	34	36	38	40	42	44	46	48	50	51	53	55	57	59	61	62	64	66	68	70	72	73	75	77	79	80	82	
5'3"	28	30	32	33	35	37	39	41	43	44	46	48	50	52	53	55	57	59	60	62	64	66	67	69	71	73	74	76	78	80	
5'4"	27	29	31	32	34	36	38	40	41	43	45	46	48	50	52	53	55	57	59	60	62	64	65	67	69	70	72	74	76	77	
5'5"	26	28	30	31	33	35	37	38	40	42	43	45	47	48	50	52	53	55	57	58	60	62	63	65	67	68	70	72	73	75	
5'6"	25	27	29	30	32	34	36	37	39	40	42	44	45	47	49	50	52	53	55	57	58	60	62	63	65	66	68	69	71	73	
5'7"	25	26	28	29	31	33	35	36	38	39	41	42	44	46	47	49	50	52	53	55	57	58	60	61	63	64	66	67	69	70	
5'8"	24	25	27	28	30	32	34	35	37	38	40	41	43	44	46	47	49	50	52	53	55	56	58	59	61	62	64	65	67	68	
5'9"	23	25	26	28	29	31	33	34	36	37	39	40	41	43	44	46	47	49	50	52	53	55	56	58	59	61	62	63	65	66	
5'10"	23	24	25	27	28	30	32	33	35	36	37	39	40	42	43	45	46	47	49	50	52	53	55	56	58	59	60	62	63	65	
5'11"	22	23	25	26	28	29	31	32	34	35	36	38	39	41	42	43	45	46	48	49	50	52	53	55	56	57	59	60	61	63	
6'0"	21	23	24	25	27	28	30	31	33	34	35	37	38	39	41	42	44	45	46	48	49	50	52	53	54	56	57	58	60	61	
6'1"	21	22	23	25	26	27	29	30	32	33	34	36	37	38	39	41	42	44	45	46	48	49	50	52	53	54	56	57	58	59	
6'2"	20	21	23	24	25	27	28	30	31	32	33	35	36	37	39	40	41	42	44	45	46	48	49	50	51	53	54	55	56	58	
6'3"	19	21	22	23	24	26	28	29	30	31	33	34	35	36	38	39	40	41	43	44	45	46	48	49	50	51	52	54	55	56	
6'4"	19	20	21	23	24	26	27	28	29	31	32	33	34	35	37	38	39	40	41	43	44	45	46	48	49	50	51	52	54	55	
6'5"	19	20	21	22	24	25	26	27	29	30	31	32	33	34	36	37	38	39	40	41	43	44	45	46	48	49	50	51	52	54	55
	19	20	21	22	24	25	26	27	29	30	31	32	33	34	36	37	38	39	40	41	42	43	44	45	46	48	49	50	51	52	53

Normal = 18.5 - 24.9 | Overweight = 25 - 29.9 | Obese = 30 - 39.9 | Morbidly Obese = Greater than 40

OAC Resources

The OAC produces well-rounded and comprehensive education and advocacy materials. All OAC resources are free-of-charge and may be requested by contacting us at (800) 717-3117 or info@obesityaction.org. You may also make a request online by visiting our Web site at www.obesityaction.org.

Brochures/Guides

- *Understanding Obesity Series*
 - *Understanding Obesity Brochure*
 - *Understanding Obesity Poster*
 - *Understanding Morbid Obesity Brochure*
 - *Understanding Obesity Stigma Brochure*
 - *Understanding Childhood Obesity Brochure*
 - *Understanding Childhood Obesity Poster*
- *Advocacy Primer: Your Voice Makes a Difference*
- *OAC Insurance Guide: Working with Your Insurance Provider*
- *State-specific Advocacy Guides*
- *BMI Chart*

Magazine

- *Your Weight Matters Magazine* – OAC's quarterly education and advocacy magazine

E-Newsletter

- *Obesity Action Alert* – the OAC's free monthly electronic newsletter

OAC Web site – The OAC Web site features a "Morbid Obesity" section which details the disease further and provides links to valuable articles concerning the topic.

OAC Membership

Join the only non profit organization that represents the individuals affected by obesity. The OAC is an education and advocacy organization and offers its members a way to get involved in the cause of obesity. Just joining the OAC makes a difference. If obesity affects you, you should be a member of the OAC.

Membership Categories

Membership for Individuals

- Individual Member:** \$20/year
- Professional Member:** \$50/year
- Physician Member:** \$150/year

Membership for Organizations

- Institutional Member:** \$500/year
This level gives you access to the OAC's magazine in larger quantities. In addition, it allows you to support the OAC at a higher level.
- OAC Chairman's Council:** \$1,000 and up
The Chairman's Council is the highest membership level of the OAC. Various levels of giving are available within the Council. This is a great way to promote your organization and support the OAC. This category offers the most exposure and member benefits.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Payment Information

Enclosed is my check, payable to the OAC: \$_____.

Please charge my credit card for my membership fee:

Discover® MasterCard® Visa® Amex®

Credit Card #: _____

Exp. Date: _____ Billing Zip Code: _____

Please mail to:

Obesity Action Coalition

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The information contained in the “Understanding Morbid Obesity” brochure is not a substitute for medical advice or treatment from a healthcare professional. The OAC recommends consultation with your doctor and/or healthcare professional.



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