Medtronic

The Science of Obesity

The Science of Obesity Fact sheet

Obesity is a chronic disease¹

Worldwide, obesity kills almost 3 million people each year¹ Over 30% of New Zealanders are living with obesity right now²

In New Zealand 7.6% of health expenditure is obesity related²

Life expectancy is 2.9 years less on average for people with obesity³

Obesity has negative effects on your health

Having obesity is one of the leading risk factors for ill health in New Zealand. Your physical health, mental health, quality of life and social wellbeing can all be effected.

Physical illness⁴

Obesity is a risk factor for a range of other diseases. People with BMI 35+ can experience:

- Painful back, knees and hips limiting mobility and activity
- Obstructive sleep apnoea
- Type 2 diabetes

Reduced quality

of life¹¹

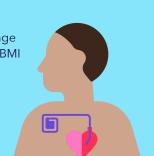
Obesity affects

particularly the

physical aspects

of quality of life.

your quality of life,



Psychological illness¹¹

Increased rates of depression, anxiety and low self-esteem are all associated with obesity. This can lead people with obesity using food as a coping mechanism.

Negative impact on social wellbeing¹¹

Stigma and discrimination are common experiences for people living with obesity. Stigma can reinforce obesity over time.

For more information visit TheScienceOfObesity.co.nz

Medtronic

Busting myths about obesity

There are many reasons for the causes of obesity, which might surprise you.



Your obesity **is NOT** simply caused by poor personal choices.⁶



Your weight loss **is NOT** simply eating less and moving more.⁷



Your obesity **is NOT** caused by a lack of effort and will-power.⁸



Your obesity **is NOT** something you need to manage alone.⁹

Obesity treatment options

Lifestyle

Diet and exercise are a vital to sustained weightloss.

Expected weight loss in one year: **3.2%** of your total body weight ⁴

Pharmacotherapy

Prescription medication may be a useful approach for managing obesity.

Expected weight loss in one year: 2.9% to 5.4% of your total body weight ^{11,13}

Weight Loss Surgery

Weight loss (bariatric) surgery works by increasing your sense of fullness after eating.

Expected weight loss in one year: 20% to 33% of your total body weight ¹³

Your GP can help

Start a conversation about your treatment options. Based on real science, for real change.



- RACP. Action to prevent obesity and reduce its impact across the life course Evidence Review. 2018. Available at <u>https://www.racp.edu.au/docs/default-source/advocacylibrary/racp-obesity-position-statement.pdf</u>. Accessed December 2019
- library/racp-obesity-position-statement.pdf. Accessed December 2019 2. OECD (2019), The Heavy Burden of Obesity: The Economics of Prevention, OECD Health Policy Studies, OECD Publishing, Paris, <u>https://doi.org/10.1787/67450d67-en</u>.
- Ministry of Health. 2021. Annual Data Explorer 2020/21: New Zealand Health Survey [Data File]. Available at <u>https://minhealthnz.shinyapps.io/nz-health-survey-2020-21annual-data-explorer/.</u> Accessed July 2022
- Australian Bureau of Statistics 4364.0.55.001 National Health Survey: First Results, 2014-15, Australia. 2015. Available at <u>https://www.abs.gov.au/AUSSTATS/abs@.nsf/</u> <u>DetailsPage/4364.0.55.0012014-15?OpenDocument</u>
- Australian Institute of Health and Welfare 2017. Impact of overweight and obesity as a risk factor for chronic conditions: Australian Burden of Disease Study. Available at <u>https://</u> www.aihw.gov.au/reports/burden-of-disease/impact-of-overweight-and-obesity-as-a-riskfactor-for-chronic-conditions/contents/table-of-contents, accessed September 2019.
- Sumithran P and Proietto J. The defence of body weight: a physiological basis for weight regain after weight loss. Clin Sci 2103; 124: 231-41.
 Caterson L et al. Gaps to bridge: Misalignment between percention, reality and actions in
- Caterson I, et al. Gaps to bridge: Misalignment between perception, reality and actions in obesity, Diabetes Obes Metab 2019; 21(8): 1914-24.
- Dhurandhar N. Stop the patient blame game: what actually causes obesity. Available at <u>https://www.medscape.com/viewarticle/909500</u>, accessed Sept 2019.
 Description Technic Technic Comparison of the second s
- Bray G, et al. The Science of Obesity Management: An Endocrine Society Scientific Statement. Obesity Rev. 2018; 39; 79-132
- 10. Casazza K, et al. Myths, Presumptions, and Facts about Obesity.N Engl J Med 2013; 368:446-454
- Pilitsi E, et al. Pharmacotherapy of obesity: Available medications and drugs under investigation. Metab Clin Exp 2019; 92: 170-92.
 Puhl R, et al. Overcoming Weight Bias in the Management of Patients With Diabetes and
- runi K, et al. Overcoming Weight Bias in the Management of Patients With Diabetes and Obesity. Clin Diabetes 2016; 34(1): 44-50.
 Jaa RC and Diron J. Pharmacotheraput for abasity. Aust Fam Phys. 2017; 47(7): 472-7.
- 13. Lee PC and Dixon J. Pharmacotherapy for obesity. Aust Fam Phys. 2017; 46(7): 472-7.

For more information visit TheScienceOfObesity.co.nz