

CDC Prices Obesity at \$147 Billion Annually

BY HEIDI SPLETE

WASHINGTON — The health cost of obesity in the United States jumped over the past decade, from \$74 billion in 1998 to approximately \$147 billion today, based on data from a study conducted by the Centers for Disease Control and Prevention and the Research Triangle Institute. The data were presented at the CDC's inaugural Weight

of the Nation conference on obesity.

"Obesity affects every body system," Dr. Thomas R. Frieden, director of the CDC, said during opening remarks at the conference.

Obesity accounted for 6.5% of overall annual medical costs in the United States in 1998, but that proportion increased to 9.1% by 2006, said the study's lead author, Eric Finkelstein, Ph.D., of the independent Research Triangle Institute.

The annual cost of medical care per adult in the United States is 41% less for a normal-weight individual than for an obese individual, Dr. Finkelstein said. In this study, obesity was defined as a body mass index of 30 kg/m² or higher, and normal weight was defined as 18.5-25 kg/m². Prescription drugs are among the top contributors to the costs of obesity, Dr. Finkelstein said. In 2006, across all insurance payers, the average annual

prescription drug cost for a normal-weight individual was \$707, compared with \$1,275 for an obese individual. The data were collected from annual Medical Expenditure Panel Surveys, which are nationally representative surveys of medical expenses for the civilian, noninstitutionalized U.S. population.

If the obesity prevalence had remained the same between 1998 and 2006, 2006 medical costs in the United States would have been approximately \$40 billion less, Dr. Finkelstein emphasized.

The study results were limited by the reliance on self-reports of body mass index, Dr. Finkelstein noted. The study examined only aggregate health costs and did not look at disease-specific costs, but "diabetes is one of the largest drivers of health care costs," he said.

At a media briefing, Dr. Frieden said that the most effective strategies to reduce obesity may involve community intervention rather than clinical intervention. But physicians have a responsibility to encourage patients' weight-loss efforts in a clinical practice setting, he added.

The study was sponsored in part by the CDC. ■

To watch a video interview of Dr. Finkelstein, go to: <http://www.youtube.com/watch?v=TwyTYVrnJjw>

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Program Teaches Residents to Talk About Obesity

A pilot program aimed at teaching residents how to better counsel patients and families about childhood obesity is underway in five California-based residency programs.

The idea is to train pediatric and family medicine residents in strategies that can help patients make behavioral changes proven to reduce and prevent obesity. For example, the program gives the residents tips for helping individuals decrease their consumption of sugary beverages. Residents are armed with handouts on healthy beverage options and a visual aid that shows patients how much sugar is in a soda or sports drink.

The hope is that preparing future primary care physicians to effectively motivate lifestyle changes will help stem the prevalence rates of pediatric obesity, type 2 diabetes, and heart disease, Dr. Lydia Tinajero-Deck, the project's principal investigator, said in an interview.

The pilot, dubbed Fit for Residents, was developed by the University of California, Los Angeles, in collaboration with the American Academy of Pediatrics and American Academy of Family Physicians, said Dr. Tinajero-Deck, a pediatrician in the primary care department at Children's Hospital & Research Center in Oakland, Calif.

—Heidi Splete