2.7. Overweight and obesity among adults

The growth in overweight and obesity rates among adults is a major public health concern. Obesity is a known risk factor for numerous health problems, including hypertension, high cholesterol, diabetes, cardiovascular diseases, respiratory problems (asthma), musculoskeletal diseases (arthritis) and some forms of cancer.

Half or more of the adult population is now defined as being either overweight or obese in no less than 13 OECD countries: Mexico, United States, United Kingdom, Australia, Greece, New Zealand, Luxembourg, Hungary, Czech Republic, Portugal, Ireland, Spain and Iceland. In contrast, overweight and obesity rates are much lower in Japan and Korea and in some European countries (France and Switzerland), although rates are also increasing in these countries. The prevalence of obesity (which presents greater health risks than overweight) varies tenfold among OECD countries, from a low of 3% in Japan and Korea, to over 30% in the United States and Mexico (Figures 2.7.1 and 2.7.2).

The rate of obesity has more than doubled over the past 20 years in the United States, while it has almost tripled in Australia and more than tripled in the United Kingdom (Figure 2.7.3). Some 20-24% of adults in the United Kingdom, Australia, Iceland and Luxembourg are obese, about the same rate as in the United States in the early 1990s. Obesity rates in many western European countries have increased substantially over the past decade.

In many countries, the rise in obesity has affected all population groups, regardless of sex, age, race, income or education level. Evidence from nine OECD countries (Australia, Austria, Canada, England, France, Italy, Korea, Spain and the United States) indicates that obesity tends to be more common among individuals in disadvantaged socio-economic groups, particularly among women (Sassi *et al.*, 2009b). Also, an examination of four OECD countries (Australia, Canada, England and Korea) shows a broadly linear relationship between the number of years spent in full-time education and obesity, with the most educated individuals displaying lower rates. Again, the gradient in obesity is stronger in women than in men (Sassi *et al.*, 2009a).

Because obesity is associated with higher risks of chronic illnesses, it is linked to significant additional health care costs. It has been estimated that health care costs which might be attributed to obesity accounted for about 5-7% of total health spending in the United States in the late 1990s, and to 3.5% of health spending in other countries such as Canada, Australia and New Zealand (Thompson and Wolf, 2001). There is a time lag between the onset of obesity and related health problems, suggesting that the rise in obesity over the past two decades will mean higher health care costs in the future. A recent study estimated that total costs linked to overweight and obesity in England in 2015 could increase by as much as 70% relative to 2007 and could be 2.4 times higher in 2025 (Foresight, 2007).

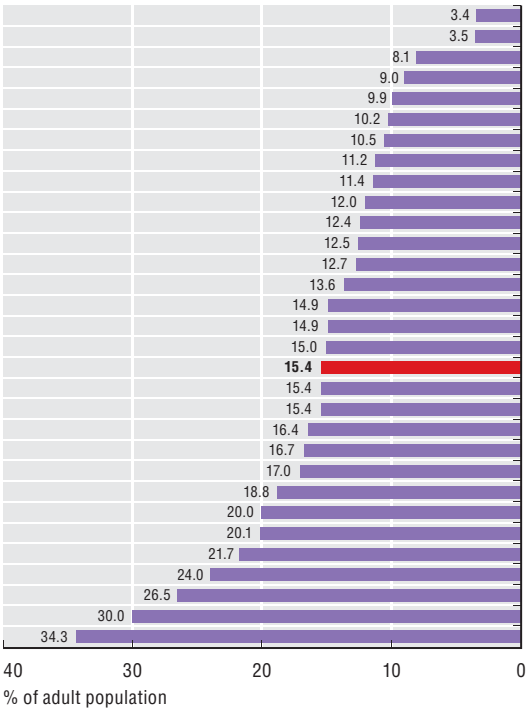
A number of behavioural and environmental factors have contributed to the rise in overweight and obesity rates in industrialised countries, including falling real prices of food and more time spent being physically inactive. Overweight and obesity has risen rapidly in children in recent decades, reaching double-figure rates in most OECD countries (see also Indicator 2.4 "Overweight and obesity among children").

Definition and deviations

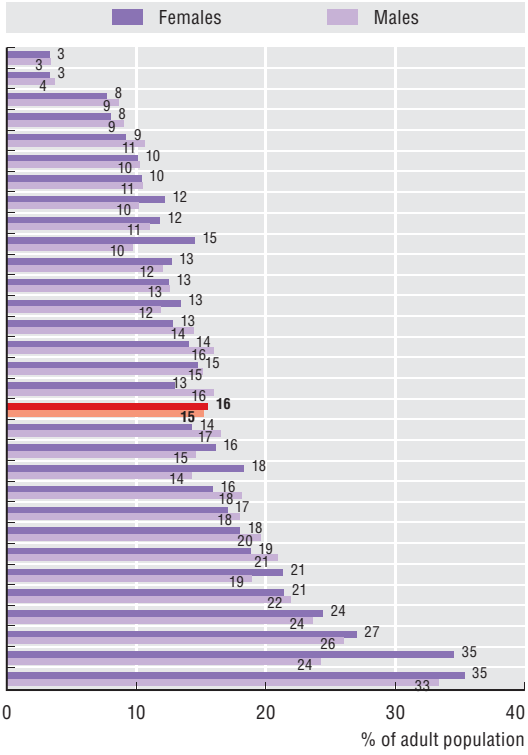
Overweight and obesity are defined as excessive weight presenting health risks because of the high proportion of body fat. The most frequently used measure is based on the Body Mass Index (BMI), which is a single number that evaluates an individual's weight in relation to height (weight/height^2, with weight in kilograms and height in metres). Based on the WHO classification (WHO, 2000), adults with a BMI between 25 and 30 are defined as overweight, and those with a BMI over 30 as obese. This classification may not be suitable for all ethnic groups, who may have equivalent levels of risk at lower or higher BMI. The thresholds for adults are not suitable to measure overweight and obesity among children.

For most countries, overweight and obesity rates are self-reported through estimates of height and weight from population-based health interview surveys. The exceptions are Australia, Czech Republic (2005), Japan, Luxembourg, New Zealand, the Slovak Republic (2007), the United Kingdom and the United States, where estimates are derived from health examinations. These differences limit data comparability. Estimates from health examinations are generally higher and more reliable than from health interviews.

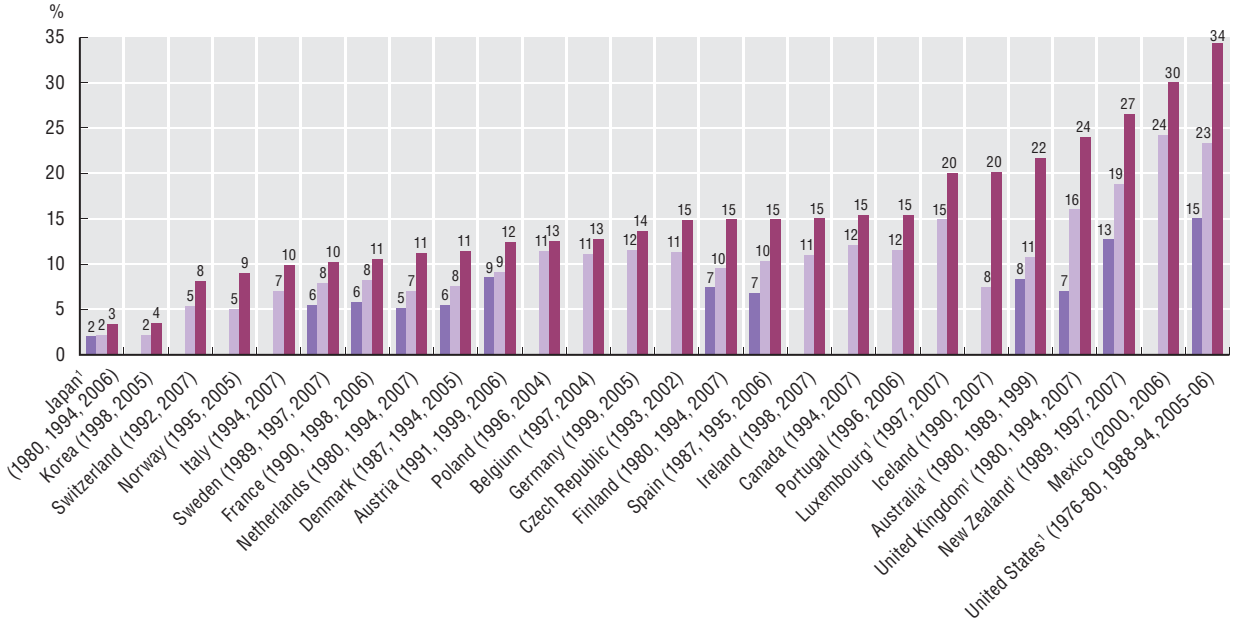
2.7.1 Obesity rates among adults, 2007 (or latest year available)



2.7.2 Obesity rates among females and males, 2007 (or latest year available)



2.7.3 Increasing obesity rates among adults in OECD countries



1. Australia, Czech Republic (2005), Japan, Luxembourg, New Zealand, Slovak Republic (2007), United Kingdom and United States figures are based on health examination surveys, rather than health interview surveys.

Source: OECD Health Data 2009.

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