

Adult Obesity

What do we mean by overweight and obese/obesity?

“Overweight” and “obesity” are terms used to describe increasing degrees of body fatness.

They are commonly defined in terms of Body Mass Index (BMI). A BMI is calculated by a person’s weight in kilograms divided by the square of their height in metres (kg/m^2). BMI is used because it broadly correlates with the proportion of fat within the body. For adults (over 16 years of age), a BMI of between 25 and 30 is classified as overweight and a BMI of more 30 classified as obese.

Why should we address this issue?

Obesity reduces life expectancy by 11 years on average and is responsible for 9,000 premature deaths annually in England¹.

The prevalence of people classified as overweight or obese in the UK has trebled since the 1980s.

Latest estimates suggest that two thirds of men (67%) and more than half of women (56%) are either overweight or obese². The rapid rise in the population’s obesity rates is caused by significantly lower general levels of physical activity combined with greater energy intake from food, especially in the form of fat and sugar.



*Photo courtesy of NHS Choices

This dramatic increase is a national concern. Overweight and obese people have an increased risk of many forms of ill-health, including: high blood pressure, type 2 diabetes, angina, heart disease, some cancers and mental health problems.

As well as harming people’s health, being overweight and/or obese has serious financial consequences for the NHS and the British economy. In 2007, the NHS costs directly attributable to patients who were overweight or obese were estimated to be £4.2 billion per year (6% of total NHS expenditure).

These costs are predicted to increase to £6.3 billion by 2015 and to £8.3 billion by 2025. In 2007, it was estimated that the annual cost to NHS Bristol of diseases related to overweight and obesity was £111.6 million.

In 2007, the overall costs of overweight and obesity to the British economy were estimated to be between £6.6 billion and £7.4 billion per year³.

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What is the picture in Bristol?

The latest Health Survey for England estimates that there are 75,000 adults who are obese and 60,000 who are overweight in Bristol.

In addition to national statistics, Bristol carries out an annual Quality of Life survey⁵, which collects information directly from local residents. The Quality of Life Survey asks residents to self-report their weight and height.

In 2008, approximately 5,300 residents of Bristol responded. The results of this survey also indicate a rise in the levels of the overweight and obese.

From 2006 to 2008, the rate of overweight residents increased by 3% and the level of obesity increased by 2%.

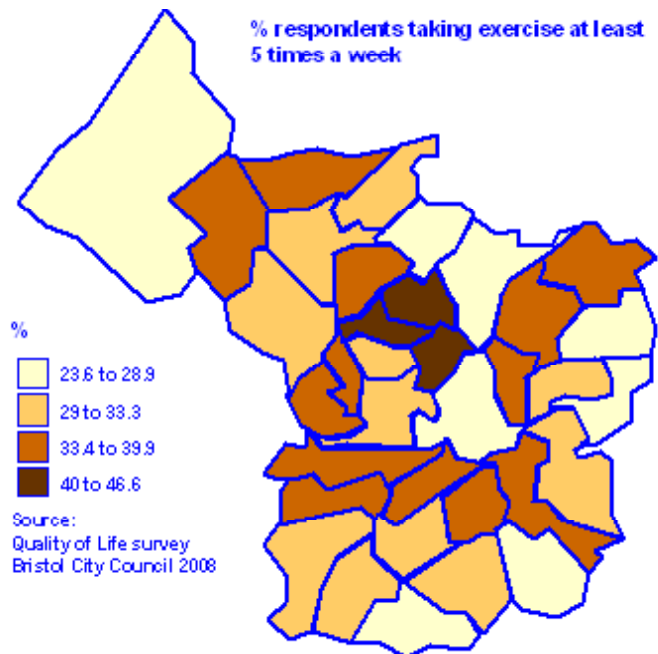
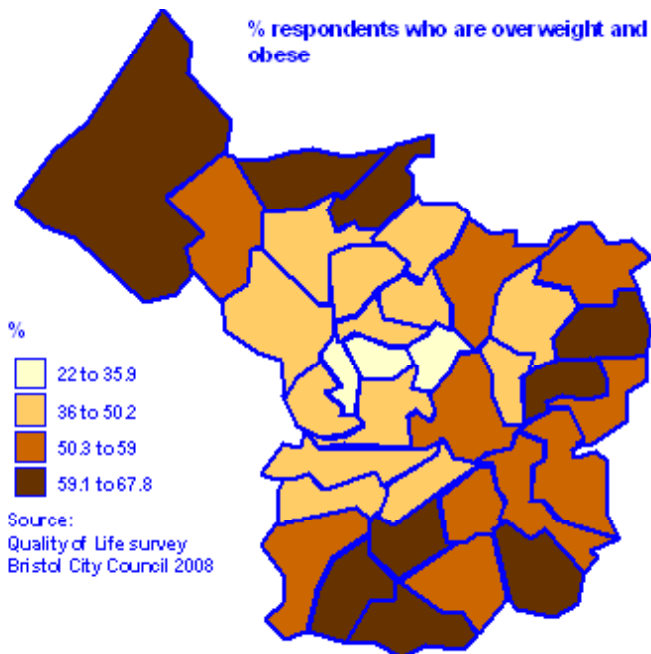


*Photo courtesy of Cycling City

Are some people and places more affected than others?

There is significant variation in the percentage of respondents who reported they were overweight or obese in different wards⁵. The lowest rate of obesity was 2% in Clifton East; the highest rate of obesity was 36% in Filwood. This suggests a strong relationship between being overweight or obese and living in a disadvantaged neighbourhood.

The survey⁵ suggests that being overweight or obese is more likely amongst certain groups. Disabled people are about 1.7 times more likely than average to be obese. People from BME groups are about 1.3 times more likely to be obese and carers are about 1.2 times more likely to be obese. A recent sample of GP practice registers based on 1,000 people with learning difficulties showed that levels of obesity amongst this group (21%) were higher than the population as a whole⁶.



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Why is physical activity important?

Physical exercise not only contributes to wellbeing, but is essential for good health. Physical activity helps to control weight as well as reducing the risk of ill-health. The two maps on the previous page show levels of obesity or overweight in the population (left) compared physical exercise (right) as measured through the Quality of Life survey. For both maps, the darker shading represents the higher percentages. It is clear from this picture there is a strong link between those areas with higher levels of people considered overweight/obese and those areas with lower levels of physical exercise.

The results of past annual Quality of Life surveys suggest that levels of physical activity (through exercise 5 times a week) appear to be falling, from 39% in 2005 to 33% in 2008. Bristol's Physical Activity Strategy seeks to reverse this trend and increase opportunities and uptake for participation in physical activity.



*Photo courtesy of Sport Services

Why is health eating important?

Healthy eating patterns contribute significantly to healthy weight. Respondents to the Quality of Life survey were asked whether they consume 5 or more portions of fruit or vegetables a day. Over half (52%) reported they did in 2008, compared to 48% in 2004. Bristol's Food and Health strategy aims to maintain this upward trend and increase awareness and opportunities for healthy eating. However, some neighbourhoods in the city have few or no greengrocers where fresh food can be bought. Based on the survey sample, men generally eat less fruit and vegetables than women, and significantly more men indicated they are overweight than women.

What are we doing about it?

Bristol has three inter-related strategies that are relevant to the prevention and treatment of obesity. The Weight Management Strategy focuses on treatment, the Food and Health Strategy focuses on prevention, and the Physical Activity Strategy contributes to both prevention and the treatment of obesity. All of these are partnership initiatives between a range of local agencies, taking a coordinated approach to tackle obesity in Bristol, enabling individuals to achieve and maintain a healthy weight.

One example is Active Bristol, a 5-year programme launched in 2008, which is designed to increase the amount of everyday physical activity amongst children and adults. Active Bristol encourages people to be more physically active, but also promotes environmental changes which enable people to incorporate more activity into everyday life. Active Bristol contributed to Bristol becoming Cycling England's first Cycling City in 2008.



In 2008, Bristol won the National Food Champion award for community diet and nutrition in recognition of work undertaken as part of the Food and Health Strategy. This included projects teaching cooking skills to vulnerable groups, training on healthy eating and food hygiene and training for trainers to ensure that courses are ongoing, beyond the lifetime of this project. Other initiatives include nutrition training for staff in nursing and residential homes and community nurses.

A care pathway is in the process of being established for overweight and obese adults in Bristol. Some options for referral are already in place. Overweight and obese patients may currently be referred into the weight management on referral scheme, which offers group support. Additionally, a support service for obese individuals starts in early 2010. There will be further treatment options available to those with a BMI over 40, with possible surgery referral.

What is our performance in this area?

The results from the General Household Survey, a national residents survey, suggest that Bristol's obesity rate is slightly lower than the England average and the 3rd lowest of the 8 Core Cities outside of London².

NHS Bristol is working with GP Practices to improve the recording of adult BMI data on practice registers. This information is vital to ensure that we have a more accurate picture of the prevalence of adult obesity in the local population, than the Quality of Life survey alone can tell us. All 57 GP practices in Bristol are participating in the weight management on referral scheme. Over 5000 patients have been referred to the weight management on referral scheme over the last 4 years. Of those who complete at least 10 weeks out of the 12 week programme, about half achieve a weight loss of at least 5% within this 3 month period. Patients then have the option of attending for an additional 12 weeks in order to move towards a 10% weight loss in 6 months.

Whilst there are no specific performance indicators relating to this area, by reducing the level of adult obesity, the risks of many other causes of ill health such as Cardiovascular disease (CVD), diabetes and cancer are significantly reduced.

References / Glossary

¹The National Institute for Health and Clinical Excellence (NICE) (2006). *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*. London www.nice.org.uk/guidance/CG43

²Modelled estimate of the percentage of adults who are obese from Health Survey for England, 2003 - 2005.

³Cross Government Obesity Unit, Department of Health, Department for Children, Schools and Families. *Healthy Weight, Healthy Lives: A Cross Government Strategy for England; Healthy Weight Healthy Lives: Guidance for Local Areas* (2008). Department of Health and Department for Children, Schools and Families. London

⁴The Joint Strategic Needs Assessment of Health & Wellbeing provides an overview of the health and wellbeing of the city. For more information, go to:

www.bristolpct.nhs.uk/publichealth/JSNA.asp

⁵The Quality of Life Survey is available on line at: www.bristol.gov.uk/qualityoflife

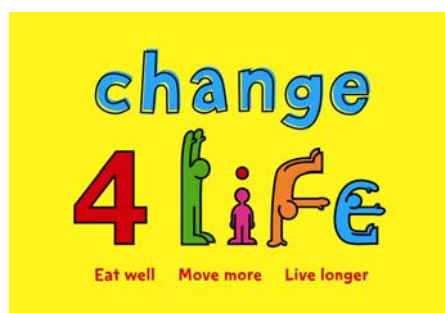
⁶Gale, L., Russ, L. and Naqvi, H. (2008) *'The health of adults with learning difficulties in Bristol'*, Bristol Public Health department

Change for Life, *eat well, move more, live longer*. Bristol's initiatives directly support these ambitions. For more information about Change for Life go to: <http://www.nhs.uk/Change4life>

Bristol's Weight Management Strategy is available at:

www.bristol.nhs.uk/PublicHealth/Reports/public_health_strategies/

For advice on leading a healthy lifestyle, visit: www.nhs.uk/choices



This fact sheet was produced by Bristol Public Health in cooperation with:

