

# The facts about obesity



Obesity is one of the most important public health issues in Australia<sup>1</sup>



**2 in 3 adults** are considered overweight or to have obesity



**1 in 3 adults** are considered to have obesity

## What is obesity?



Obesity is a **chronic, relapsing, inflammatory disease** that requires lifelong medical treatment and support.<sup>2-4</sup>



Obesity is often measured using body mass index (BMI). BMI calculates the relationship between body weight and height.<sup>5,6</sup>

**Click here** to determine your BMI with this online tool.<sup>†</sup>



An adult with a BMI of 30 or higher is considered to have obesity.<sup>6,7</sup>



For adults, obesity becomes clinically severe when:<sup>8</sup>

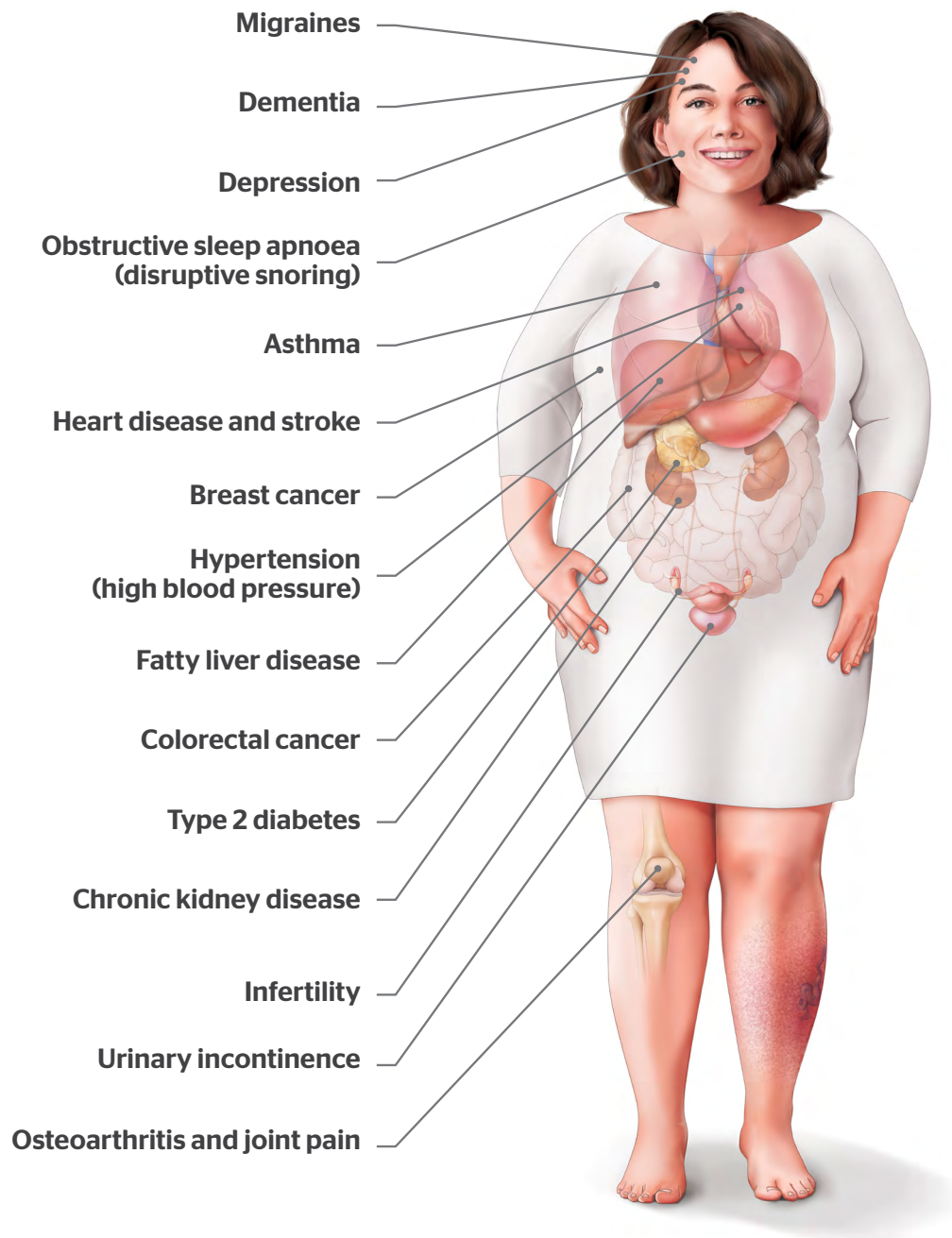
- BMI is 40 or above
- BMI is 35 or above in combination with a health-related condition such as obstructive sleep apnoea, type 2 diabetes, or cardiovascular disease.

BMI Definitions	BMI (kg/m <sup>2</sup> )*
Underweight	Under 18
Healthy weight	18-25
Overweight	25-30
Obese	30-35
Severely obese	35-40
Morbidly obese	40 and over

\*For Asian and indigenous populations, BMI thresholds for obesity are 2.5 units lower.<sup>6,9,10</sup>

## Health risks associated with obesity

Living with excess weight can put your health at risk.<sup>11</sup> Obesity affects almost every organ in your body, greatly increasing the risk of serious health problems.<sup>5</sup> This risk increases sharply as obesity becomes more severe.<sup>12,13</sup>



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**Important Safety Information.** Since 2012, the Bariatric Surgery Registry has collected safety data from almost 90,000 people who have undergone bariatric (weight loss) surgery in Australia and New Zealand. In 2018-2019, the incidence of adverse events requiring unplanned return to surgery, intensive care unit admission, or hospital readmission in the first 90 days after primary (first-time) bariatric surgery was 2.1%. This indicates that around 1 in 50 people who undergo bariatric surgery will experience a complication such as leaking or narrowing (stricture) of the surgical connection, dehydration or electrolyte imbalance, abdominal pain, bleeding, or vomiting.<sup>16</sup>

Bariatric surgery is generally recommended for people with morbid obesity (BMI  $\geq 40$  kg/m<sup>2</sup>) or severe obesity (BMI  $\geq 35$  kg/m<sup>2</sup>) with  $\geq 1$  obesity-related conditions, but may be considered for those with a BMI 30-35 kg/m<sup>2</sup> who have poorly controlled type 2 diabetes.<sup>9,10</sup> It may not be suitable for individuals with certain digestive tract conditions. You should consult your physicians to determine your need for a healthy energy controlled diet and physical activity, and whether bariatric surgery is appropriate for you.<sup>9</sup> There are risks with any surgery, such as adverse reactions to medications, problems with anaesthesia, problems breathing, bleeding, blood clots, accidental injury to nearby organs and blood vessels, even death. Your weight, age, and medical history will determine your specific risks.<sup>17</sup> Bariatric surgery has its own risks, including failure to lose weight, nutritional or vitamin deficiencies, and weight regain.<sup>5</sup>

**References.** 1. Australian Institute of Health and Welfare. *Overweight and obesity: an interactive insight*. Cat. no. PHE 251. Canberra: AIHW. 2020. Available: <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity-an-interactive-insight> (accessed May 2021). 2. Bray GA, et al. *Obes Rev*. 2017;18(7): 715-723. 3. Papamargaritis D, le Roux CW. *Nutrients*. 2021;13(3):762. 4. Royal Australian College of General Practitioners. Obesity prevention and management position statement. February 2019. Available: <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Obesity-prevention-and-management.pdf> (accessed May 2021). 5. Bray GA, et al. *Endocr Rev*. 2018;39(2):79-132. 6. National Health and Medical Research Council. *Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia*. 2013. Melbourne: National Health and Medical Research Council. 7. Schwartz MW, et al. *Endocr Rev*. 2017;38(4):267-296. 8. Pucci A, Batterham RL. *J Endocrinol Invest*. 2019;42(2):117-128. 9. Australian & New Zealand Obesity Society. *The Australian Obesity Management Algorithm*. 2020. Available: <https://www.anzos.com/publications> (accessed May 2021). 10. Mechanick JL, et al. *Endocr Pract*. 2019;25(12):1346-1359. 11. Poirier P, et al. *Circulation*. 2006;113(6):898-918. 12. Garvey WT, et al. *Endocr Pract*. 2016;22 Suppl 3:1-203. 13. Stommel M, Schoenborn CA. *Obesity (Silver Spring)*. 2010;18(9):1821-1826. 14. Ghiassi S, et al. *Surg Obes Relat Dis*. 2020;16(6):713-724. 15. Moxthe LC, et al. *J Reprod Infertil*. 2020;21(2):71-86. 16. Monash University Bariatric Surgery Registry. *Bariatric Surgery Registry 2018/19 Report*. June 2019. Available: <https://www.monash.edu/medicine/sphpm/registries/bariatric/reports-publications> (accessed May 2021). 17. Mohabir PK, Coombs AV. *Surgery*. December 2020. MSD Manual Consumer Version. Available: <https://www.msdmanuals.com/en-au/home/special-subjects/surgery/surgery#> (accessed May 2021).

To be completed in discussion with your healthcare team.

## Surgeon details

Name:

Email:

Telephone:

Practice address:

## General practitioner (GP) details

Name:

Email:

Telephone:

Practice address: