My personal perspective on the obesity epidemic

Dr. Mokdad is chief of Behavioral Surveillance Branch and Director of the Behavioral Risk Factors Surveillance System at the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in Atlanta

Physical activity and a balanced diet were part of my daily routine as a child. I grew up in a place with few cars, so everybody walked. We played all kinds of sports in open spaces between the buildings. There were three television channels with boring programs, so it was much more fun to run outside with other kids. Desserts were served only on special occasions; we had fruit after each meal. We drank milk or fruit juice all the time and rarely had soda. The stores did not have snacks or many sweets; the main attraction was the beautiful display of fruits and vegetables outside. Time has changed much. The same neighborhood is fully developed, so there is no place to play anymore. Everybody has a car; double parking and traffic jams are common. Stores have a wide variety of chips and candies nicely packed and displayed to attract kids. There are all kinds of ice-cream, local and imported. Satellite dishes have brought hundreds of channels to each home; TV is now interesting. Video games and computers are in almost every house. There are no kids running around in the neighborhood anymore; they are inside.

At school there was one overweight boy. I remember him well. In fact, all my schoolmates remember him well because being overweight was so unusual at the time. Nowadays, most kids in my old school are overweight and many are obese. In fact, many of us who graduated have became overweight or obese. It is sad to say that my dear schoolmate is not alone anymore. By the way, I was born and raised in Beirut, Lebanon. Indeed, overweight and obesity are a major health problem worldwide.

The literature is full of articles about the epidemic of obesity, I have contributed some myself. My articles were original and described the spread of the obesity epidemic in the United States. However, my childhood story is common. This rapid increase in obesity all over the world implies that broad changes have occurred in our societies and led to unlikely due to genetic or other biological changes. They are simply due to change in our behaviors. What can we do? Let us list our options. Use medication or surgery to prevent or treat obesity. Well, this would be expensive with potential adverse effects. However, the main reason for ruling this option out is "competing morbidity". Not long ago, health professionals faced the same decision with blood pressure. Now it is the norm to provide medication to treat high blood pressure and few encourage lifestyle modification. In fact, many all over the world are on such medications. I have to admit that these medications have been instrumental in controlling blood pressure when taken by patients, but with side effects. By accepting medication as a mean of controlling or treating blood pressure instead of promoting lifestyle modification, we had to rely on medication to control high cholesterol, diabetes, and now obesity to name a few. Although medication may be extremely important, we need more emphasis on lifestyle modification. Even if we have a superb pill for obesity today, the list will go on unless we change our behaviors.

weight gain by fostering caloric imbalance. Such changes are

Change our environment. This is easier said than done, it is impossible for my 3-year-old daughter to live the same way I did. As humans, we have became so accustomed to the luxuries of our success. Machines are a part of our daily lives. I just realized it when my old push lawnmower "retired". It was hard to find a similar replacement: the new ones are powerful, self propelled, and cheap. We have became so efficient in agriculture, food is more abundant and cheaper than ever. We have more fast food outlets and restaurants that compete to attract us by serving larger meals. Land has become so expensive within cities limits, leaving no more space for playgrounds. I could go on and on discussing each aspect of the environment, but our

Soz.- Präventivmed. 48 (2003) 143–144 0303-8408/03/030143–02 DOI 10.1007/s00038-003-3042-2 © Birkhäuser Verlag, Basel, 2003

Mokdad AH My personal perspective on the obesity epidemic

behaviors are the problem. Indeed, without environmental changes, we can still eat a balanced diet and be physically active.

There are other options to consider. Since technology reduced our physical workload, let us also use it to increase our physical activity. Yes, we may be able to design new TV sets connected to exercise machines. The viewer has to cycle or walk in order to turn on the set. The same technology could be applied to our computers and other equipments. Our new office chair may well be a bicycle. I have to add that push lawnmowers should be cheaper and more easily available. However, we do not need these expensive new toys to eat a balanced diet and be physically active. The best solution is inexpensive. Our health will benefit whether we lose or maintain weight. It allows us to spend our limited resources on other challenges. It is time for all of us to change our behaviors and adopt a healthy lifestyle. It is time for all of us, parents, children, young, old, Lebanese or Americans, to improve our diet and increase our physical activity. Each one of us has to be a role model. Each one of us has to fight this epidemic. Let us all eat a balanced diet and restore physical activity to our daily routine.

Ali H. Mokdad

Address for correspondence

Ali H. Mokdad, Ph.D. Division of Adult and Community Health 4770 Buford Highway, N.E. Mailstop K66 USA-Atlanta, GA 30341-3717 Tel.: +1-770-488-2524 Fax: +1-770-488-8150 e-mail: ahm1@cdc.gov



To access this journal online: http://www.birkhauser.ch

Soz.- Präventivmed. 48 (2003) 143–144 © Birkhäuser Verlag, Basel, 2003