

TAPESCRIPT – FROM 05:40 TO 9:30

My guest today is Dr Ian Campbell, president of the National Obesity Forum. Ian, why should we worry about the growing rates of obesity?

CAMPBELL

Quite simply because of the disease that results from it. It not only causes great social inequalities - it affects how people are able to gain employment and look after themselves - but it causes a massive amount of Type II diabetes, of heart disease, high blood pressure and raised cholesterol levels.

PORTER

Let's quantify those risks. First of all, we talk about people being overweight and obese, what's the difference?

CAMPBELL

Well we use what's called the body mass index to try and define this and basically you take your weight in kilograms and divide it by your height in metres squared and that comes up with a number which if it's above 25 you're overweight, if it's above 30 you're clinically obese. But perhaps a better way of doing it is to do a waist measurement and if your waist is more than 35 inches in a woman or more than 40 inches in a man that equates the same disease risk as being clinically obese.

PORTER

And how significant is that disease risk - I mean let's look at diabetes - there's a strong correlation between being overweight and developing what we call maturity onset or type II diabetes, how strong is that link?

CAMPBELL

Well by the time you've just start encroaching on the overweight category your risk of type II diabetes is doubled. By the time you get to the clinically obese range it's 12 fold and if you get to the very morbidly obese body mass index of 40, in women that's 90 times the risk of a normal weight woman.

PORTER

So if you've got a body mass index of 30 a typical woman would be what - roughly two to three stone overweight, would that put you in that ...?

CAMPBELL

Yeah as a guide a woman would be two stone, carrying two stone of extra weight, in a man it would be about two and a half stones.

PORTER

Right, so that's significant. What about heart disease and stroke - obviously they're linked to diabetes in turn - but an absolute risk, if you're obese how much more likely are you to have the heart attack or a stroke?

CAMPBELL

Again it's generally speaking, your risk of having heart disease if you're clinically obese is four fold.

PORTER

And like all risk factors they tend not to be additive, so if you're a smoker as well and you have high blood pressure your risk increases much more presumably?

CAMPBELL

That's right weight carries increased risk but if you smoke, if you're physically inactive, if you've a family history - all these different things, increase the risk even further.

PORTER

It seems to occur there in that interview that obesity is principally a matter of overindulgence, for whatever reason, and there's lots of reasons why people overindulge, and/or inactivity as well. So why do we need medical intervention?

CAMPBELL

Well in reality what we see in medical practice is that even when you try and adjust food intake and increase energy expenditure many people just don't lose weight. And the reasons for that are many, it may be because of inaccurate reporting but it's also because people are trying their hardest but the pressures which led them to be overweight in the first place are still there. In other words they may want to eat a more healthy diet but advertisements to eat unhealthy food or constraints on their time to prepare it are still there. And so they tend to carry on with those habits even though they're constantly fighting against them. And because of the disease risk that results there is an obligation on the doctor to take the matter seriously and encourage weight loss, which sometimes means weight loss medication can be helpful.

PORTER

We're looking at it largely from a medical perspective but what about from the other side of the desk, I mean you and I are both GPs, but how do the people who are sitting there who are overweight feel, do we know much about their own impression about their health risks, do they underestimate them, do they overestimate them, are they concerned about being overweight?

CAMPBELL

Many people are not concerned and in my own practice occasionally you raise the subject with someone and they'll say quite candidly - doc, I'm not bothered - and so be it, allow them to carry on. My job's to inform them, they don't choose to take that advice, it's okay. But when they do become concerned in women it often starts fairly early in adult life and it's partly cosmetic but partly towards future health. With men it's usually imminent health risk, in other words they've been told they've got high blood pressure and they've just had their first heart attack - tell me anything I can do doctor to reduce the risk - then they're interested in tackling their weight. But you can use that motivation just to feel better, to be more energetic, as a motivating factor to encourage them towards health related weight loss.