Obesity in the 21st-century: It's more than just behavior.

## Obesity: A multifactorial disease

Martin Binks, Ph.D., FTOS. Associate Professor.

Behavioral Medicine & Translational Research Lab (BMTR),
Director, Nutrition & Metabolic Health Initiative (NMHI)
Department of Nutritional Sciences, College of Human Sciences,
Texas Tech University.
Lubbock, Texas.



#### **Disclosures**

Martin Binks PhD., FTOS has financial or other relationship(s) with the following companies and or organizations:

- Takeda Pharmaceutical (Speaker)
- Novo Nordisk (Speaker)
- WorldCare International Inc. (Consultant)
- International Food Information Council (Non-profit; Scientific Advisory Board)
- Coca Cola Company (Received 5K in Student Travel Grants)
- Binks Health (Consultant Proprietor)
- Nestle Health Science (Research Grant)
- The Obesity Society (Secretary Treasurer-Development Chair)



## Objectives:

- Provide an overview of the disease of obesity.
- Address public and professional misperceptions surrounding the causes, maintaining factors and remedies for obesity.
- Summarize future directions and encourage fresh perspectives and inclusive approaches.



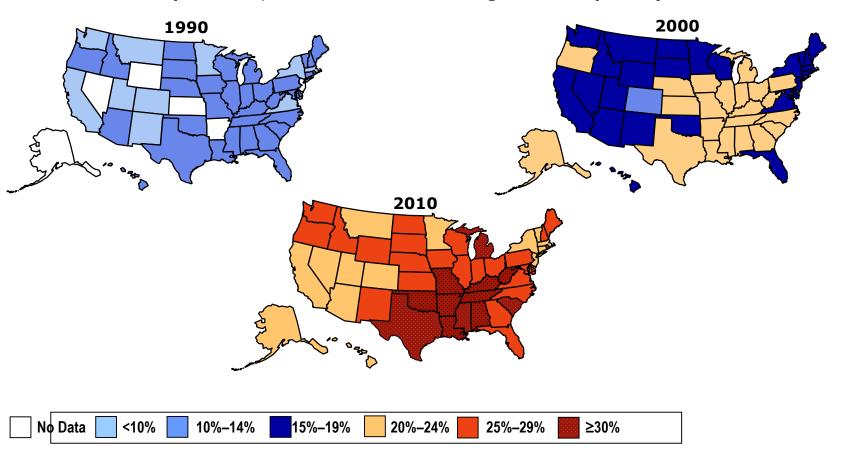
#### **PREVALENCE OF OBESITY**



#### **Obesity Trends\* Among U.S. Adults**

BRFSS, 1990, 2000, 2010

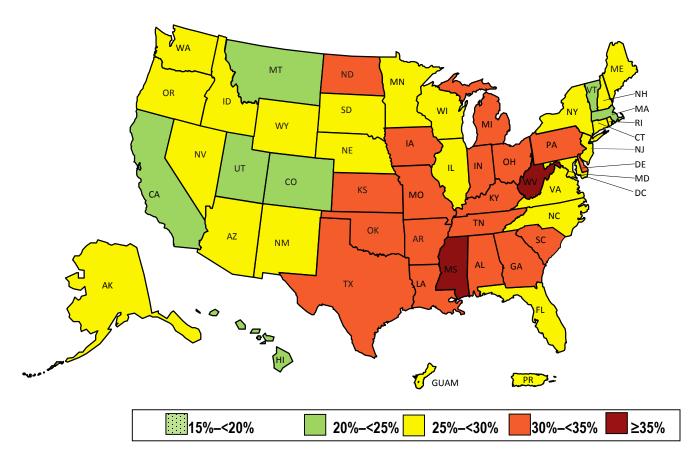
(\*BMI ≥30, or about 30 lbs. overweight for 5'4" person)





## Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

\*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.





## Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

#### **Summary**

- No state had a prevalence of obesity less than 20%.
- 7 states and the District of Columbia had a prevalence of obesity between 20% and <25%.</li>
- 23 states had a prevalence of obesity between 25% and <30%.</p>
- 18 states had a prevalence of obesity between 30% and <35%.</li>
- 2 states (Mississippi and West Virginia) had a prevalence of obesity of 35% or greater.
- The prevalence of obesity was 27.0% in Guam and 27.9% in Puerto Rico.\*

http://www.cdc.gov/obesity/data/prevalence-maps.html





<sup>\*</sup>Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

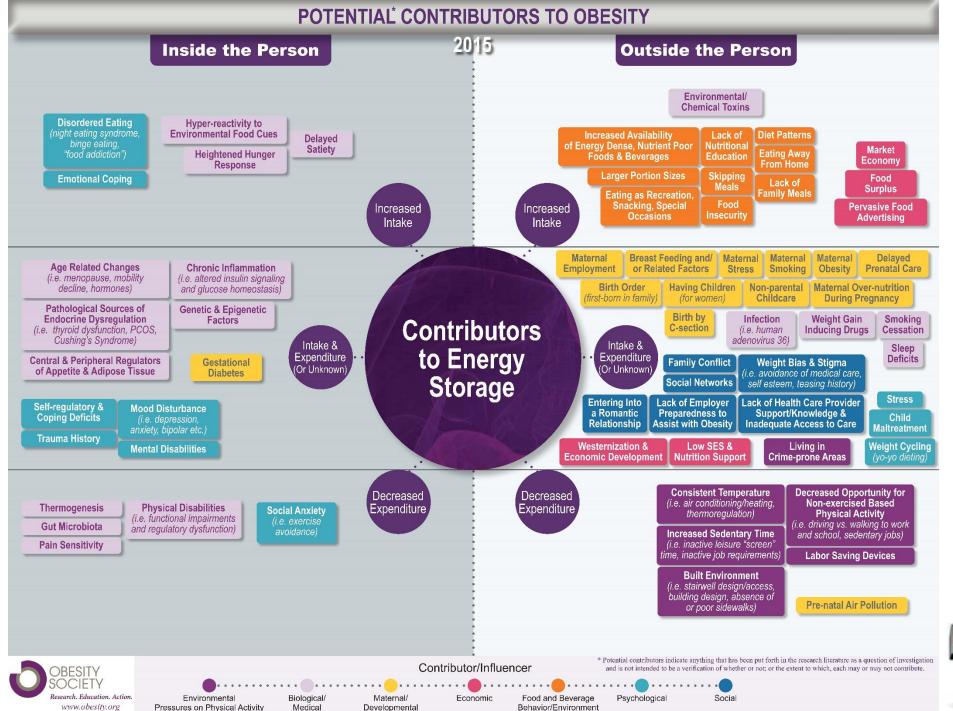
<sup>\*</sup> Guam and Puerto Rico were the only US territories with obesity data available on the 2013 BRFSS.

#### Medical & Psychosocial Consequences of Obesity

Depression, low self esteem, stigmatization, body image issues, reduced quality of life ldiopathic Pulmonary disease intracranial abnormal function obstructive sleep apnea hypertension Stroke hypoventilation syndrome Cataracts Nonalcoholic fatty liver Coronary heart disease disease Diabetes steatosis Dyslipidemia steatohepatitis Hypertension cirrhosis Metabolic Syndrome Gall bladder disease Severe pancreatitis Cancer Gynecologic abnormalities breast, uterus, cervix abnormal menses colon, esophagus, pancreas infertility kidney, prostate polycystic ovarian syndrome Osteoarthritis **Phlebitis** Skin venous stasis Gout

# POTENTIAL CONTRIBUTORS TO OBESITY



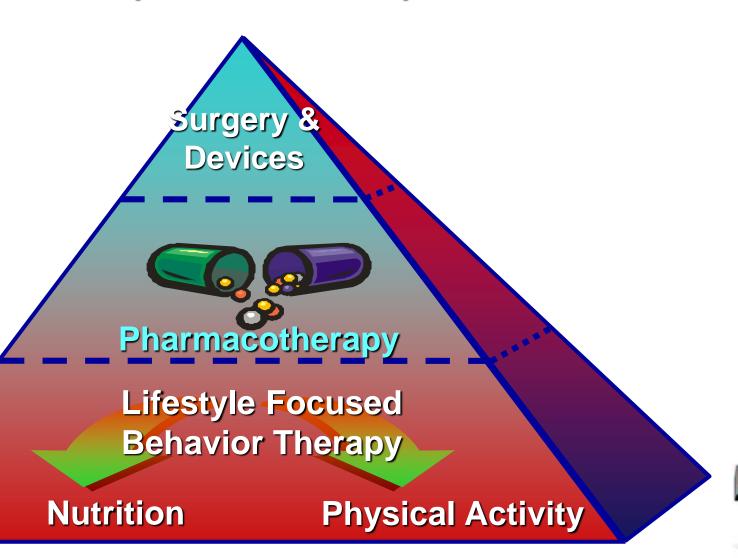




#### **INTERVENTIONS**



## Treatment options Obesity Treatment Pyramid



#### Comparison of Intervention Types

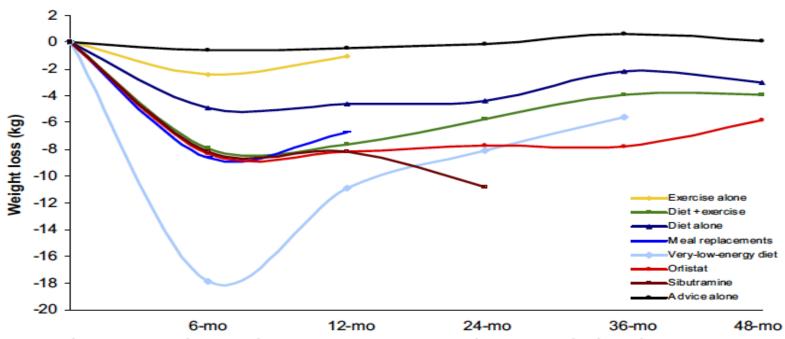


Figure 1. Average weight loss of subjects completing a minimum 1-year weight-management intervention; based on review of 80 studies (N=26,455; 18,199 completers [69%]).

#### **Exercise Plus Diet:**

7.9 kg at 6 months maintained about half (3.9 kg) at 3 and 4 years

#### **Exercise Alone:**

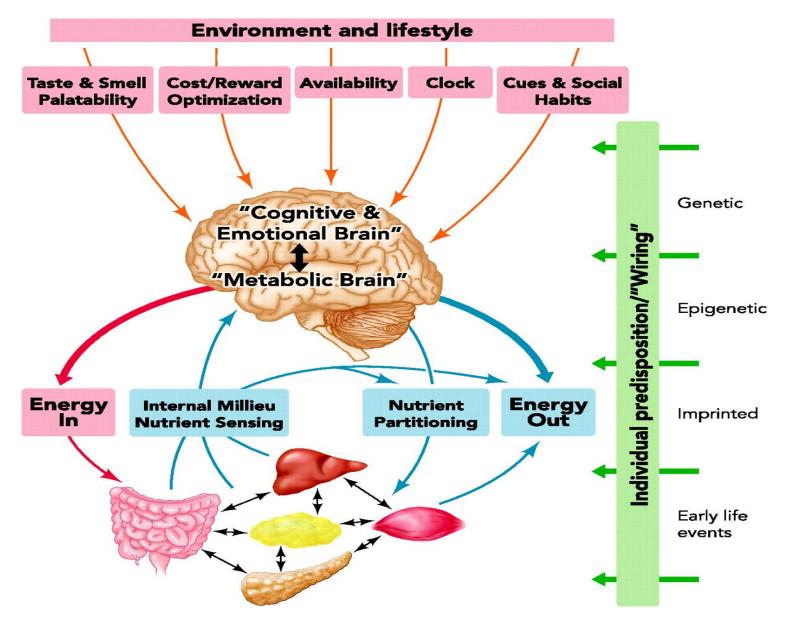
2.4 kg at 6 months, maintained about half (1.0 kg) at 24 months



# POSITIVE ENERGY BALANCE: INGESTION



## **Neural Systems Controlling the Drive to Eat: Mind Versus Metabolism**





## The gut-brain axis...

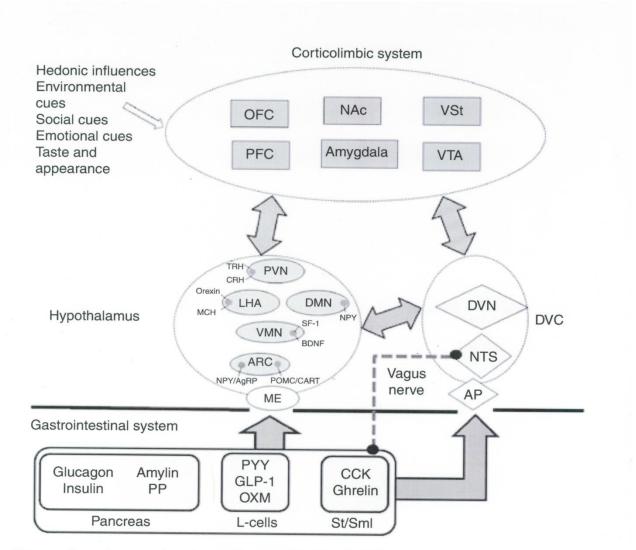
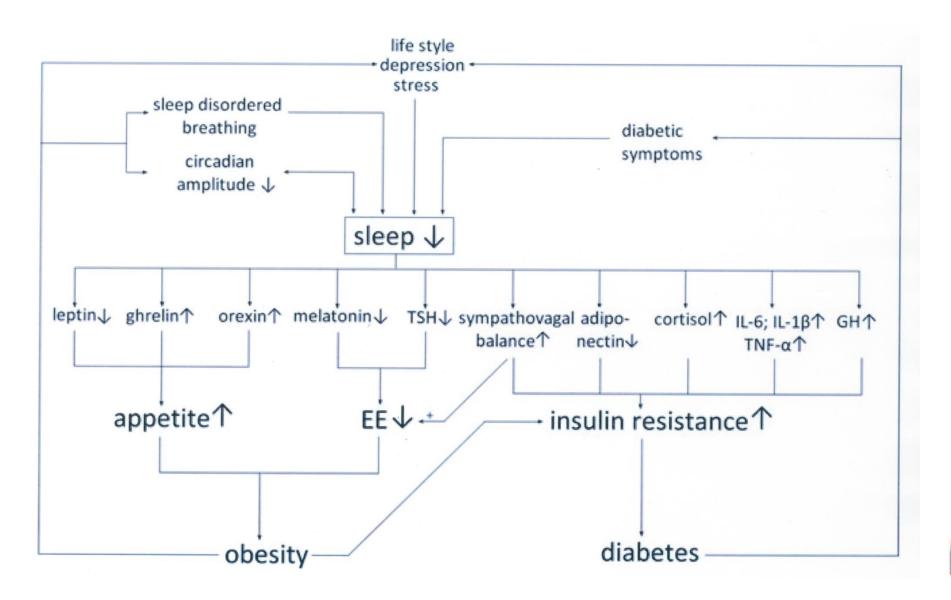


Figure 1. A gut-brain axis controls food intake and appetite in response to homeostatic and non-homoeostatic signals. The



#### Sleep: Relationships to appetite, obesity and insulin resistance.





# RESISTANCE AND ADAPTATION TO NEGATIVE ENERGY BALANCE



## **Energy expenditure increased with weight gain, decreased with weight loss**

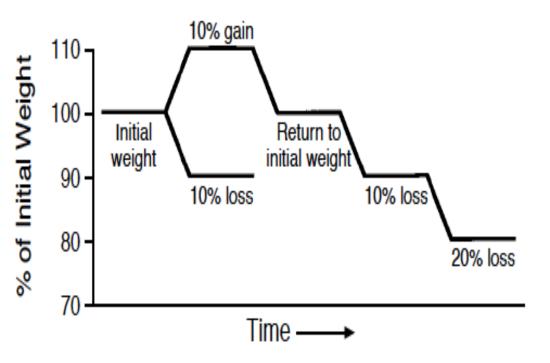
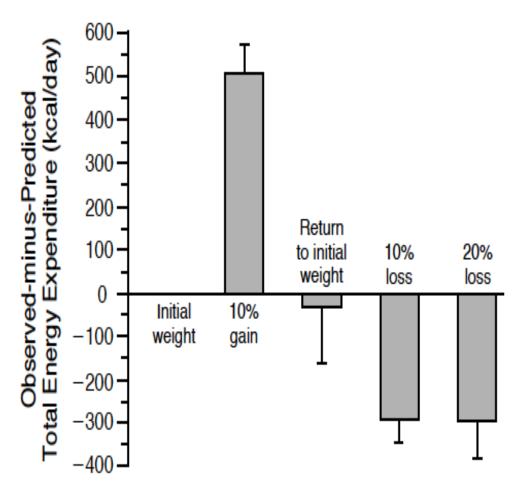


Figure 1. Study Design.

All subjects were studied at their initial weight and after at least one change in weight.



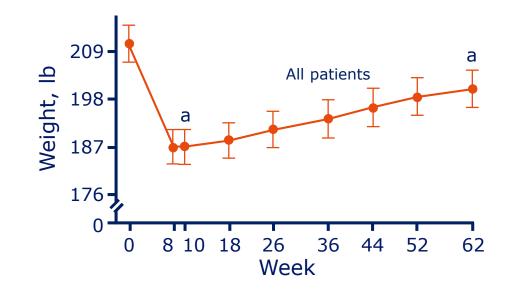
The NEW ENGLAND JOURNAL of MEDICINE

#### ORIGINAL ARTICLE

#### Long-Term Persistence of Hormonal Adaptations to Weight Loss

Priya Sumithran, M.B., B.S., Luke A. Prendergast, Ph.D., Elizabeth Delbridge, Ph.D., Katrina Purcell, B.Sc., Arthur Shulkes, Sc.D., Adamandia Kriketos, Ph.D., and Joseph Proietto, M.B., B.S., Ph.D.

- Weight loss induced after 10 weeks:
  - 13.5 kg, 14% of initial weight
- Weight maintenance at end of week 10:
  - Individual counseling
  - Written advice from Registered Dietitian
  - Visit clinic every 2 months
  - Receive telephone dietary counseling
- Follow up at 62 weeks



Sumithran P et al. N Engl J Med. 2011;365:1597–1604.

Weight Loss — Hunger hormone response becomes amplified...

Change from baseline to week 10: Increase in levels of ghrelin (P<0.001) Change from baseline to week 62: Ghrelin remained significantly higher (P<0.001)

Weight Loss — Satiety hormone response is blunted ...

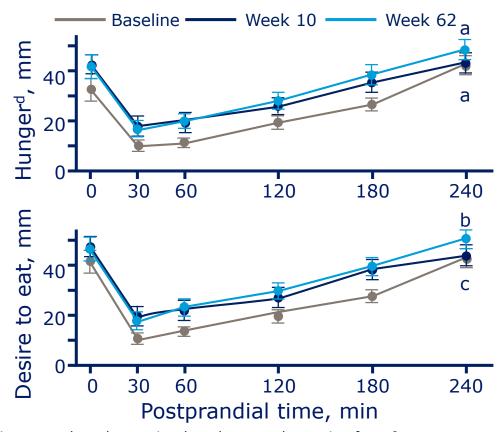
PYY lower at week 10 and 62 than baseline (P<0.001)

PYY lower at week 62 than week 10 (P<0.004)

Sumithran P et al. N Engl J Med. 2011;365:1597-1604.

## Weight loss increased subjective feelings of hunger and drive to eat ...

- a. Don't feel as full
- b. Stronger hunger urges
- c. Harder to say "no more"



 $^{a}P$ <0.001,  $^{b}P$ =0.09,  $^{c}P$ =0.008 vs mean at baseline (week 0).  $^{d}R$ atings were based on a visual-analogue scale ranging from 0 to 100 mm. Higher numbers indicate greater hunger or desire.

### PHYSICAL INACTIVITY





Many U.S. kids are overweight or obese, and most don't exercise.

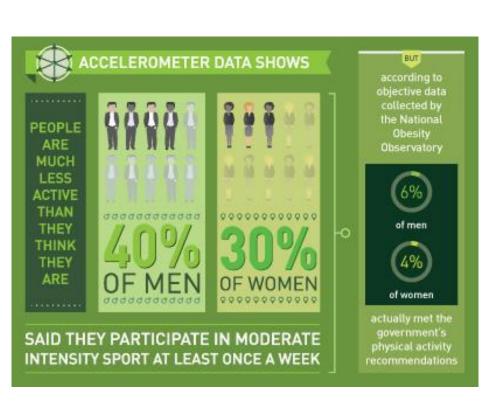














# EFFECT OF PHYSICAL INACTIVITY ON MAJOR NON-COMMUNICABLE DISEASES WORLDWIDE: AN ANALYSIS OF BURDEN OF DISEASE

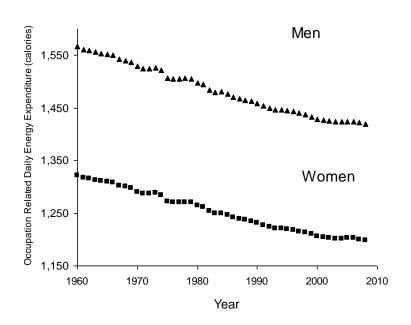
AND LIFE EXPECTANCY

I-Min Lee, Eric J Shiroma, Felipe Lobelo, Pekka Puska, Steven N Blair, Peter T Katzmarzyk, for the Lancet Physical Activity Series Working Group

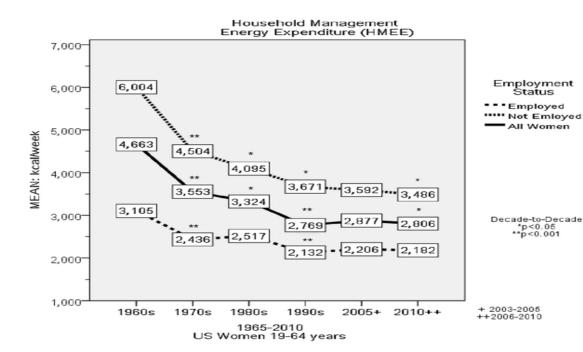
## **Findings**

- Between 6-10% of the world's major NCD is attributable to inactivity
- By eliminating inactivity, >5.3 M deaths/year may be prevented
- (For perspective: Smoking causes 5 M deaths/y worldwide)

## **Daily Occupational Caloric Expenditure**

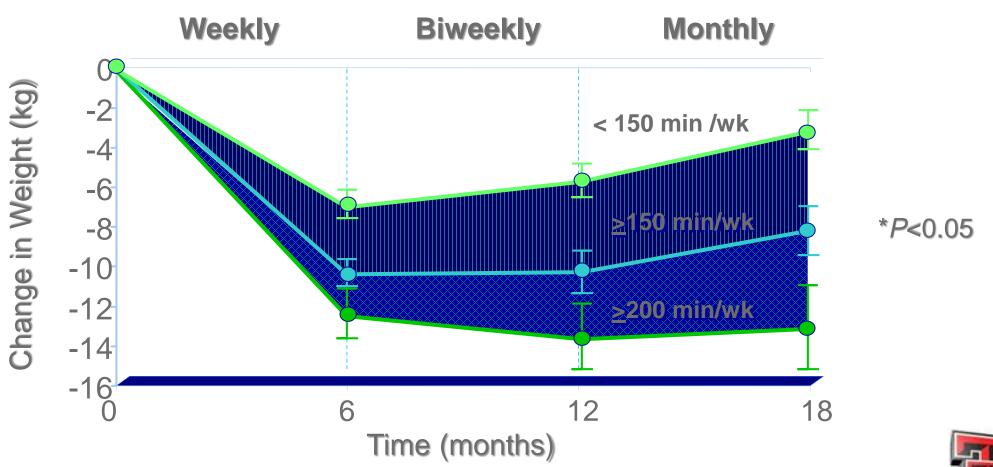


#### Household Management Energy Expenditure/Week (Female)



#### Physical Activity Necessary for Weight Loss Maintenance

#### **Concomitant Behavior Therapy**

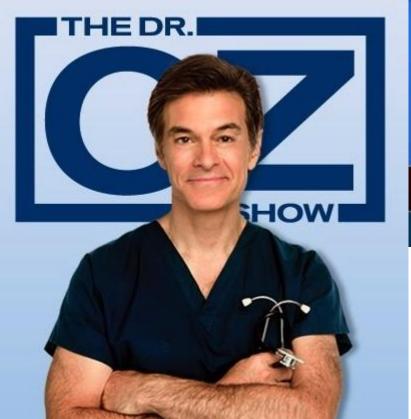


Jakicic et al. *JAMA* 1999;282:1554.

#### **PUBLIC PERCEPTIONS**



# "Trusted Doctors" give weight loss advice.





https://youtu.be/mTtCXHbLPUM



## Politicians Enact Solutions to the "Obesity Epidemic"

Firehouse Subs®

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Fail to account for the complexity of the issue.



#### In South Los Angeles, New Fast-Food Spots Get a 'No, Thanks'

By JENNIFER MEDINA JAN. 15, 2011









The city is effectively banning new fast-food places in South Los Angeles, which has much higher rates of poverty and obesity than other areas. Michal Czerwonka for The New York Times

3 1	30%	
APR 5	/1 ARM	
30-Year Fixed	3.38%	3,45%
30-Year Fixed	57,775,653	
	57,775,653	2.75%
15-Year Fixed 5/1 ARM	2.75%	3.45% / 2.75% / 3.13% / \$904/



## Partnering to get it right



















a dietetic practice group of the

Academy of Nutrition

right. and Dietetics









Personal Responsibility for diet and exercise.



Addressing obesity from myopic unidimensional perspectives is simply not working.

Multiple perspectives; various stages of knowledge – Little communication.



Technological and scientific advances – Scientists still not communicating across disciplines.



## Silos are for Corn... (not scientists)

