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OBESITY EPIDEMICS – PROBLEM OF CENTRAL EUROPE

2. Obesity in Europe 1986–2017 and EASO mission

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Obesity is probably the most emerging disease of the 21st century. Its prevalence has more than doubled since the 1980's when attention to it started to emerge. It is a gateway to ill health and plays a central role in the development of a series of other non-communicable diseases like diabetes, hyperlipidemia and hypertension – with the consequences of myocardial infection and other atherosclerotic disease as well as cancer and many other health issues like osteoarthritis. The European Association for the Study of Obesity (EASO) is the scientific society generating scientific evidence and information, distributing education on all levels (doctors, other health care providers, politicians and the public) and serving as advocate of the patients with obesity. On 20th October 2016 released the latest *European Health Interview Survey* dealing with the weight situation in Europe. While 46.1 % of people above 18 were considered to be normal weight, 35 % were overweight (pre-obese) and 15.9 % were obese, only 2.3 % were underweight. The share of obesity ranged from below 10 % in Romania to 26 % in Malta (which is the country with the highest prevalence in children also). There is no systematic difference in obesity levels between *men and women:* the proportion of obesity was higher for men in half of the Member States, and higher for women in the other half. Within a Member State however, significant *gaps* can be observed, with the proportion of obese men being much higher than that of women in Malta (28.1 % for men compared with 23.9 % for women, or +4.2 percentage points – pp), Croatia (+3.9 pp), Slovenia (+3.6 pp) and Cyprus (+3.4 pp), and the percentage of obese women being much higher than that of men in Lithuania (19.9 % for women compared with 14.1 % for men, or +5.8 pp), Latvia (+4.4 pp) and the Netherlands (+3.6 pp). At EU level, the share of obesity was almost equal in 2014 between men (16.1 %) and women (15.7 %). In nearly all Member States, the share of obesity *increases with age*. The widest gaps between the proportion of young people (aged 18–24) and older persons (aged 65–74) being obese were recorded in Slovakia (33.0 % for people aged 65 to 74 compared with 2.7 % for those aged 18 to 24, or +30.3 pp) and Latvia (+29.3 pp), followed by Estonia (+26.4 pp), Lithuania (+25.3 pp), Poland (+25.1 pp), the Czech Republic and Hungary (both +24.5 pp). At EU level, a 16.4 percentage point gap is observed between young adults (5.7 %) and older persons (22.1 %) as regards obesity. In *brief,* about 1 young adult out of 10 is considered obese in Malta (12.0 %) and the United Kingdom (10.8 %), and about 1 in 3 older persons in Malta (33.6 %), Latvia (33.2 %) and Slovakia (33.0 %). In almost every EU Member State for which data are available, the share of obesity decreases with *education level.* In 2014, the largest difference in obesity between adults with a high educational level and those with a low educational level was observed in Slovenia (9.2 % for people with a high education level compared with 26.0 % for those with a low education level, or -16.8 pp), followed by Luxembourg (-14.5 pp), Slovakia (-13.9 pp), Spain (-13.0 pp), Croatia and Portugal (both -12.3 pp), France (-12.1 pp), Austria (-11.9 pp) and Cyprus (-11.8 pp). At EU level, an 8.4 percentage point gap is observed between high educated (11.5 %) and low educated adults (19.9 %) as regards obesity. **The European Association for the Study of Obesity (EASO)** – established in 1986, EASO is a federation of professional membership associations from 32 countries. It is in official relations with the WHO Regional Office for Europe. EASO is the voice of the European obesity community, representing scientists, health care practitioners, physicians, public health experts and patients. EASO promotes action through collaboration: in advocacy, communication, education and research. The **Objectives** of EASO are: to support the development of a unified evidence-based approach to tackling obesity across disciplines and countries; to advocate obesity as an urgent and relevant health priority to policymakers, NGOs, research funders, health professionals, media, industry and the public; to identify and articulate effective solutions to these stakeholders; to create and support active campaign groups; to support national advocacy, clinical, scientific, and patient communities; to provide knowledge, advocacy and training to improve the quality and availability of care; to provide a broad platform across stakeholder groups for sharing ideas and developing solutions. **Summary:** Obesity is exploding everywhere. If it continues like now we face the potential that obesity could be present in more than 30 % of the adult population by 2030. Consecutively one in 4 adults could be diabetic, the feared twin of obesity. That is the reason why we today frequently speak about DIABESITY. Being an individual problem people will have to care for their weight and health. But diabesity is also a societal problem and modern societies will have to act NOW. It is time for health in all policies, not only focusing on the health ministries – worldwide.

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3. Situation in the management of obese patients in the Slovak Republic

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Obesity is now recognised as the most prevalent metabolic disease world-wide, affecting not only adults but also children and adolescents. The World Health Organisation has long declared obesity a global epidemic impacting a huge burden on health and health costs. In the majority of European countries, overweight and obesity affect 50 % of the population and are responsible for about 80 % of cases of type 2 diabetes, 35 % of ischaemic heart disease and 55 % of hypertensive disease among adults, which together cause more than 1 million deaths. The situation in Slovakia is not different from the other European countries. 61.8 % of Slovak adult population is overweight and obese (based on data from 2012). 23.4 % has BMI ≥ 30 kg/m^2, 18.3 % from all adults (with predominance of males) has BMI 30–35 kg/m^2, about 4 % of the adult Slovak population (predominance of women) has BMI of 35–40 kg/m^2, and in the range of class III obesity BMI ≥ 40 kg/m^2) is more than 1 % of the adult population (predominate women). Despite steady progress in the management of obesity, its prevalence continues to rise, stressing the necessity for prevention and intervention strategies not only at the individual level but also at the communities and the population as a whole. Specialised obesity services, however, are not widely available in Europe, and obesity care can vary enormously across European regions. What is the current situation in order to prevent further increases in the prevalence of obesity in Slovakia? We really need functional national prevention programmes which should involve government organisations and the individual. Such programmes should include educational iniciatives and local community activities. Organisations such as the healthcare system, food manufacturing and distributing companies, agricultural agencies, the media and organisations providing leisure activities should also be involved. Effective obesity management depends on healthcare providers who need unambiguous support from government and healthcare authorities. Obesitology Section of Slovakian Diabetes Society (OS SDS) have to work out on multilevel obesity management network: obesity management centers in major university hospital, obesity outpatient clinics led by obesity specialists, related specialists such as diabetologists, endocrinologists, psychiatrics, cardiologists, surgeons, dietologists, primary care physicians, weight reduction groups. The starting point for the obesity management is the training of obesity specialists (postgradual course). Subsequently obesity specialists should provide leadership and guidance for other physicians involved in obesity management. In order to facilitate knowledge of obesity monography Clinical Obesitology has been published by OS SDS in 2013. Since 2002 OS SDS has been organizing annually the Slovak Congress on Obesity with international participation focused on education obesity professionals (EASO Obesity Management Task Force course, 2016). The OS SDS aims to: create awareness of obesity-related issues at legislative and ministerial level; find appropriate financial resources for further development of the obesity management system, prepare appropriate conditions for increasing involvement of primary care physicians in the process of obesity management; evaluate the benefits of all long-term therapeutic strategies for weight loss and maintenance in terms of health risks, quality of life and cost-effectiveness.

4. Obesity management in Hungary. Hungarian comprehensive health tests program 2010–2020

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Introduction: The comprehensive health tests program in Hungary 2010–2020 supports the monitoring of the health status of the Hungarian adult population. The screening truck visits 125 locations yearly. In addition to screening the Program focuses on the prevention of the life–style related diseases health risks. The screening was made in first two years 2010, 2011 on 32,491 adults (female n: 18,667, median: 42 y, male n: 13,824, median: 39 y). **The aim** of the body composition analysis made by InBody 720 was to determine percent body fat (PBF) in connection with BMI. The CV risk factors were tested and blood pressure was measured. **Results:** Distribution of PBF in female was lower than normal (ref: < 28.9) 37.49 %, normal (28.9–33.3) 19.15 % and higher (> 33.3) 43.36 %, in male (< 18.65) 29.57 %, (18.65–23.15) 24.88 %, (> 23,15) 45.56 %. Mean of percent body fat by sex within BMI groups: in normal BMI (18,5–24,9 kg/m^2) female 27.23 % male 17.03 %, overweight (25–29,9) female 34.81 %, male 23.25 %, obese (> 30)

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female 40.80 %, male 30.32 %. Higher than normal percent body fat was found in normal BMI group female 6.7 % male 3.73 %, overweight female 18.32 % male 21.37 %. The tendency of prevalence of CV risk factors increased by terciles body fat percent subgroups but the final conclusion needs more analyses. The presentation will cover some of new results on 150,000 adults. **Conclusion:** Our results emphasize the necessity of prevention of obesity and cardiac disease in the case of normal or overweight BMI too.