

Introduction: Obesity 2000

With the dawning of the new millennium, there is both good and bad news about obesity. First, the problem is getting worse worldwide. Some 350 million people are estimated to be overweight, with 97 million in the United States. Second, our knowledge of the etiology and pathogenesis of obesity has grown by leaps and bounds during the last decade of the twentieth century. Leptin was discovered, and several new peptides were isolated that significantly influence feeding.

Optimism springs again in the heart of the obesity researcher that a preventive strategy and a treatment strategy both may emerge in the near future. Two things may hamper this. First, people in general expect that when you lose weight you are "cured." Yet we know obesity is a relapsing problem that is very stubborn indeed. With each new diet fad, people hope and expect that it may be their salvation. Second are the concerns that any new treatments will be worse than the disease. And why should we treat obesity anyway, since it is the fault of the overweight individual? This stigmatized view of obesity has also been held for alcoholism and for autoimmune deficiency syndrome. Social stigmas change slowly, but if new preventive and therapeutic strategies are to succeed they will need commitment from the public as well as from the government and nonprofit agencies that have done so much to reduce smoking, shift eating patterns, and change lifestyles.

It is against this background that this special issue of *Endocrine*, one, if not the first, of the twenty-first century, was designed. It begins appropriately with a paper on the

assessment and prevalence of obesity by investigators from a group in Ohio that has such long longitudinal experience with human growth patterns. Genetic and physiologic insights have greatly advanced this area and the paper dealing with that is by two of the world's leading authorities from the Pennington Center. The metabolic complications, particularly diabetes, cardiovascular disease, and cancer are well summarized in the third of the nine papers. With this background, the sequence turns to the issue of clinical evaluation and does so in the context of the natural history of obesity. The remainder of the papers focus on various strategies for dealing with the problem. The first is a paper on the treatment of obesity and reviews issues on diet, exercise, and behavior modification, three of the cornerstones of current therapy. The next two papers provide individual looks at the two drugs that are currently approved for long-term use by the Food Drug Administration: sibutramine and orlistat. The paper on thermogenic drugs reviews a topic on which only one clinical trial with ephedrine and caffeine has been published, but on which the promise of β_3 -adren-ergic drugs still looms on the horizon. The collection of nine papers ends with a discussion of the use of surgery for obesity and reviews the data from the Swedish Obese Subjects study. We hope you find this view of obesity into the twenty-first century interesting.

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