

Introduction: The determination, treatment, and prevention of obesity

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There is an epidemic of obesity in this country and in many countries of the world today. This epidemic calls for renewed resolve, energy, and innovation among teachers, researchers, and health practitioners. In October 1997 in Sunset Beach, North Carolina, I was program chair for a conference that addressed "The Determination, Treatment, and Prevention of Obesity." The conference addressed three questions pertinent to the increase in the prevalence of obesity.

- 1. What is optimal body weight? Although the prevalence of obesity is clearly increasing, estimates of this prevalence depend upon the definition of obesity that is used. The issues involved and the data available to define an optimal versus an obese body size were presented.
- 2. What are the pros and cons of obesity treatment drugs? There has never been a greater need for safe and effective drugs to help combat obesity. The path to the development of these drugs has been full of challenges and unexpected twists. Leaders in the area described the latest research on antiobesity drugs and discussed the advantages and disadvantages of their use.
- Prevention of obesity in children—can low fat diets help? The prevention of obesity in children is of great public-health importance. The theoretical contribution of a low-fat diet to obesity prevention were discussed, and field trials to implement low-fat diets in children were described.

The presentations sparked stimulating discussion. Below are just a few highlights.

- **Dr. George Bray**, of the Pennington Institute, disclosed that a copy artist's quest for symmetry resulted in incorrect nomograms for BMI in the Surgeon General's *Report on Nutrition* and the National Research Council's *Diet and Health Report*.
- **Dr. Barry Popkin**, of the University of North Carolina at Chapel Hill, presented arguments for economic approaches to improve food choices. "The cigarette tax had a huge impact on smoking. Similar economic measures may need to be considered to impact fat intake."
- **Dr. Russel Leupker**, of the University of Minnesota, admitted that he would like to do several subgroup analyses on the data from CATCH but was warned by his statisticians that their "statistical licenses" will be taken away if he did.

- **Dr. Walter Willett**, of Harvard University, pointed out that "it is interesting that in private schools kids have an hour or more of physical activity everyday. If it is good enough for kids in private schools, why isn't it available for kids in public schools?"
- **Dr. Van Hubbard**, of the National Institutes of Health, NIDDK, emphasized that the 1995 Dietary Guidelines for Americans stressed weight maintenance. "Balancing energy intake with physical activity to produce no further weight gain is an extremely important goal and perhaps the most important public health message."

And as a final, of many possible examples, Susan Yanovski, George Bray, and Richard Atkinson debated whether the standards for approval of antiobesity drugs should be different from those of other drugs.

- **Dr. Susan Yanovski**, National Institutes of Health and NIDDK, stated, "There are going to be people out there who want to use weight reduction drugs for cosmetic use regardless of what the indications are. There has to be a way to decrease the misuse that is going to happen with these drugs, or we are not going to be able to prescribe them"
- **Dr. George Bray**, Pennington Research Center, commented, "Since the Phen-Fen debacle, I have reached the conclusion that if any antiobesity drug is effective it will be used for cosmetic purposes. Perhaps we should emphasize a higher level of safety for weight loss drugs. I was wondering if Dr. Atkinson would want to reframe the treatment guidelines which we spent so much time developing."
- **Dr. Richard Atkinson**, University of Wisconsin, replied, "We don't say that no diuretic should be used to treat hypertension because they could be abused and hurt people. I think we are a little paranoid about obesity as a disease. Other drugs are used for purposes for which they were not intended and I hesitate to beat up on obesity more than other diseases. Why should obese people be denied a drug that they need?"

As is evident from these excerpts, the conference presentations and ensuing discussion were cutting edge. We are pleased to present summaries from the presentations in this special issue and in several issues to follow.