Government initiatives to tackle the obesity epidemic

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This article highlights the prevalence of obesity in the UK and the associated health costs. It discusses the attempts the government is making to halt the growth of the ‘obesogenic’ society and summarises practical tips and interventions of use when advising individuals on obesity issues.

Obesity is the most common nutritional disorder in the world (WHO, 1998), caused when an individual’s energy intake exceeds her or his expenditure for a prolonged period of time. For example, consuming an extra 100 kilocalories per day on top of an individual’s energy requirements will cause a 5kg weight gain per year (SIGN, 1996).

Yet despite the apparently simple cure of reducing calorie intake or increasing physical activity, the incidence of obesity is on the increase (Table 1). In 2003 almost 60 per cent of women and 68 per cent of men were overweight or obese in the UK.

The picture is similar for children. One recent report found 33 per cent of Scottish 12-year-olds were overweight, 18 per cent were obese and 10–11 per cent were severely obese. The expected figures were 15 per cent, 5 per cent and 2 per cent respectively (NHS Quality Improvement Scotland, 2003).

Along with this rise in obesity has come an increase in diseases such as diabetes, coronary heart disease, cerebrovascular disease and certain cancers.

The National Diet and Nutrition Survey (Office for National Statistics and MRC, 2004) found that only 36 per cent of men and 26 per cent of women met the target of 30 minutes of physical activity, five days a week as recommended by the Department of Health (Joint Health Surveys Unit, 2004).

The document *Securing Good Health for the Whole Population* (DoH, 2004a) highlighted the lack of cohesion between the different departments within government. While the DoH is recommending a lower fat, sugar and salt diet, schools are making money from vending machines, reducing the number of hours given to physical exercise and selling off their playing fields. On the back of this report, the government published its white paper *Choosing Health: Making Healthy Choices Easier* in November 2004 (DoH, 2004b).

The ethos of this document is for collaboration between different government bodies (for example the Food Standards Agency, DoH, Department for Education and Skills, Department of Culture, Media and Sport) as well as with the media, food industry and communities to achieve the common goal of better public health.

**Encouraging healthy choices**

*Choosing Health* aims to help people make healthier choices by developing a more user-friendly system for food labelling.

The Food Standards Agency (FSA) is consulting on options such as the traffic light system to allow consumers to see at a glance how a particular product fits into a healthy diet.

It also aims to improve the image of healthy foods by increasing public awareness of how food affects health, hence increasing demand for new product lines (for example the five-a-day campaign).

The FSA is also working with the food industry to develop healthier products. Many manufacturers

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In 2005, the DoH would also work alongside the Department for Education and Skills in making physical activity levels of moderate physical activity five days a week.

Table 1: Percentage of UK Population in Each BMI Range, 1987–2003 (Joint Health Surveys Unit, 2004; ONS and Medical Research Council, 2004)

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<td>BMI 20–24.9</td>
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This article has been double-blind peer-reviewed.

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