

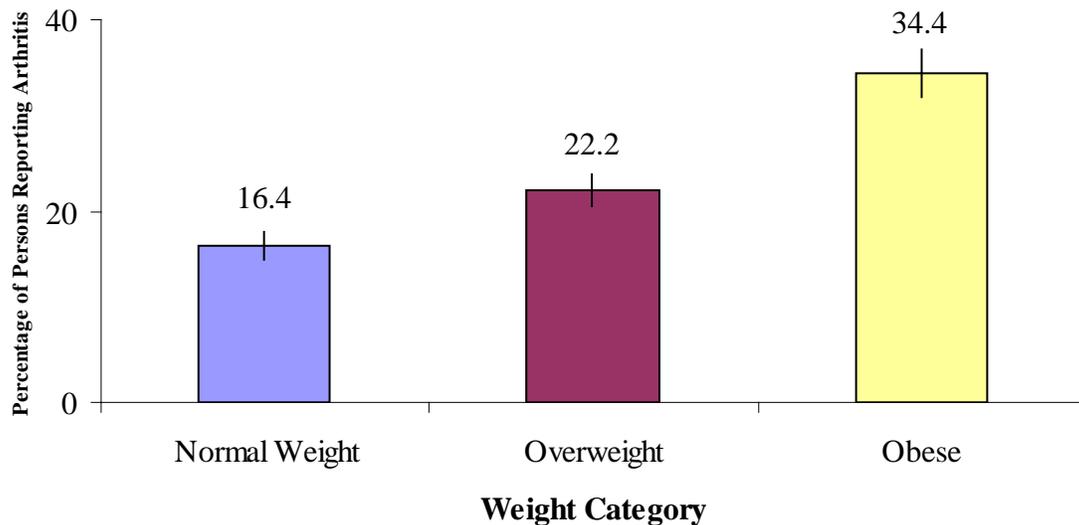
## The Relationship Between Obesity and Arthritis How Physicians Can Help

Adults who are overweight or obese are at increased risk for arthritis, coronary heart disease, diabetes, high cholesterol, hypertension, respiratory problems, sleep apnea, and breast, colon, endometrial, and prostate cancers.<sup>1</sup> Being obese increases death from all causes.<sup>2</sup>

Obesity and overweight are commonly defined in terms of body mass index (BMI). BMI is defined as the individual's body weight in kilograms divided by his or her height in meters squared. In adults, a BMI of less than 25 is considered to be normal, and anything above that is defined as overweight. A BMI greater than or equal to 30 is defined as obese.

As BMI increases, a person is more likely to have doctor-diagnosed arthritis. Of course, there are people at normal weight with arthritis, and some overweight people with healthy joints. But overall, the chance of developing arthritis is strongly associated with body weight. Utah survey data suggest that obese adults have doctor-diagnosed arthritis at more than twice the rate as adults at normal weight. (See Figure 1)

**Figure 1. Percentage of Utah Adults Reporting Arthritis by Weight Category, Utah 2005 and 2007**



Source: Utah BRFSS 2005, 2007

Among overweight and obese Utah adults with arthritis who had a routine checkup within the past 12 months, only 28.1% say they were advised to lose weight by a health professional during 2003 and 2005. Although physicians may fail to advise overweight or obese adults with arthritis to lose weight, adults who receive such advice were nearly four times as likely to try to lose weight as those not advised to lose weight.<sup>3</sup> Improved awareness of the relationship between arthritis and weight might motivate patients to lose weight, and a physician's advice to lose weight could improve their management of arthritis.

## **Tips Physicians Can Use to Help Their Arthritis Patients Manage Their Weight:**

- Ensure protocols are in place to remind clinical staff to routinely monitor BMI.
- Assess patients' weight and advise all overweight persons to lose weight.
- Remind patients of the health benefits of weight loss and emphasize the link between weight loss, exercise, and reducing joint pain.
- Remind patients of the necessary changes in eating, behavior, and physical activity that can help them lose weight.
- Discuss how they can proceed on their own, or in a weight loss program.
- Advise patients to choose a diet/exercise plan that is right for them.
- Suggest a weight loss goal of 10% at first and a safe rate of weight loss thereafter.
- Prepare patients to realize that readiness for change comes before change.
- Encourage patients to be patient with their own efforts and progress; explain that adhering to a diet/exercise plan can be measured in small successes.
- Refer patients to community resources for weight loss, physical activity, and nutrition.
- Don't leave it all to the patient to do. Patients need support.
- Monitor progress with follow-up visits. Don't leave diet/exercise plan adherence to chance.

1 "Overweight and Obesity: Health Consequences." The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. U.S. Department of Health and Human Services. 1 April 2009

<[www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_consequences.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm).>

2 Flegal, Katherine M., PhD, Graubard, Barry I., PhD, Williamson, David F. PhD, Mitchell H Gail, PhD, "Excess deaths associated with underweight, overweight, and obesity" JAMA 293 (2005): 1861-1867.

3 Fontaine K.R., S. Haaz, and S.J. Bartlett. "Are overweight and obese adults with arthritis being advised to lose weight?" J Clin Rheumatol 13 (2007): 12-15.