Obesity as a disability and health risk

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Dear Editor,

In a thoughtful discussion article, (1) Biyyam Rao considers whether obesity should be classified as a disability. She also points out that rates of obesity are increasing worldwide. This is resulting in an increasing prevalence of type 2 diabetes. (2) For a medical student project relating to obesity, we conducted a service evaluation using a brief anonymous questionnaire to explore awareness of risk factors for type 2 diabetes in attenders sitting in the waiting room at an urban general practice.

The response rate was 82% (69/86). The mean age of responders was 44 years (range 16 to 82) and 63% were female. Most responders (70%) identified themselves as ‘White British’, 13% as ‘Black African’, 9% as ‘Indian’ with the remaining 8% as ‘other mixed background’. The mean BMI for the 40% (27/69) who provided data on their height and weight was 27.2 (range 18.5 to 35.2). Nine responders (13%) said they were diabetic.

Using an open question, we asked these patients if they knew any risk factors for type 2 diabetes (e.g. being overweight, having a family history of diabetes, or being of Black or Asian ethnicity.) Only 32% (22/69) knew at least one risk factor for type 2 diabetes. Knowledge appeared better in diabetics when compared to non-diabetics: 54% (7/13) of diabetics knew one risk factor for type 2 diabetes compared with 27% (15/56) of non-diabetics. However, the sample size was small and the difference was not statistically significant.

Rao points out that one view is that “Obesity itself is not the disability but rather the many complications that arise from obesity lead it to becoming one.” We found low awareness of obesity as a risk factor for diabetes in this group of ethnically diverse GP patients. We agree with Rao’s conclusions that it is important to “encourage healthier lifestyles that improve individual health”. Perhaps this should include educating patients about the risks of obesity as also suggested by the Diabetes UK (2) and The Obesity Society. (3)
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