The growth in overweight and obesity rates among adults is a major public health concern. Obesity is a known risk factor for numerous health problems, including hypertension, high cholesterol, diabetes, cardiovascular diseases, and some forms of cancer. Because obesity is associated with higher risks of chronic illnesses, it is linked to significant additional health care costs.

Based on the latest available data, the majority of adults (53%) are overweight or obese in EU countries. The prevalence of overweight and obesity among adults exceeds 50% in no less than 17 of EU member states. Obesity – which presents even greater health risks than overweight – varies threefold among countries, from a low of around 8% in Romania to 25% or over in Hungary and the United Kingdom, although some of the variations across countries are due to different methodologies in data collection (see box on "Definitions and comparability"). On average across EU member states, one in six adult (16.7%) was obese around the year 2012, an increase from one in eight a decade ago (Figure 2.5.1).

Obesity has grown fairly quickly over the past ten years in countries like France, Luxembourg, some Nordic countries (Denmark, Finland, as well as Iceland), and the Czech Republic. It has grown more moderately in other countries such as Italy, Sweden, Belgium, Norway and Switzerland. In the United Kingdom also, the obesity rate has increased moderately over the past decade, although it remains the second highest among EU countries.

There is little difference in obesity rate among men and women on average across EU countries (Figure 2.5.2). However, there are notable differences in certain countries. Obesity among men is much greater in countries such as Slovenia, Luxembourg and Malta, whereas the opposite is true in Latvia, Hungary and Turkey where the obesity rate is much higher among women.

The rise in obesity has affected all population groups, but to different extents. Evidence from a range of OECD countries indicates that obesity tends to be more common in disadvantaged socio-economic groups, especially among women (Sassi, 2010). There is also a relationship between the number of years of education and obesity, with the most educated people having lower rates. Again, the gradient in obesity is stronger in women than in men (Devaux et al., 2011).

A number of behavioural and environmental factors have contributed to the long-term rise in overweight and obesity rates in industrialised countries, including the widespread availability of energy dense foods and more time spent being physically inactive. The economic crisis is also likely to have contributed to further growth in obesity. Evidence from Germany, Finland and the United Kingdom shows a link between financial distress and obesity. Regardless of their income or wealth, people who experience periods of financial hardship are at an increased risk of obesity, and the increase is greater for more severe and recurrent hardship (OECD, 2014).

A growing number of countries have adopted policies to prevent obesity from spreading further. The policy mix includes, for instance, public awareness campaigns, health professionals training, advertising limits or bans, restrictions on sales of certain types of food and beverages, taxation, and labelling. Better informed consumers, making healthy food options available, encouraging physical activity and focussing on vulnerable groups are some of the fields for action which have seen progress (European Commission, 2013).

At EU level, the 2007 Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues promotes a balanced diet and active lifestyles. It also encourages action by member states and civil society. A 2013 Council Recommendation on Health-Enhancing Physical Activity promotes sport and physical activity and the 2014 Action Plan on Childhood Obesity aims to halt the rise in childhood obesity by 2020 via voluntary initiatives.

Definition and comparability

Overweight and obesity are defined as excessive weight presenting health risks because of the high proportion of body fat. The most frequently used measure is based on the body mass index (BMI), which is a single number that evaluates an individual's weight in relation to height (weight/height^2, with weight in kilograms and height in metres). Based on the WHO classification, adults over age 18 with a BMI greater than or equal to 25 are defined as overweight, and those with a BMI greater than or equal to 30 as obese.

For most countries, overweight and obesity rates are self-reported through estimates of height and weight from population-based health interview surveys. The exceptions are the Czech and Slovak Republics, Hungary, Ireland, Luxembourg and the United Kingdom, where estimates are derived from health examinations. Estimates from health examinations are generally higher and more reliable than from health interviews.

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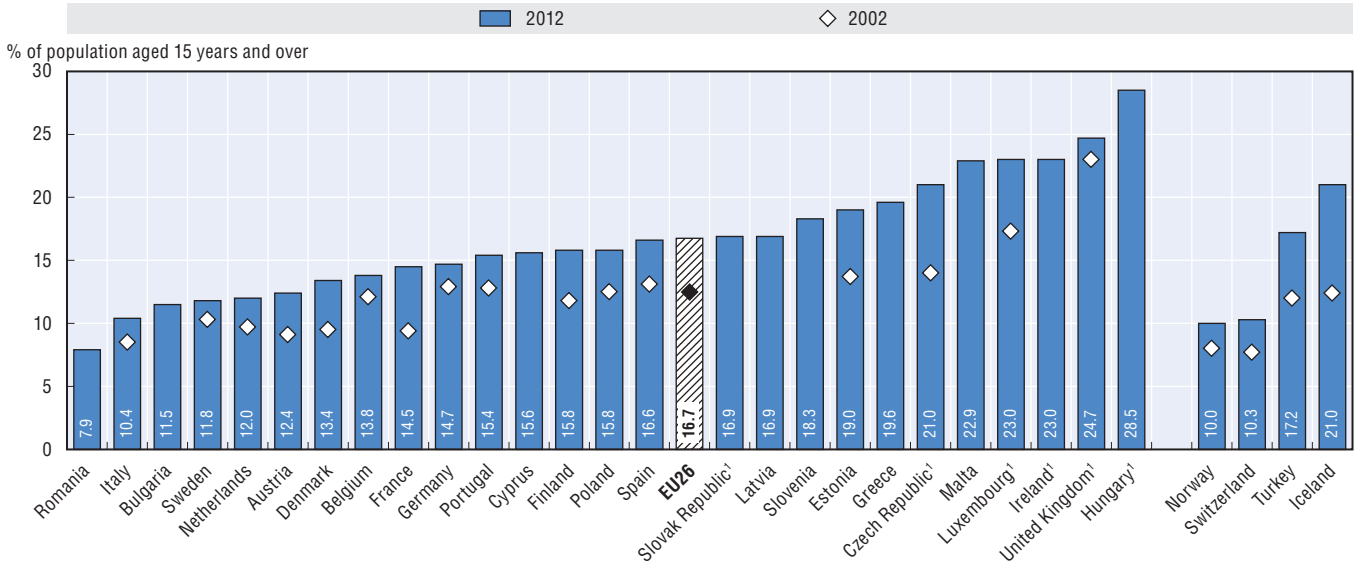
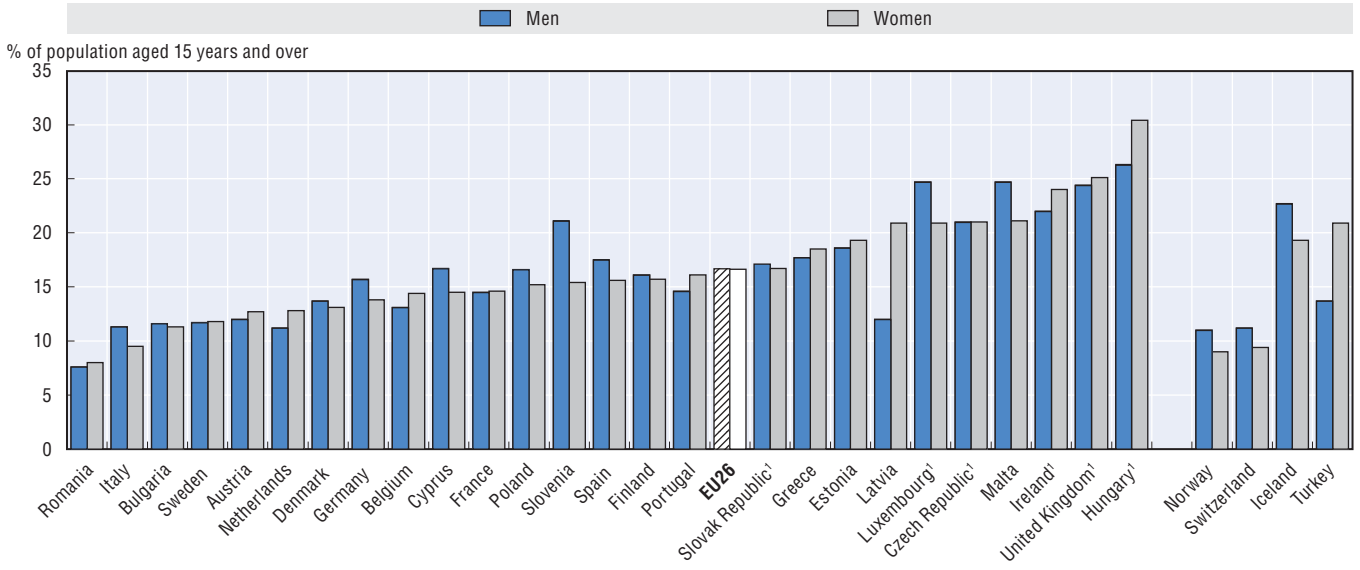
2.5.1. Prevalence of obesity among adults, 2002 and 2012 (or nearest years)



1. Data are based on measured rather than self-reported height and weight.

Source: OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en completed with Eurostat Statistics Database.

2.5.2. Prevalence of obesity among men and women, 2012 (or nearest year)



1. Data are based on measured rather than self-reported height and weight.

Source: OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en completed with Eurostat Statistics Database.

StatLink http://dx.doi.org/10.1787/888933155531