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, respiratory problems (asthma), musculoskeletal diseases (arthritis) and some forms of cancer. Mortality also increases sharply once the overweight threshold is crossed (Sassi, 2010). Because obesity is associated with higher risks of chronic illnesses, it is linked to significant additional health care costs.

Based on latest available data, more than half (52%) of the adult population in the European Union are overweight or obese. The prevalence of overweight and obesity among adults exceeds 50% in no less than 18 of 27 EU member states. Obesity – which presents even greater health risks than overweight – varies threefold among countries, from a low of around 8% in Romania (and Switzerland) to over 25% in Hungary and the United Kingdom, although some of the variations across countries may be due to different methodologies in data collection (Figure 2.7.1). On average across EU member states, 17% of the adult population is obese.

There is little difference in the average obesity rate of men and women (Figure 2.7.1). However, there is some variation among individual countries, with more men than women being obese in Malta, Iceland and Norway, whereas a higher proportion of women are obese in Latvia, Turkey and Hungary. The largest disparities were in Latvia, whereas there was little, if any difference in male and female rates in the Czech Republic, Greece and the United Kingdom.

The rate of obesity has doubled over the past 20 years in many European countries (Figure 2.7.2), regardless of previous levels. Obesity in 2010 is close to twice the rate of 1990 in both France and the United Kingdom, even though the rate in France is currently half that of the United Kingdom.

The rise in obesity has affected all population groups, but to varying extents. Evidence from a number of countries, including Austria, England, France, Italy and Spain, indicates that obesity tends to be more common in disadvantaged socio-economic groups, and especially among women (Sassi *et al.*, 2009). There is also a relationship between the number of years of education and obesity, with the most educated individuals displaying lower rates. Again, the gradient in obesity is stronger in women than in men (Sassi, 2010).

A number of behavioural and environmental factors have contributed to the rise in overweight and obesity rates in industrialised countries, including the widespread availability of energy dense foods and more time spent being physically inactive. Overweight and obesity have risen rapidly in children in recent decades, reaching double-figure rates in most countries (see Indicator 2.2 "Overweight and obesity among children").

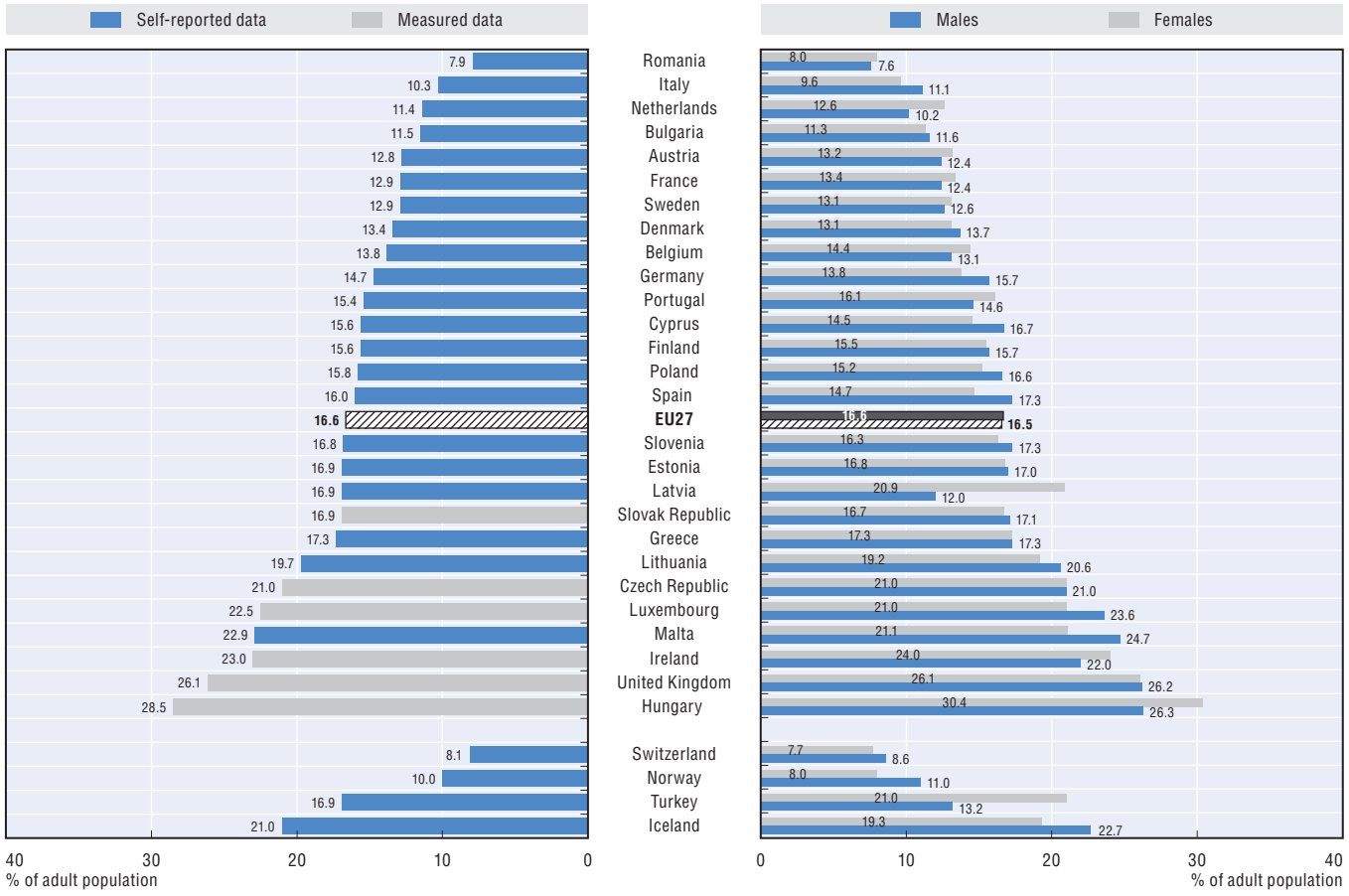
Many countries have stepped up efforts to tackle the root causes of obesity, embracing increasingly comprehensive strategies and involving communities and key stakeholders. Better informed consumers, the availability of healthy food options, encouraging physical activity and a focus on vulnerable groups are some of the fields for action which have seen progress (EC, 2010a). There has also been a new interest in the use of taxes on foods rich in fat and sugar, with several governments (Denmark, Finland, France, Hungary) recently passing legislation aiming to change eating habits (OECD, 2012b).

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 (WHO, 2000), adults with a BMI from 25 to 30 are defined as overweight, and those with a BMI of 30 or over as obese. This classification may not be suitable for all ethnic groups, who may have equivalent levels of risk at lower or higher BMI. The thresholds for adults are not suitable to measure overweight and obesity among children.

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. These differences limit data comparability. Estimates from health examinations are generally higher and more reliable than from health interviews.

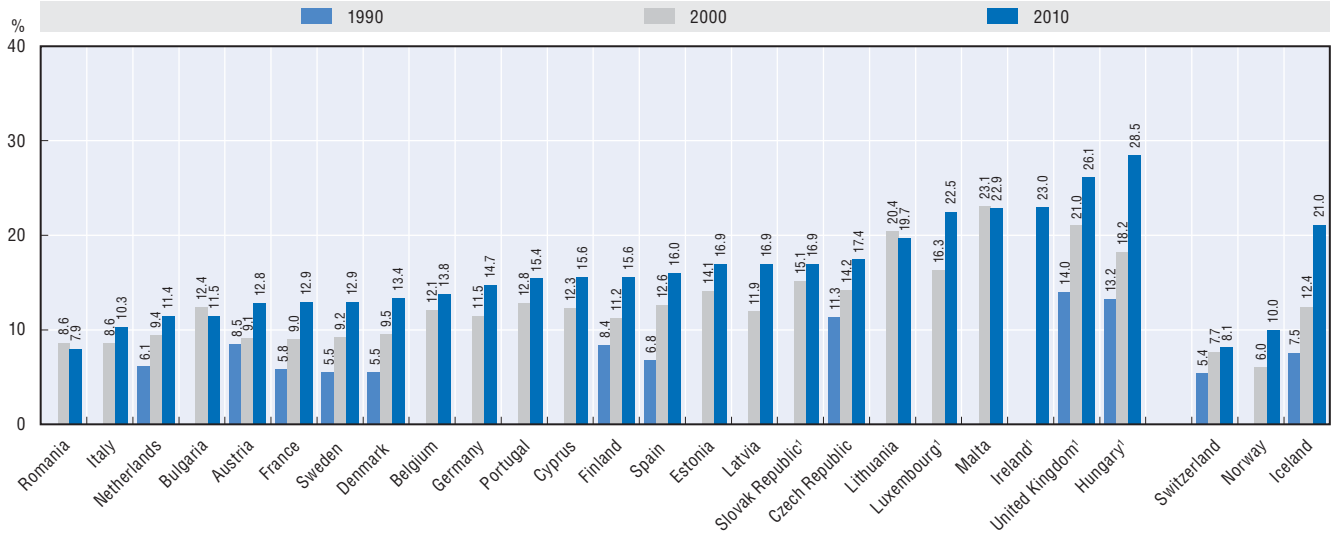
2.7.1. Prevalence of obesity among adults, 2010 (or nearest year)



Source: *OECD Health Data 2012*; *Eurostat Statistics Database*; WHO Global Infobase.

StatLink http://dx.doi.org/10.1787/888932704076

2.7.2. Increasing obesity rates among adults in European countries, 1990, 2000 and 2010 (or nearest years)



1. Hungary (1988, 2009), Ireland (2007), Luxembourg, the Slovak Republic (2008) and the United Kingdom figures are based on health examination surveys, rather than health interview surveys.

Source: *OECD Health Data 2012*; *Eurostat Statistics Database*; WHO Global Infobase.

StatLink http://dx.doi.org/10.1787/888932704095