

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 (OECD, 2010c).

More than half (50.1%) 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 15 of 27 EU countries. In contrast, overweight and obesity rates are much lower in France, Italy and Switzerland, although rates are also increasing in these countries. The prevalence of obesity – which presents greater health risks than overweight – varies threefold among countries, from a low of less than 10% in Romania, Switzerland and Italy to over 20% in the United Kingdom, Ireland, Malta and Iceland (Figure 2.8.1). Across the European Union, 15.5% of the adult population is obese.

There is little difference in the average obesity rate of men and women in the European Union, with both at around 15% (Figure 2.8.1). However, there is some variation among individual countries, with men generally being more obese than women in Norway, Malta and Italy, whereas women are more obese in Latvia, Turkey and the Netherlands. The largest disparities in obesity between men and women were in Latvia, whereas there was little, if any difference in male and female obesity rates in the Czech Republic, Poland and Sweden.

The rate of obesity has more than doubled over the past 20 years in most EU countries for which data are available (Figure 2.8.2). The rapid increase occurred regardless of what the levels of obesity were two decades ago. Obesity more than doubled in both the Netherlands and the United Kingdom between 1988 and 2008, even though the rate in the Netherlands is currently less than half that of the United Kingdom.

In most countries the rise in obesity has affected all population groups regardless of sex, age, race, income or education level, 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 among individuals in disadvantaged socio-economic groups, with this relationship being particularly strong among women (Sassi et al., 2009b). There is also a relationship between the number of years spent in full-time education and obesity, with the most educated individuals displaying

lower rates. Again, the gradient in obesity is stronger in women than in men (OECD, 2010c).

A number of behavioural and environmental factors have contributed to the rise in overweight and obesity rates in industrialised countries, including falling real prices of food and more time spent being physically inactive. Overweight and obesity has risen rapidly in children in recent decades, reaching double-figure rates in most EU countries (see Indicator 2.4).

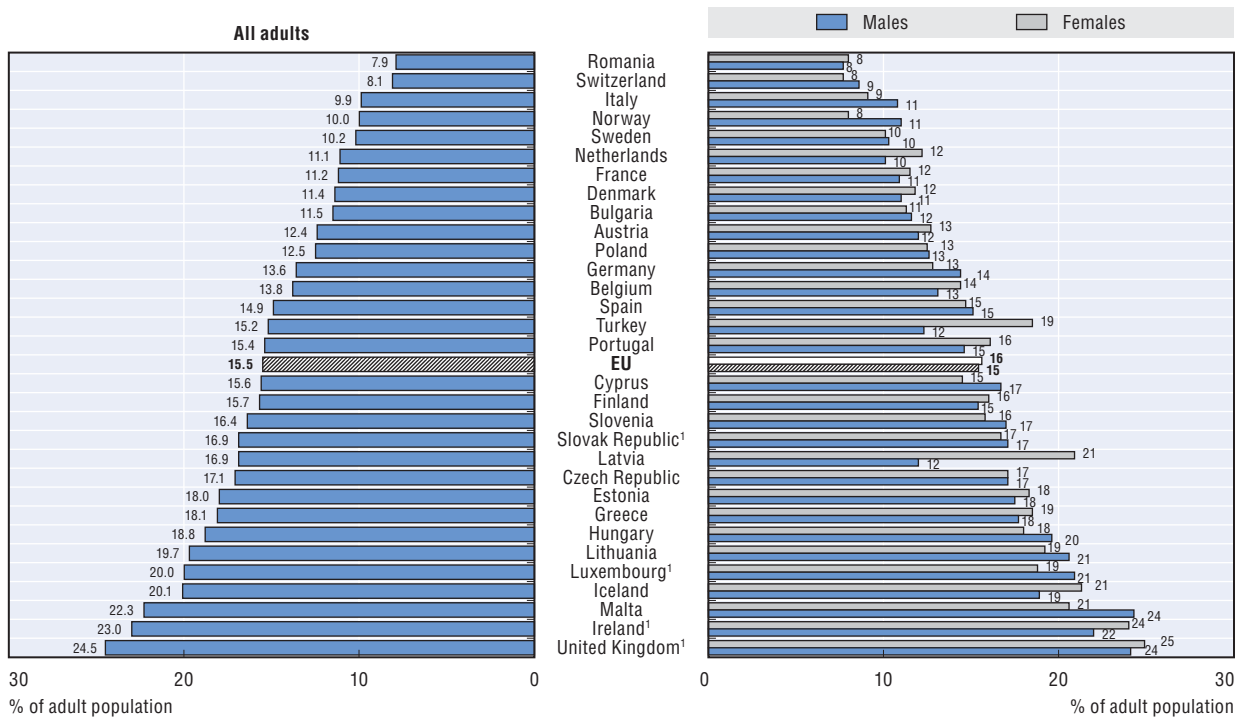
Because obesity is associated with higher risks of chronic illnesses, it is linked to significant additional health care costs. There is a time lag between the onset of obesity and related health problems, suggesting that the rise in obesity over the past two decades will mean higher health care costs in the future. A recent study estimated that total costs linked to overweight and obesity in England in 2015 could increase by as much as 70% relative to 2007 and could be 2.4 times higher in 2025 (Foresight, 2007).

Definition and deviations

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 ($\text{weight}/\text{height}^2$, with weight in kilograms and height in metres). Based on the WHO classification (WHO, 2000), adults with a BMI between 25 and 30 are defined as overweight, and those with a BMI over 30 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 Ireland, Luxembourg, the Slovak Republic (2008) 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.

2.8.1. Obesity rates among adults, 2008 (or nearest year available)

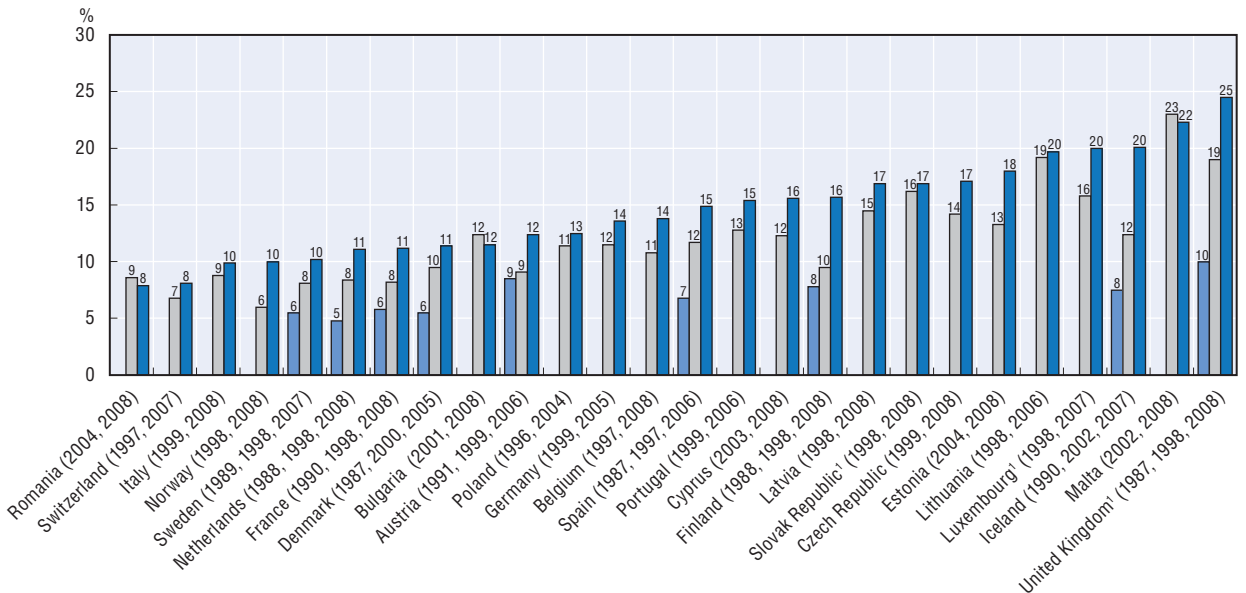


1. Ireland, Luxembourg, Slovak Republic and United Kingdom figures are based on health examination surveys, rather than health interview surveys.

Source: OECD Health Data 2010; Eurostat Statistics Database; WHO Global Infobase.

StatLink <http://dx.doi.org/10.1787/888932336616>

2.8.2. Increasing obesity rates among adults in EU countries



1. Luxembourg, Slovak Republic (2008) and United Kingdom figures are based on health examination surveys, rather than health interview surveys.

Source: OECD Health Data 2010; Eurostat Statistics Database; WHO Global Infobase.

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