

ЕПИДЕМИЈА ГОЈАЗНОСТИ И СРБИЈА

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Book I

OBESITY EPIDEMIC AND SERBIA

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OBESITY IN EUROPE AND EASO MISSION

HERMANN TOPLAK^{1,2}

Abstract. – Obesity is exploding everywhere with an actual rate of above 15 % throughout Europe. If it continues at this pace, we will face the potential of obesity becoming present in up to 30 % of the adult population by 2030 [1]. Consecutively about 10–25 % could be diabetic, making intervention mandatory.

Being an individual problem at the patient level people will have to care for their weight and health. But diabetes is also a societal problem and modern societies will have to act NOW. It is time for health in all policies, not only focusing on the health ministries – worldwide.

Obesity is probably the most emerging disease of the 21st century. It is a gateway to ill health and plays a central role in the development of a series of other non-communicable diseases like diabetes, hyperlipidemia and hypertension – with the consequences of myocardial infarction and other atherosclerotic diseases as well as cancer and many other health issues like osteoarthritis [2]. Following that it is important for it to become an integral part of medicine, and respective guidelines have been released [3].

The European Association for the Study of Obesity (EASO), founded in 1986, is the scientific society generating scientific evidence and information, distributing education on all levels (doctors, other health care providers, politicians and the public) and serving as advocate of the patients with obesity [4].

On 20th October 2016 the latest European Health Interview Survey was released, dealing with the weight situation in Europe [5].

While 46.1 % of people above 18 were considered to be of normal weight, 35 % were overweight (pre-obese), 15.9 % were obese and only 2.3 % were un-

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derweight. The share of obesity ranged from below 10 % in Romania to 26 % in Malta (which is the country with the highest prevalence in children also).

There is no systematic difference in obesity levels between **men and women**: the proportion of obesity was higher in men in half of the Member States, and higher in women in the other half.

Within Member States however, significant **gaps** can be observed, with the proportion of obese men being much higher than that of women in Malta (28.1 % for men compared to 23.9 % for women, or + 4.2 percentage points – pp), Croatia (+3.9 pp), Slovenia (+3.6 pp) and Cyprus (+3.4 pp), and the percentage of obese women being much higher than that of men in Lithuania (19.9 % for women compared to 14.1 % for men, or + 5.8 pp), Latvia (+ 4.4 pp) and the Netherlands (+3.6 pp). At EU level, the share of obesity was almost equal in 2014 between men (16.1 %) and women (15.7 %).

AGE GROUPS

In nearly all Member States, the share of obesity **increases with age** (Figure 1). The widest gaps between the proportion of young people (aged 18–24) and older persons (aged 65–74) being obese have been recorded in Slovakia (33.0 % for people aged 65 to 74 compared to 2.7 % for those aged 18 to 24, or + 30.3 pp) and Latvia (+ 29.3 pp), followed by Estonia (+ 26.4 pp), Lithuania (+25.3 pp), Poland (+ 25.1 pp), the Czech Republic and Hungary (both +24.5 pp). At EU level, a 16.4 percentage point gap is observed between young adults (5.7 %) and older persons (22.1 %) regarding obesity.

In **brief**, about 1 young adult out of 10 is considered obese in Malta (12.0 %) and the United Kingdom (10.8 %), and about 1 in 3 older persons in Malta (33.6 %), Latvia (33.2 %) and Slovakia (33.0 %).

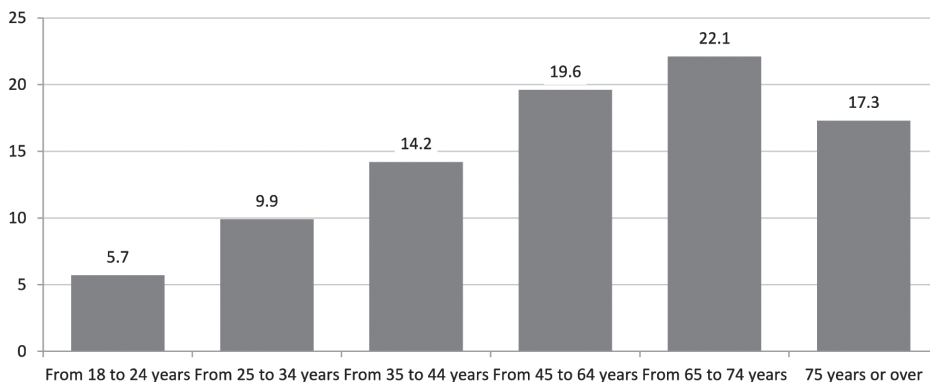


Figure 1. Share of obese adults in the EU by age group

EDUCATION LEVELS

In almost every EU Member State for which data are available, the share of obesity decreases with **education level** (Figure 2). In 2014, the largest difference in obesity between adults with a high educational level and those with a low educational level was observed in Slovenia (9.2 % for people with a high education level compared to 26.0 % for those with a low education level, or -16.8 pp), followed by Luxembourg (-14.5 pp), Slovakia (-13.9 pp), Spain (-13.0 pp), Croatia and Portugal (both -12.3 pp), France (-12.1 pp), Austria (-11.9 pp) and Cyprus (-11.8 pp). At EU level, an 8.4 percentage point gap is observed between high educated (11.5 %) and low educated adults (19.9 %) regarding obesity.

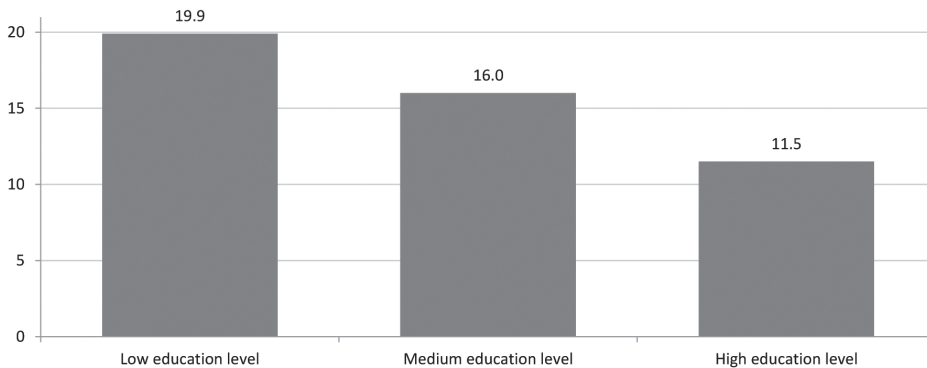


Figure 2. Share of obese adults in the EU by education level

THE EUROPEAN ASSOCIATION FOR THE STUDY OF OBESITY (EASO)

Established in 1986, EASO is a federation of professional membership associations from 32 countries. It is in official relations with the WHO Regional Office for Europe. EASO is the voice of the European obesity community, representing scientists, health care practitioners, physicians, public health experts and patients. EASO promotes action through collaboration: in advocacy, communication, education and research[4].

The Objectives of EASO are:

- To support the development of a unified evidence-based approach to tackling obesity across disciplines and countries
- To advocate obesity as an urgent and relevant health priority to policy-makers, NGOs, research funders, health professionals, media, industry and the public

- To identify and articulate effective solutions to these stakeholders
- To create and support active campaign groups
- To support national advocacy, clinical, scientific, and patient communities
- To provide knowledge, advocacy and training to improve the quality and availability of care
- To provide a broad platform across stakeholder groups for sharing ideas and developing solutions

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Херман Тойлак

ГОЈАЗНОСТ У ЕВРОПИ И МИСИЈА EASO

Резиме

Гојазност је експлодирала у свим земљама, са актуелном инциденцом од преко 15% широм Европе. Ако настави да расте овим темпом, претпоставља се да ће бити заступљена и до 30% међу одраслим становништвом 2030. године. Последично се очекује да ће 10–25% бити дијабетичари, што чини интервентне мере обавезним.

Будући да је истовремено индивидуални проблем, оболели морају да воде бригу о сопственој телесној тежини и здрављу. Али дијабетес представља и социјални проблем и модерна друштва морају да делују САДА И ОДМАХ. Време је за здравље у свим врстама политике, не само на нивоу министарстава здравља широм света.