

Follow the Chisum Fitness Trail – Overweight

RE: Overweight and Obesity

This topic has received continuous interest from those of you reading the Chisum Trail Articles. It is my attempt to provide palatable information from several new research studies that might shed further light upon this condition and the inherent health risks.

The medical community uses the Body Mass Index to predict both overweight and obese categories. The figures are 25.0 -29.9, and equal to, or above 30, respectively.

Those overweight have risen 12 percent this past decade. Conversely, obesity has increased almost 70%, during this same time. This trend is frightening due to the scientific link between obesity and several chronic diseases. They include musculoskeletal disorders, gallbladder disease, sleep apnea, infertility, cardiovascular disease, type-II diabetes, and cancers of the colon, endometrium, cervix, kidney, and postmenopausal breast.

One fourth of the obese subjects are over the age of 65. At this time, there aren't solid estimations as to the financial demands made upon these seniors due to this condition. It is known that in those people under the age of 65, their medical costs are over 36% higher than the normal weight individual. It is reasonable to assume that the costs for those over 65 years of age will be much greater than the younger obese patients.

In the May 13, 2003 publication of Health Affairs, Finkelstein, Fiebelkorn & Wang generated data concerning the estimated costs associated with this condition, and an overall breakdown as to who is paying these funds. The following is a review of this data.

Wolf & Colditz (1998. Obesity Research), cited within the Finkelstein article, predicted that \$51.6 billion was spent in 1995, on obese clients only. Finkelstein et al. projected that in 1998, the annual medical expenditures for both overweight and obesity, were \$78.5 billion. Four years later, this figure was \$92.6 billion. That equates to an increase of \$14.1 billion.

Finkelstein et al. analyzed two surveys, the 1998 Medical Expenditure Panel Survey (MEPS), and the 1996 & 1997 National Health Interview Survey (NHIS), to determine rates of prevalence. Across all insurance categories, there were approximately 53.6% of obese and overweight people. Medicaid insured the highest percentage of both groups (56.1%).

The out of pocket costs, per year, for those overweight and obese, compared to the recommended weight individuals, were higher as well. For those overweight, they had an averaged increase of 11.4%, while those covered by Medicaid were 15.1%. The overall average was 14.5%

The obese client's financial demands were significantly greater, than those patients which were overweight. The overall out of pocket average was 37.4%. The ranges were 26.1% for those under age 65, 36.8% for Medicare, and 39.1% for Medicaid.

The overall breakdown for the national medical costs indicated that for the American overweight adult, they represented 3.7% of the total funds expended. For Medicaid and Medicare, the figures were 2.2% and 4.6%, respectively.

The same data for obese U.S. adults, it was much greater. The overall costs were 5.3%, while Medicaid accounted for 6.7%.

Smokers have paid higher insurance premiums the past three decades. It is interesting to note that the figures for additional cost, per overweight and obese patients, are strikingly similar with the smoking data. The overweight figure of 9.1% falls within the range of smoking (6.5% to 14.4%).

Finkelstein et al. discussed the reality of insurance costs per condition, and the overweight and obese patient may see a dramatic increase in insurance premiums, while realizing a reduction in benefits. This statement was generated when reviewing the data, and analyzing the cost per year of life. Stevens et al. (1998. New Eng. J. Med.) found that their life expectancy is only slightly lower than the National average.

Discussions have continued concerning the Social Security benefit costs per smokers. It has been determined that the payments to the Medicare eligible smokers may not exceed the costs. This is due to the marked difference in life expectancy between the American norm and the smokers. With the decreased lifespan, the taxes accrued would be much greater than the total amount paid.

When factoring the data, it appears that the lifetime costs are significantly higher for the overweight and obese patients compared to the smokers. Keeler et al. (1989. Am. J. Public Health) estimated that they may be two times greater for the overweight and obese, than the U.S. adult norm.

In Conclusion: The financial impact upon the medical costs is significant. This data indicates that the individuals, who are overweight or obese, incur much higher out of pocket expenses due to their condition. This is also true of the overall effect upon the insurance industry.

It appears this cost may rise disproportionately the next decade. The insurance companies and the Social Security Administration are currently evaluating this information and will likely increase premiums, while decreasing benefits.

If you have any questions, please feel free to contact me.

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