

Expanding definitions of obesity may harm children

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A new and expanded definition of childhood overweight and obesity expected later this year is causing concerns that many healthy children may be unnecessarily labelled as having a disease.

A powerful "expert committee" in the United States has tentatively decided to reclassify children who are currently called "at risk of overweight" and refer to them in the future as "overweight." Those familiar with these definitions say that such a change could lead to a dramatic expansion of prevalence estimates, with 25% of American toddlers and almost 40% of children aged 6 to 11 years portrayed as having a medical condition called "overweight and obese."

The influential expert committee was convened by the American Medical Association and federal government agencies and includes representatives

from leading professional organisations. It looks set to make changes to the current terminology, despite serious concerns expressed in a memo to the expert committee from two senior public health researchers.

The strongly worded memo argues that many children may be classed as diseased when they are not in fact even at risk of future illness; that the body mass index (BMI) cut-off points that determine "overweight and obese" are arbitrary, and although synchronising definitions for adults and children seems superficially appealing, BMI may not be a good predictor of fatness or future health problems in children; and that labelling children as overweight and obese can lead to stigmatisation, eating problems, and avoidance of physical activity.

A University of Sydney researcher and nutrition educator, Jenny O'Dea, whose work on the dangers of medicalising childhood obesity was cited in the memo, said that the proposed change will cause a "misleading, inaccurate, and unnecessary labelling of children."

One of the driving forces behind the expert committee is William Dietz, a senior member of the drug company funded International Obesity Task Force. For some years one of the



In future, 25% of US toddlers are likely to be classified as having a medical condition described as "overweight or obese"

task force's goals has been to frame the problem as a "serious medical condition." (See accompanying story p 1412.)

Dr Dietz, a highly regarded official with the Centers for Disease Control and Prevention, and others involved with the expert committee declined to comment on concerns about the proposed changes to the definition of childhood overweight and obesity, scheduled for

release by September this year.

A representative of the federal health authorities said the current expert committee effort had been initiated by Dr Dietz and that "no final decisions have been made as to finalising the recommendations." □

Ray Moynihan is co-author of *Selling Sickness: How Drug Companies are Turning us all into Patients* (Allen & Unwin, Sydney, 2005).

Obesity task force linked to WHO takes "millions" from drug firms

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The International Obesity Task Force has relied heavily on funding from the drug industry for a decade, despite being widely seen as an independent think tank and having ties to the World Health Organization.

Set up in the mid-1990s with help from grants from three drug companies, the task force aims to portray obesity as a "serious medical condition" and to promote better prevention and management strategies.

It has a high media profile and is highly influential. A senior US member and a well respected authority on obesity, William Dietz, is currently one of the driving forces behind a controversial change in definitions of childhood overweight and obesity, which some researchers

believe may exaggerate the problem and unnecessarily label children as diseased. (See accompanying story p 1412.)

Although the task force has at times disclosed the names of drug company sponsors, the exact amount of that sponsorship remains secret.

In 2002 the International Obesity Task Force officially merged with another group called the International Association for the Study of Obesity. The most recent annual report of the newly merged group highlights close ties with WHO but also shows that two drug companies, Roche and Abbott, are primary sponsors, supplying around two thirds of its total funding. Roche makes the anti-obesity drug orlistat (Xenical),

and Abbott makes sibutramine hydrochloride (Reductil). The report also shows that the task force's available cash amounts to more than £1m.

Examples of activities listed in the report that were funded by drug companies include an "educational" programme for European specialists and participation in a meeting in Monte Carlo sponsored by Roche. The company declined to say how much money it had provided to the task force but said it adhered to guidelines and did not get involved in its work.

A senior member of the merged group who has seen funding documents but did not want to be identified told the *BMJ* that over recent years sponsorship from drug companies is likely to have amounted to "millions."

Responding to questions from the *BMJ* about its funding, the task force pointed to its 1998 annual report, which lists "unrestricted educational grants" from Roche, BASF Knoll, and Servier.

A spokesperson for the task force said that the major thrust of its work was societal and prevention strategies, including increasing physical activity. Moreover, an internal "ethical scrutiny system" ensured independence from sponsors. The spokesperson said that "although some of the funding had been derived from pharmaceutical companies, the issue of obesity management constituted a minute fraction" of the task force's work.

On the question of what was motivating sponsors to be involved, Tim Gill, a representative of the task force and executive officer of the Australasian Society for the Study of Obesity, said that although the task force focused mainly on prevention rather than treatment, drug companies benefited anyway from raised public awareness, as they needed to sell products to only a tiny proportion of people defined as diseased to achieve a good market. □