

## **Editorial**

# **Overweight and obesity: public health problems in Mexico**

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Health is a right of the Mexican population and represents a public asset of strategic importance for national development; hence, preventive actions are required to improve the health status of the population and promote self-care by and for health, which will allow us to consolidate achievements and progress of the National Health System in the short term as well as to identify and pursue opportunities to expand its coverage, quality and efficiency and that address the increasingly complex health needs of the population. It is necessary to take this initiative and address the health needs of the population and not just treat the effects and complications of illness or injury to health.

We are in a stage of epidemiological transition where communicable diseases and noncommunicable and chronic diseases meet which, coupled with the demographic transition, result in an accelerated aging of the population pyramid. It is necessary to recognize the importance of investing in the population with health and educational actions so that the productive age group of the population is maintained with better health.

This will also allow Mexico to take advantage of the demographic boom, which will result in our country to be more productive and, therefore, more competitive. All this will become a reality by investing in health and education. Perhaps the latter is more relevant to the generation of productive value, but without health there is no chance for success. Given these scenarios, we have a frank increase in chronic degenerative diseases as a cause of morbidity and mortality and with high economic and social costs.

The best alternative for reducing mortality from chronic noncommunicable diseases is prevention throughout the natural history of disease. Actions applicable to the general population to combat these diseases have been proposed by the Federal

Government under the National Strategy for Promotion and Prevention for Better Health, which requires specific measures for the prevention and treatment of cases identified and for high-risk sectors.

A short-term feasible alternative is the creation of specialty medical units designed for the care of patients with overweight, cardiovascular risk, diabetes mellitus and eating disorders. This and other approaches to intervention include the following: a) comprehensive educational actions for the patient to take responsibility for their health, b) early detection of complications, c) effective prescription and individualized meal plans and physical activity, d) identification of treatment goals and hurdles to achieve adherence, and inclusion of the family, e) pharmacological treatment of cardiovascular risk, and f) design of permanent monitoring schemes as well as their evaluation.

Chronic noncommunicable diseases are one of the biggest challenges facing the health system due to several factors: the large number of cases involved, its growing contribution to overall mortality in general, conformation in the most frequent cause of premature disability and the complexity and high cost of its treatment. Its emergence as a public health problem was as a result of social and economic changes that altered the lifestyle of a large percentage of the population. Determinants of the epidemic of chronic noncommunicable diseases had their origin in the progress and improvement in living standards and may not be reversed without an individual, social and institutional approach. For these reasons they are a priority for the federal government led by President Felipe Calderon Hinojosa.

These types of diseases constitute a heterogeneous group of conditions that contribute to mortality by a small number of outcomes (diabetes, cardiovascular diseases). Deaths are the result of a process begun decades earlier. The natural history of diabetes and cardiovascular disease may be modified with actions that change the clinical course of the conditions that determine their incidence. These include overweight and obesity, abnormal levels of blood lipids, hypertension, smoking, sedentary lifestyle, poor diet and metabolic syndrome.

This feature introduces opportunities for prevention, development of prognostic tools and the creation of pharmacoeconomic models. For example, in determining the modifications in the national prevalence of these anomalies, it is possible to predict the damage of chronic noncommunicable diseases and to evaluate

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the effect of preventive actions. Consequently, the natural history of such conditions allows the institution of preventive programs aimed at different segments of the population, with measurable mid- and long-term results.

There are significant variations in the prevalence of obesity, overweight, dyslipidemia, hypertension and metabolic syndrome during the period covered by the National Health Surveys (1994-2006). The percentage of the population with a weight greater than desirable (BMI >25 kg/m<sup>2</sup>) increased by 13% during the period from 1994 to 2000, and the change was greater (33.5%) between the years 2000 and 2006. The same increasing trend was observed in the prevalence of "metabolic syndrome," a concept that identifies cases with increased risk of developing diabetes or cardiovascular disease in the medium term. The percentage of adults with metabolic syndrome (defined by the criteria of the National Cholesterol Education Program) increased 27.8% between 1994 and 2000, and 39.7% of the cases corresponded to <40 years of age. These data suggest that the contribution of chronic noncommunicable diseases will increase mortality in the mid-term.

Moreover, overweight, obesity and abdominal obesity are risk factors associated with increased chronic diseases such as type 2 diabetes mellitus, arterial hypertension, dyslipidemia, cardiovascular diseases, breast cancer, osteoarthritis, and more. The medical care required by these diseases has a strong impact on financial and human resources as well as on the available infrastructure.

In the last decade the percentage of Mexicans with obesity and overweight has risen to alarming levels, according to data from the 2000 National Health Survey and the National Survey of Health and Nutrition 2006, with a continuing alarming rate. In 2006 there was a prevalence of obesity in Mexican women >20 years of 34.5%, whereas in men it rose to 24.2%. As for overweight, the prevalence is higher in males with 42.5% vs. 37.4% for females. This increase has positioned obesity and overweight as a public health problem for Mexico.

There are numerous studies nationally and internationally on the epidemiological impact of obesity and overweight, as well as their participation in the increase in cases of chronic noncommunicable diseases. However, few studies have been developed to estimate the financial impact of this risk factor from a national perspective.

We know that the epidemic of chronic noncommunicable diseases is a complex phenomenon that has its roots in behavior modification of a large percentage of the population, as well as on genetic factors. Despite many efforts, the number of affected cases has continued to rise, making it unlikely that a single

intervention can alter the incidence or natural history of disease. Each country should establish its own measures designed from international experiences, but with the flexibility to implement them in all population strata.

These interventions require the participation of adequately trained multidisciplinary teams of health professionals along with the use of educational materials and their integration in schools and workplaces and the development of Mutual Aid Groups.

It is now necessary to maintain a vision of teamwork where all public and private health services and various medical societies along with the pharmaceutical and food industries collaborate and take responsibility for one as well as for all. There must be a common commitment to formulate better policies for the prevention and control of diseases subject to preventive action programs. The new paradigm lies in understanding that the benefit of preventing a disease or its complications is greater than that obtained by treating it, even if the care is appropriate and timely. It is always better to prevent than to treat.

The benefit of education by and for health will in fact show the significant benefits and impacts on the population in the mid- and long-term.

To summarize, the challenges to achieve are multiple but are identifiable. There are solutions, many of which are of very low cost and with high impact. Our health care system has integrated management strategies, the evaluation of which will allow us to consolidate new models of "clinical prevention" specific to the Mexican population. We are proposing an inclusive and comprehensive policy with an interagency and intersectoral approach and, in this manner, government and society will act. The federation, the states, municipalities and society as a whole must be part of a team whose motto is explicit in the National Strategy for Promotion and Prevention for a Better Health ... "Health Task of All."

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