

Search 

- Home
- Living and Working Well
- Healthy Lifestyles
- Healthy Lifestyles
- Adult obesity
- Alcohol
- Drug Misuse
- Healthy eating - diet and nutrition
- Physical activity
- Smoking
- Health Behaviours in Blackpool

Home > Living and Working Well > Healthy Lifestyles > Adult obesity

Adult obesity



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Introduction

Obesity is a significant public health concern both in Blackpool and nationally, which results in long term negative social, psychological and physical consequences. Obesity increases the risk of developing irreversible, chronic conditions at younger ages such as Type 2 Diabetes, cardiovascular disease (CVD), liver disease, musculoskeletal disorders, obstructive sleep apnoea, asthma, certain cancers, poor mental health and quality of life, and a reduced life expectancy of around 9 years compared to those of a healthy weight¹. The National Obesity Observatory has summarised the [health risks of adult obesity](#).

Higher levels of deprivation are associated with an increased likelihood of obesity in both adults and children². Obesity is a notoriously difficult condition to reverse once established; four out of five children who are obese go on to become obese adults³ and many adults struggle to lose excess weight, often regaining any weight loss through dieting⁴. Prevention therefore seems the best approach.

Obesity is not just detrimental at the individual level; it affects overall society and can have economic impacts, by for example, affecting a person's ability to work. Obese people are much less likely to be in employment than those of healthy weight, and even when in work, earn less on average than people of normal weight⁵. Overall, it has been projected that the indirect costs of obesity to the UK economy could be as much as £27 billion by 2015⁶ and it has been suggested that obesity has the potential to reverse recent gains in [life expectancy](#)⁷ and reduce healthy life expectancy by up to a third over the next 20 years.

Reducing the prevalence of overweight and obesity by just 1% each year below the predicted trend would save the £300 million in NHS healthcare and NHS social care costs in the year 2035 alone. This level of reduction in obesity rates could also lead to the avoidance of around 64,200 new cases of cancer between 2015 and 2035⁸.

Obesity develops from an accumulation of excess body fat, which occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity. A commonly used objective measure for the severity of obesity is [Body Mass Index \(BMI\)](#). [Figure 1](#) shows the definitions for the BMI classifications and the proportion of males and females in each across England.

Figure 1: Body Mass Index (BMI) classification and weight status of England population, 2014

	Definition (BMI score)	Males	Females
Underweight	<18.5	1.9%	1.4%
Healthy weight	18.5 - 24.9	32.7%	40.4%
Overweight	25.0 - 29.9	41.0%	31.4%
Obese (exc. morbidly obese)	30.0 - 39.9	22.6%	23.2%
Morbidly obese	=> 40	1.8%	3.6%

Source: [Health Survey for England, 2014: Chapter 9-Adult obesity and overweight](#)

The National Institute for Health and Clinical Excellence (NICE) guidance on overweight and obesity⁹ recognises that BMI needs to be interpreted with caution as it is not a direct measure of fat distribution and recommends the use of waist circumference alongside BMI as a more accurate method of measuring overweight and obesity and for assessing the associated health risks for adults.

Figure 2: Waist circumference classification

	Waist circumference		
	Desirable	High	Very high
Healthy weight	No increased risk	No increased risk	Increased risk
Overweight	No increased risk	Increased risk	High risk
Obese I	Increased risk	High risk	Very high risk
Obese II	Very high risk	Very high risk	Very high risk
Morbidly obese	Very high risk	Very high risk	Very high risk
For men, waist circumference of < 94 cm is desirable, 94-102 cm is high and > 102 cm is very high			
For women, waist circumference of < 80 cm is desirable, 80-88 cm is high and > 88 cm is very high			

Source: NICE guidelines [CG43] Obesity prevention, December 2006

The impact of obesity is also discussed in the sections on [childhood obesity](#), [healthy eating](#), [diabetes](#) and [physical activity](#).

Facts, figures and trends

There are no definitive data for obesity in adults. In the absence of definitive data, numbers of adults in Blackpool who may be overweight or obese have been estimated using data from the Health Survey for England (HSE) and the [National Obesity Observatory \(NOO\)](#). Obesity by age group has been approximated by applying the percentages in each weight category from the 2014 HSE data to the Blackpool population giving the numbers in [figure 3](#).

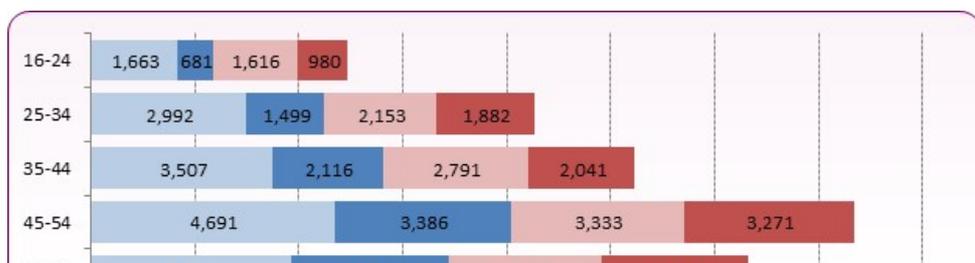
Figure 3: Estimated number of overweight and obese adults in Blackpool by age group and gender, 2014

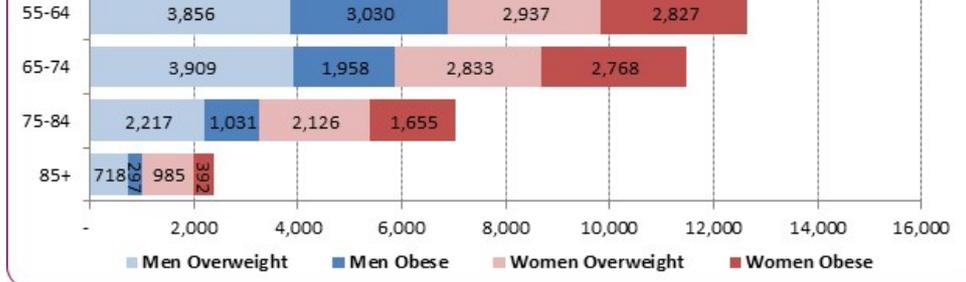
	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Men									
Overweight	1,663	2,992	3,507	4,691	3,856	3,909	2,217	718	23,063
Obese (exc. morbidly obese)	619	1,348	1,934	3,138	2,776	1,919	992	297	12,706
Morbidly obese	62	150	182	248	254	40	39	-	989
Excess weight (overweight and obese)	2,344	4,491	5,623	8,078	6,886	5,867	3,248	1,015	36,758
Women									
Overweight	1,616	2,153	2,791	3,333	2,937	2,833	2,126	985	18,471
Obese (exc. morbidly obese)	791	1,648	1,724	2,751	2,437	2,472	1,570	392	13,653
Morbidly obese	189	234	318	521	390	295	85	-	2,114
Excess weight (overweight and obese)	2,596	4,035	4,833	6,605	5,763	5,600	3,781	1,412	34,238

Source: Health Survey for England, 2014 and ONS mid-year population estimates, 2014

As [figure 3](#) shows, more women in Blackpool are estimated to be obese than men, but more men are overweight. Women are often more obese than men, though male obesity rates have been growing faster than female rates⁵. The estimated total number of people classed as overweight in Blackpool is 41,534. The estimated total number obese is 29,462. These extrapolated figures (from HSE), when applied to Blackpool means that over 70,000 people in Blackpool are likely to be overweight or obese and this is probably an underestimation as Blackpool generally has poorer outcomes when compared to England. The information in [figure 3](#) is shown visually in [figure 4](#).

Figure 4: Estimated number of overweight and obese adults in Blackpool by age group and gender, 2014





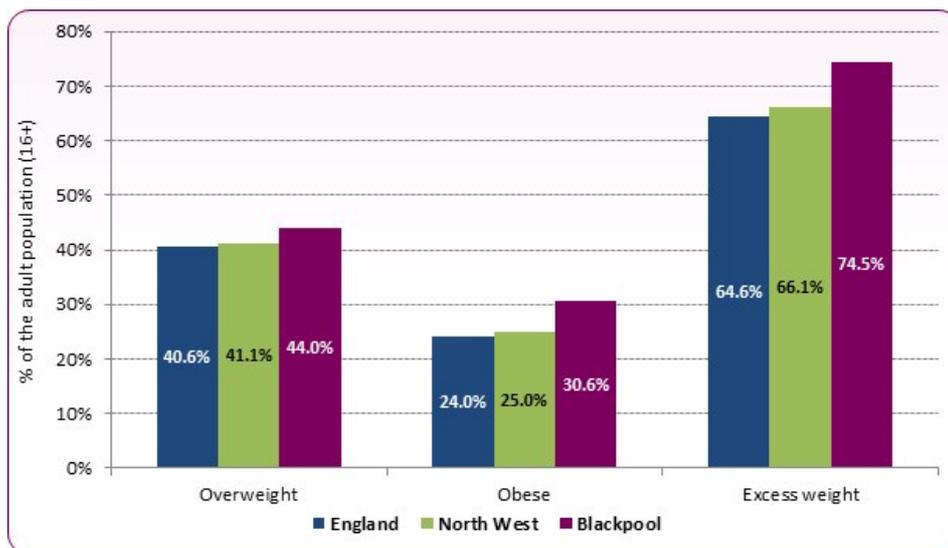
Source: Health Survey for England, 2014 and ONS mid-year population estimates, 2014

As figure 4 shows, the number of overweight and obesity in both men and women is highest in the 45-54 age band though this is due to the higher population within that age group. It is important to note that these are just raw numbers, so the larger number of women overweight and obese in the older age groups merely reflects that women live longer than men. Proportionally, the percent obese peaks at 35% in the 65-74 year age group for men and at 34% in the 55-64 age group for women.

Active People Survey (2012-14)

In 2012 the Active People Survey (APS) became the indicator for measuring the population levels of overweight and obesity (excess weight) used by the Public Health Outcomes Framework. The most recent published data for Blackpool (2012-14) indicates that 31% of adults were obese with 44% of adults being overweight which suggests that an estimated three quarters (85,800) of all adults in Blackpool are overweight or obese; this is higher than the number estimated from HSE data. Figure 5 compares the APS estimated proportion of Blackpools population who are overweight and obese to the national and regional averages. Regardless of the differences between estimated proportions of overweight and obese however, the fact remains that the majority of adults in Blackpool are of an unhealthy weight.

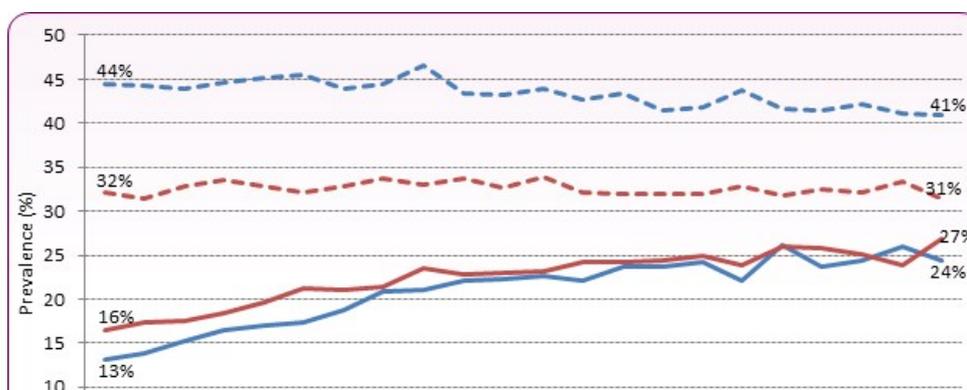
Figure 5: Estimated percent of overweight and obese adults in Blackpool compared to England and the North West, 2012-14

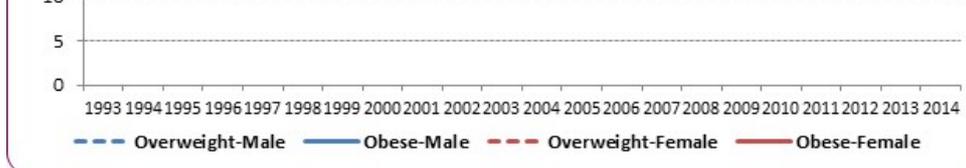


Source: Active People Survey, Sport England

Figure 6 shows the national trends in overweight and obesity from 1993 to 2014. Rates of overweight were similar in 2014 to recent years and rates for men and women have remained fairly stable over the last twenty years. Conversely, obesity prevalence increased steeply between 1993 and around 2000, with a slower rate of increase after that. Prevalence of obesity has generally fluctuated between 24% and 26% from around 2006 to 2014. Morbid obesity has also increased between 1993 and 2014, with almost 2% of men and almost 4% of women morbidly obese in 2014, from less than 0.5% of men and just over 1% of women in 1993¹⁰.

Figure 6: Trend in obesity and overweight by gender, England, 1993-2014





Source: HSCIC, Health Survey for England 2014, Chapter 9-Adult obesity and overweight

The Government Office for Science¹¹ prediction of future trends for obesity is worrying for England and of course, Blackpool. By 2025, 47% of males and 36% of females could be obese and by 2050, 60% of males and 50% of females could be obese. The research tells us that over the next twenty years, the obesity attributable diabetes risk in the UK is projected to add an excess 544,000 - 668,000 cases of diabetes, 331,000 - 461,000 of coronary heart disease and stroke along with 87,000 - 130,000 cancers. There is no evidence to suggest Blackpool will avoid any such impact from these predictions and this could be exacerbated with the higher number of more deprived parts of the borough.

Risk factors

Nationally, research indicates that obesity is associated with deprivation (greater deprivation equalling higher levels of obesity), especially for women. PHE summarises the data on the relationship between obesity prevalence in adults and socioeconomic status in the English population¹²:

- Overall, for women, obesity prevalence increases with increasing levels of deprivation. For men, only occupation-based and qualification-based measures show differences in obesity rates by levels of deprivation
- Obesity in women falls steadily with rising levels of household income, and there is a significant difference in prevalence between the highest and lowest income groups. The differences are smaller for men and the trend is less clear-cut
- The prevalence of obesity for women in unskilled occupations is almost twice that of those in professional occupations. The overall pattern is similar for men: those in professional occupations have lower obesity prevalence than any other group
- Obesity prevalence is higher in both men and women who have fewer qualifications
- Women living in more deprived areas have higher levels of obesity than those in less deprived areas. There is no clear pattern for men
- Among men and women, the prevalence of obesity increased across all social classes between 1994 and 2009

National and local guidance

There are no national or local targets relating specifically to adult obesity but there is a stated national ambition from [Healthy Lives, Healthy People: A call to action on obesity in England](#) (2011) of 'a downward trend in the level of excess weight averaged across all adults by 2020.'

One of the main themes of the [Annual Report of the Chief Medical Officer, 2014 - The Health of the 51%: Women](#) is obesity and its impact on women's health. It states '*tackling obesity in the population as a whole has to be a national priority, in order to reduce the impact of related, non-communicable diseases on healthy life expectancy and health services. Reducing obesity in women also has the potential to lower the chances that their children will be obese*'. The report recommends that the Government includes obesity in its national risk planning.

[Making the case for tackling obesity - why invest?](#) is a set of infographic slides from PHE which identify reasons why it is important for local authorities and others to invest in tackling obesity. The slide set illustrates the facts and figures about obesity, the costs, the benefits of investing and the potential routes to action.

The most established piece of guidance relating to this agenda is the NICE Clinical Guideline CG189 [Obesity: identification, assessment and management](#) published in Nov 2014 which updates and replaces section 1.2 of NICE guideline CG43. It offers evidence-based advice on the care and treatment of obesity and new recommendations have been added about low-calorie and very low-calorie diets, bariatric surgery and follow-up care.

This is supported by a range of NICE public health guidance and briefing papers including:

- NG7 - [Preventing excess weight gain](#) (March 2015) makes recommendations on behaviours that may help people maintain a healthy weight or prevent excess weight gain.
- PH42 - [Obesity: working with local communities](#) (November 2012) aims to support effective, sustainable and community-wide action to prevent obesity. It sets out how local communities, with support from local organisations and networks, can achieve this.
- PH53 - [Weight management: lifestyle services for overweight or obese adults](#) (May 2014) makes recommendations on the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese (aged

18 and over). It covers weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active.

- PH27 - [Weight management before, during and after pregnancy](#) (July 2010) is for NHS and other commissioners, managers and professionals who have a direct or indirect role in, and responsibility for: women who are pregnant or who are planning a pregnancy and mothers who have had a baby in the last 2 years.
- LGB9 - [Preventing obesity and helping people to manage their weight](#) (May 2013) summarises NICE's recommendations for local authorities and partner organisations on preventing people becoming overweight and obese and helping them to manage their weight. It is particularly relevant to health and wellbeing boards

The Public Health England [Obesity website](#) provides a single point of contact for wide-ranging authoritative information on data, evaluation, evidence and research related to weight status and its determinants.

[1] NAO Tackling Obesity in Britain. London: National Audit Office, 2001

[2] PHE, National Obesity Observatory, [Health inequalities](#)

[3] Nader P et al (2006) Identifying Risk for Obesity in Early Childhood. Paediatrics, 2006 Sep; 118(3): e594-601

[4] Fildes A, et al. Probability of an Obese Person Attaining Normal Body Weight: Cohort Study Using Electronic Health Records (2015). American Journal of Public Health, 2015 Sep;105(9):e54-9

[5] OECD [Obesity Update 2012](#)

[6] PHE, National Obesity Observatory [Economics of obesity](#)

[7] NOO, Briefing Note: Obesity and life expectancy, National Obesity Observatory, August 2010

[8] UK Health Forum and Cancer Research UK, Tipping the Scales: Why preventing obesity makes economic sense, January 2016

[9] NICE guidelines [CG43] Obesity prevention, December 2006

[10] HSCIC, [Health Survey for England - 2014 Trend tables](#), Leeds 2015

[11] Government Office for Science (2007). Foresight Report, Tackling Obesities: Future Choices-Project Report, October 2007

[12] PHE, Adult obesity and socioeconomic status data factsheet, August 2014

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