



GIOVEDÌ 11

**CORSO SICOB III EDIZIONE  
MILANO 11-12 APRILE 2024**

# **IL MANAGEMENT DELL'OBESITÀ**

DIRETTORI DEL CORSO: MAURIZIO DE LUCA, GIUSEPPE NAVARRA

Corso sul management nutrizionale, psicologico-psichiatrico, motorio, farmacologico, endoscopico e chirurgico per i pazienti affetti da obesità.

**PROVIDER SICOB  
EVENTO ACCREDITATO ECM 401500  
15 CREDITI FORMATIVI**

# **Epidemiologia del'obesità**

**DIEGO FOSCHI**

**DIRETTORE SCIENTIFICO**

**CHIRURGIA BARIATRICA**

**ISTITUTO CLINICO SAN GAUDENZIO**

**NOVARA**

# Obesità : definizione

**L'obesità** è una forma morbosa caratterizzata da esagerato e diffuso accumulo di (trigliceridi nel) tessuto adiposo, che compromette lo stato di salute.

La misurazione diretta del tessuto adiposo nella pratica clinica è sostituita dalla determinazione dello **Indice di Massa corporea (BMI)**  
**Peso (Kg)/ h x h (m<sup>2</sup>)**

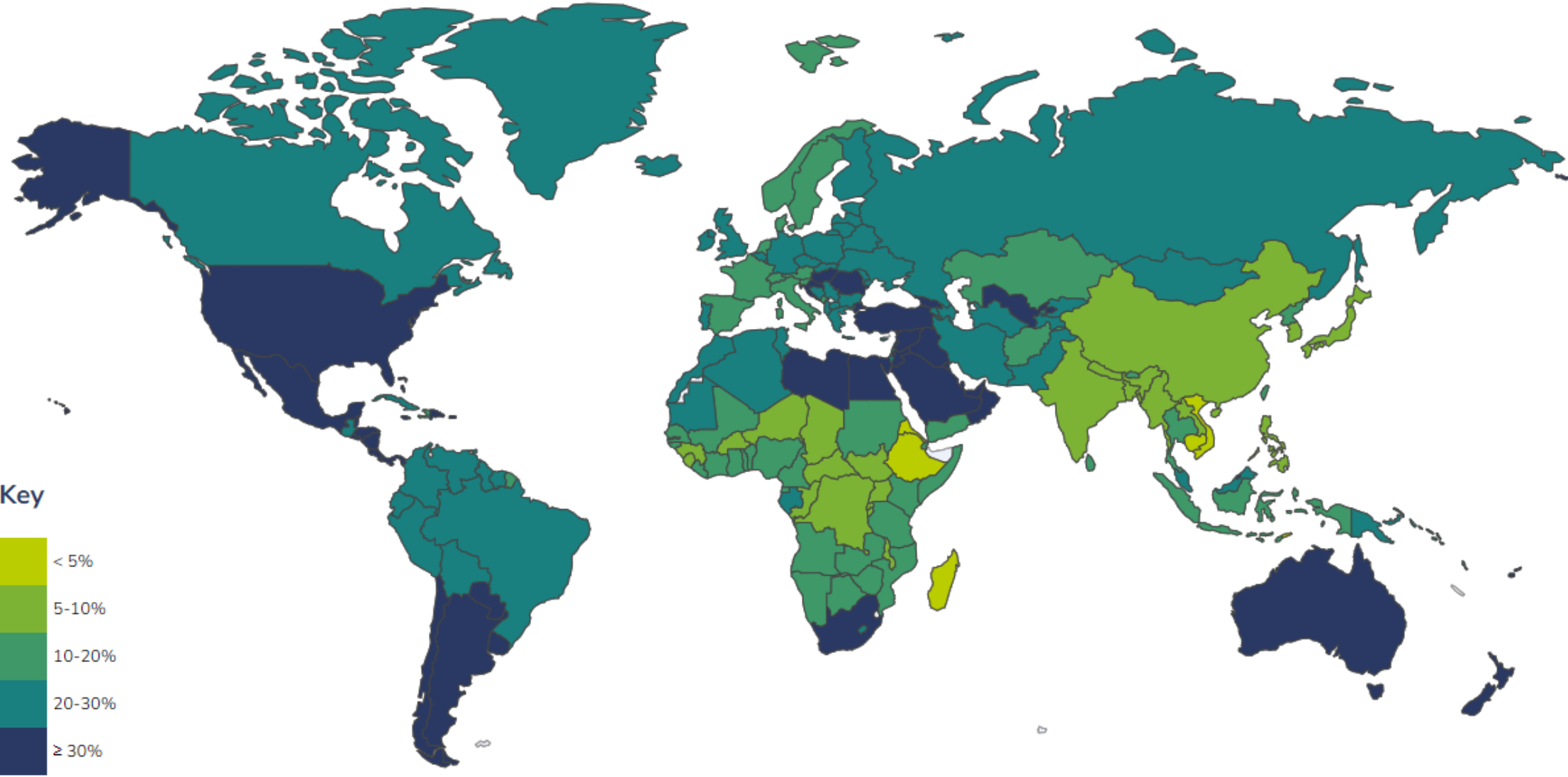
<b>Classifications</b>	<b>BMI</b>
Underweight	<18.50
Normal weight	18.50–24.99
Grade I overweight	25.00–29.99
Grade II overweight	30.00–39.99
Grade III overweight	≥40.00

WHO, World Health Organization; BMI, body mass index. (From Seidell JC, Rissanen AM. Time trends in the worldwide epidemic of obesity. In: Bray GA, Bouchard C, James WPT, eds. *Handbook of obesity*. New York: Marcel Dekker, 1998:79–91.)

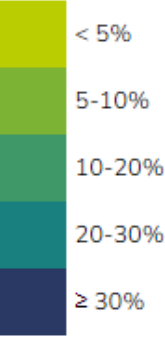
TABLE 36.2. MODIFIED WHO CLASSIFICATION OF OVERWEIGHT AND OBESITY

# Estimates of prevalence of obesity in adults

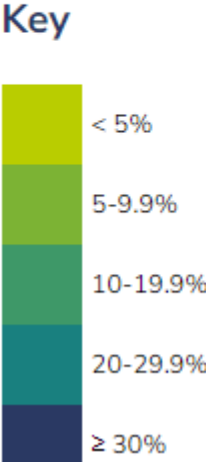
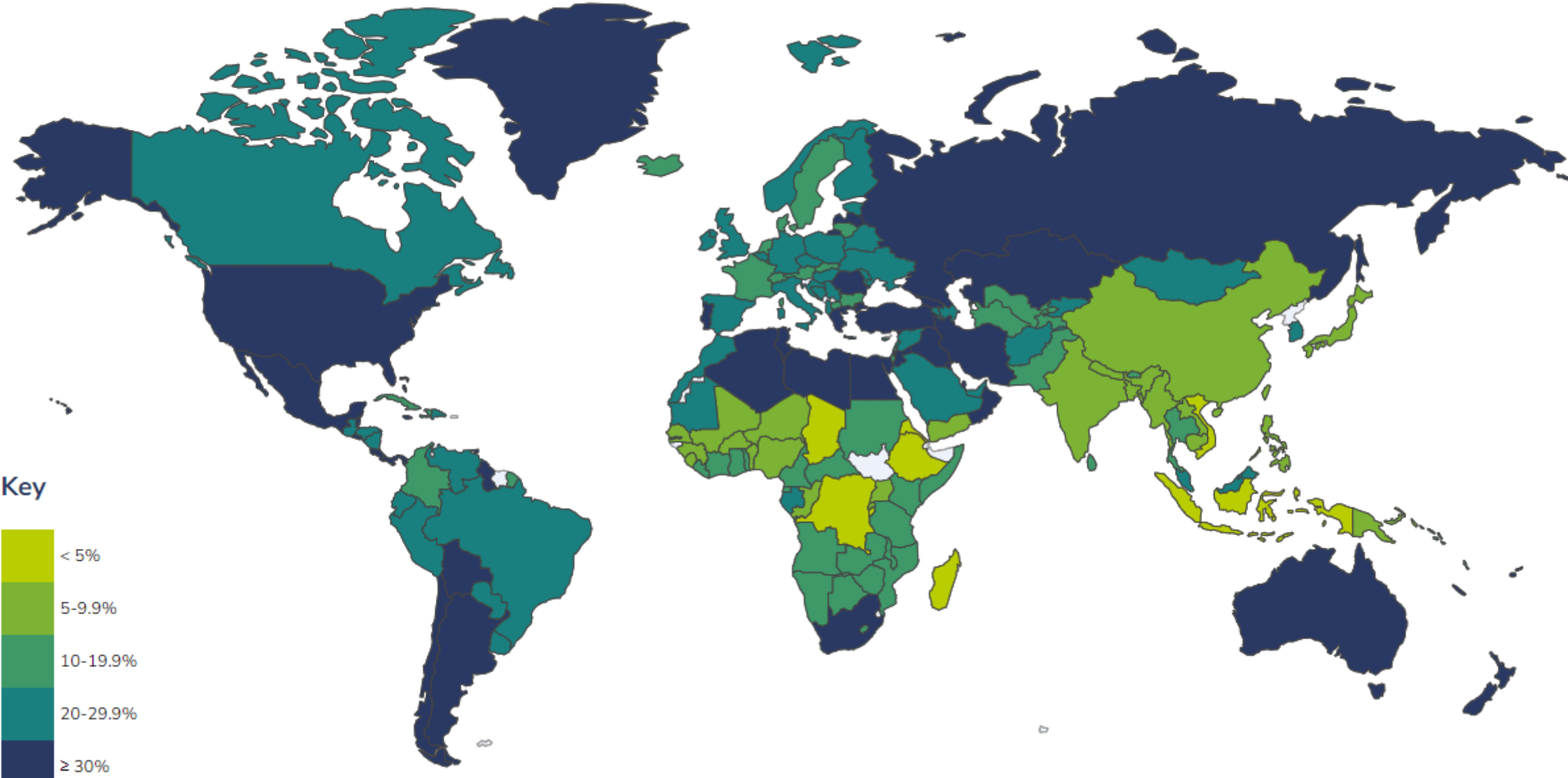
Obesity BMI  $\geq 30$  kg/m<sup>2</sup>. All adults



## Key



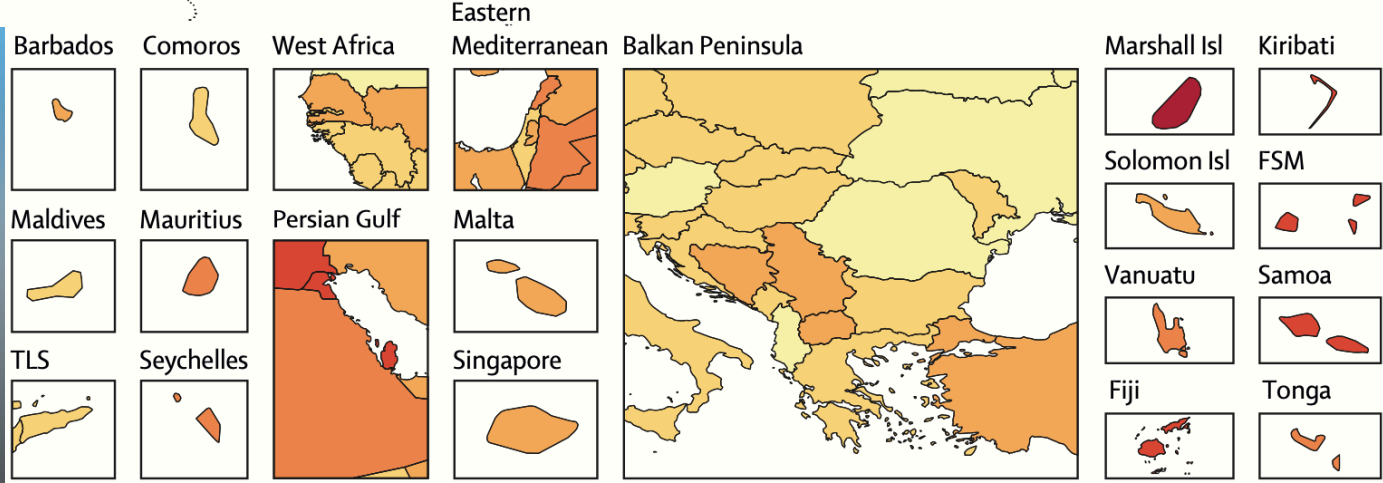
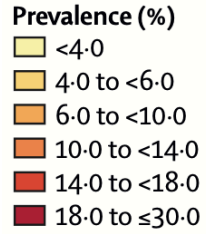
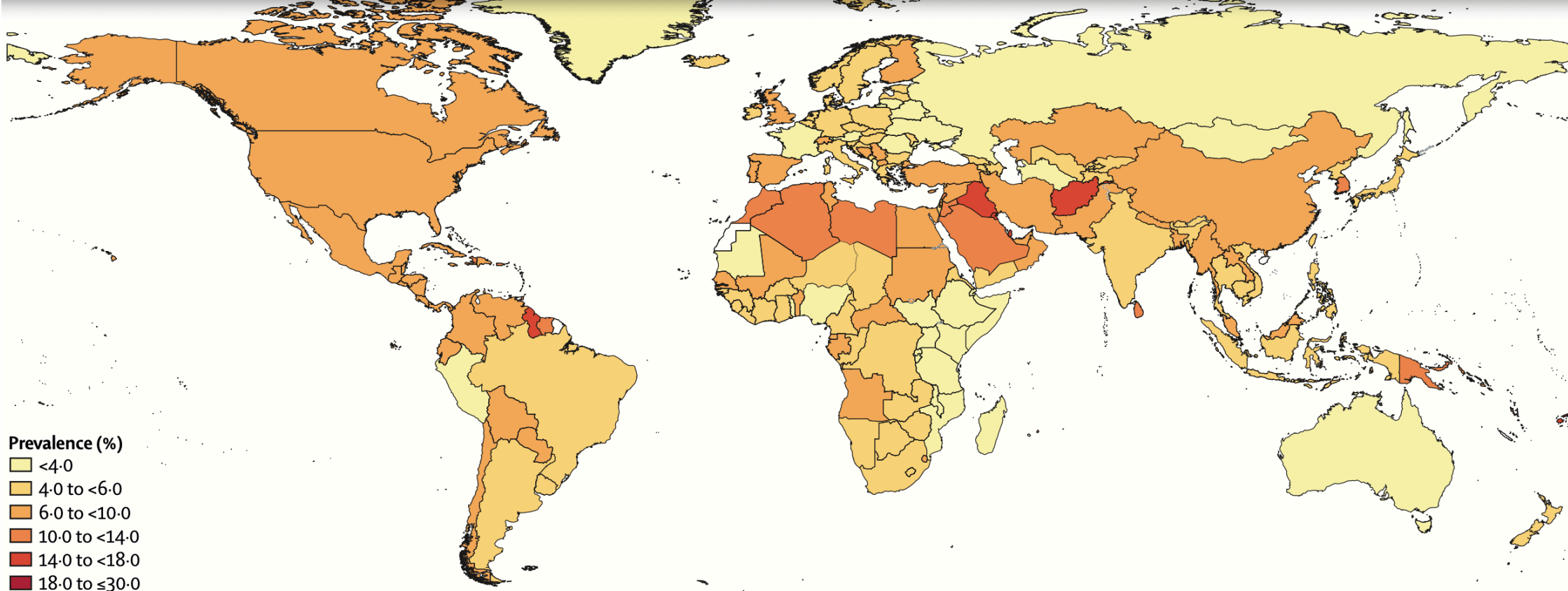
# Women living with obesity. Newest available data



# Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: a systematic analysis for the Global Burden of Disease Study 2021



GBD 2021 Diabetes Collaborators\*



- American Samoa
- Bermuda
- Cabo Verde
- Cook Islands
- Guam
- Nauru
- Niue
- Northern Mariana Islands
- Palau
- Saint Kitts and Nevis
- São Tomé and Príncipe
- Tokelau
- Tuvalu
- Virgin Islands

Overview



By country

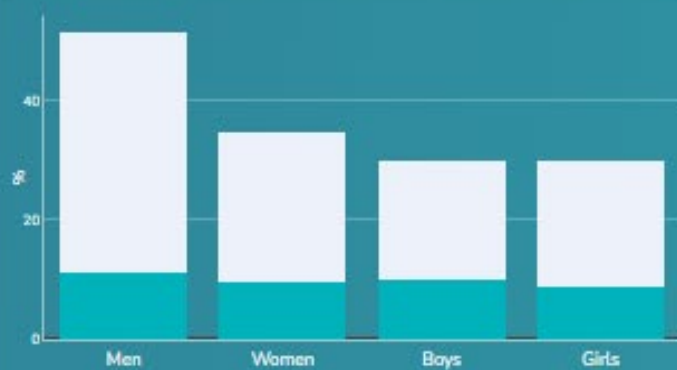
By region



Italy

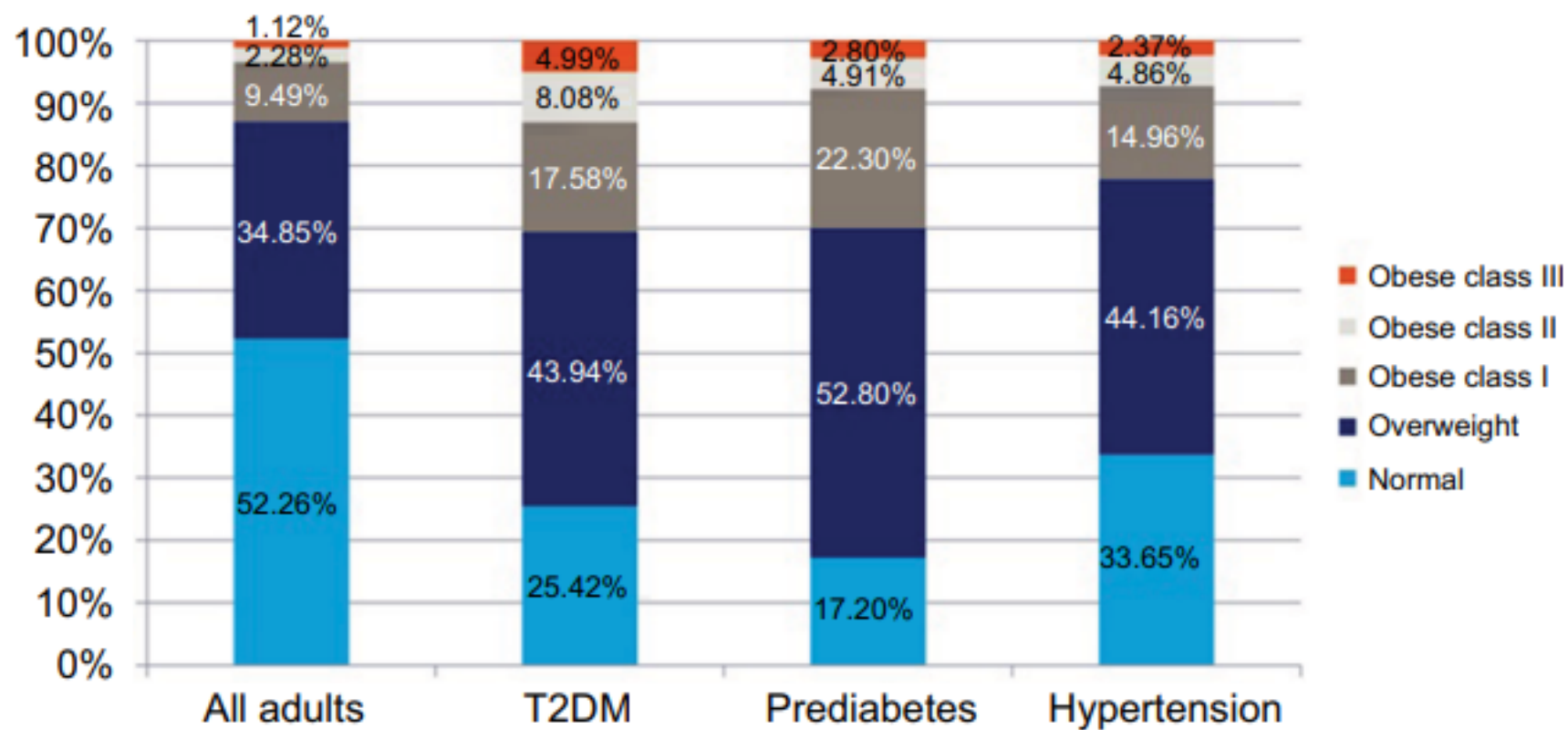


# Italy



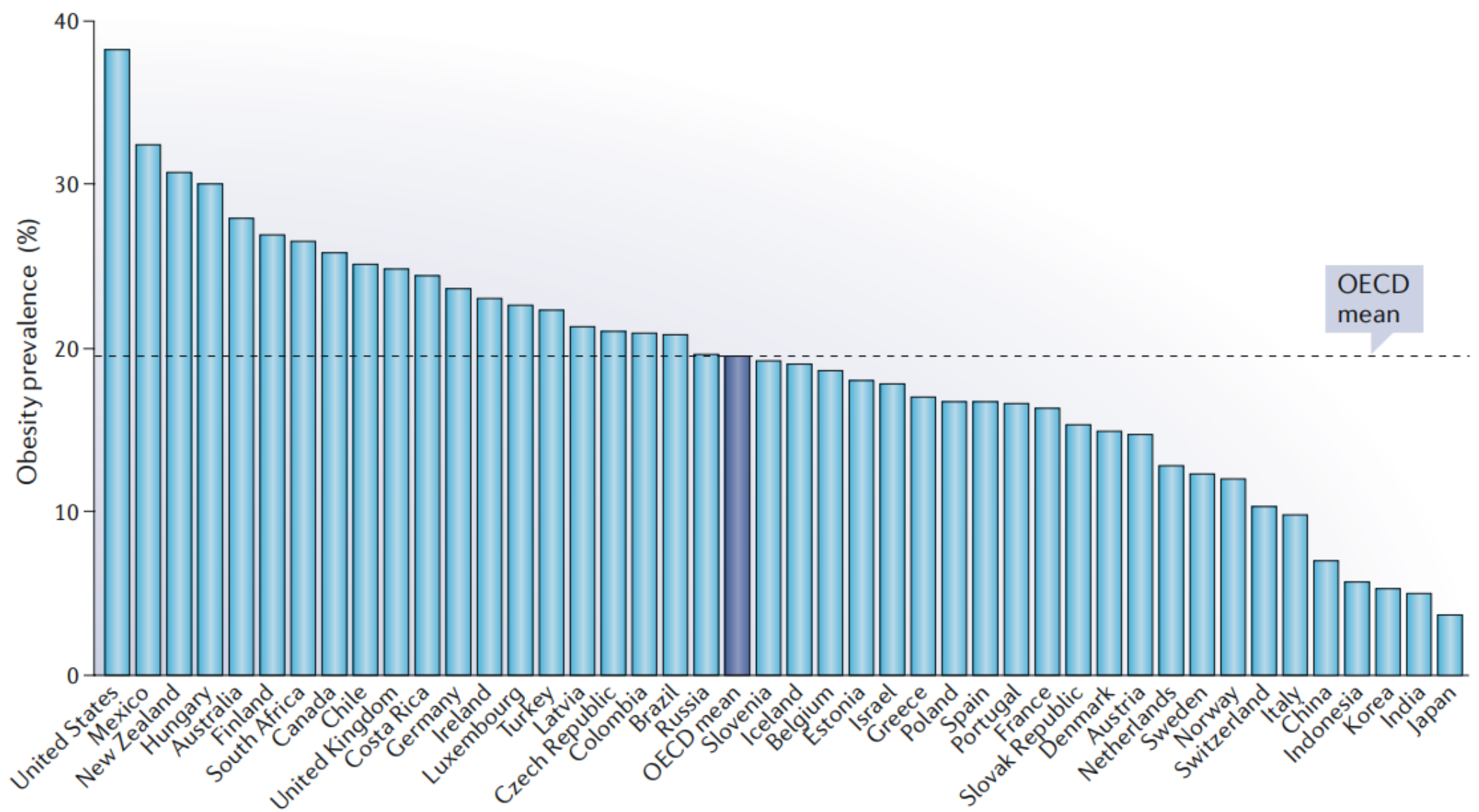
More from this country





**Figure 2** Prevalence of obesity across subgroups in Italy.

**Abbreviation:** T2D, type 2 diabetes.



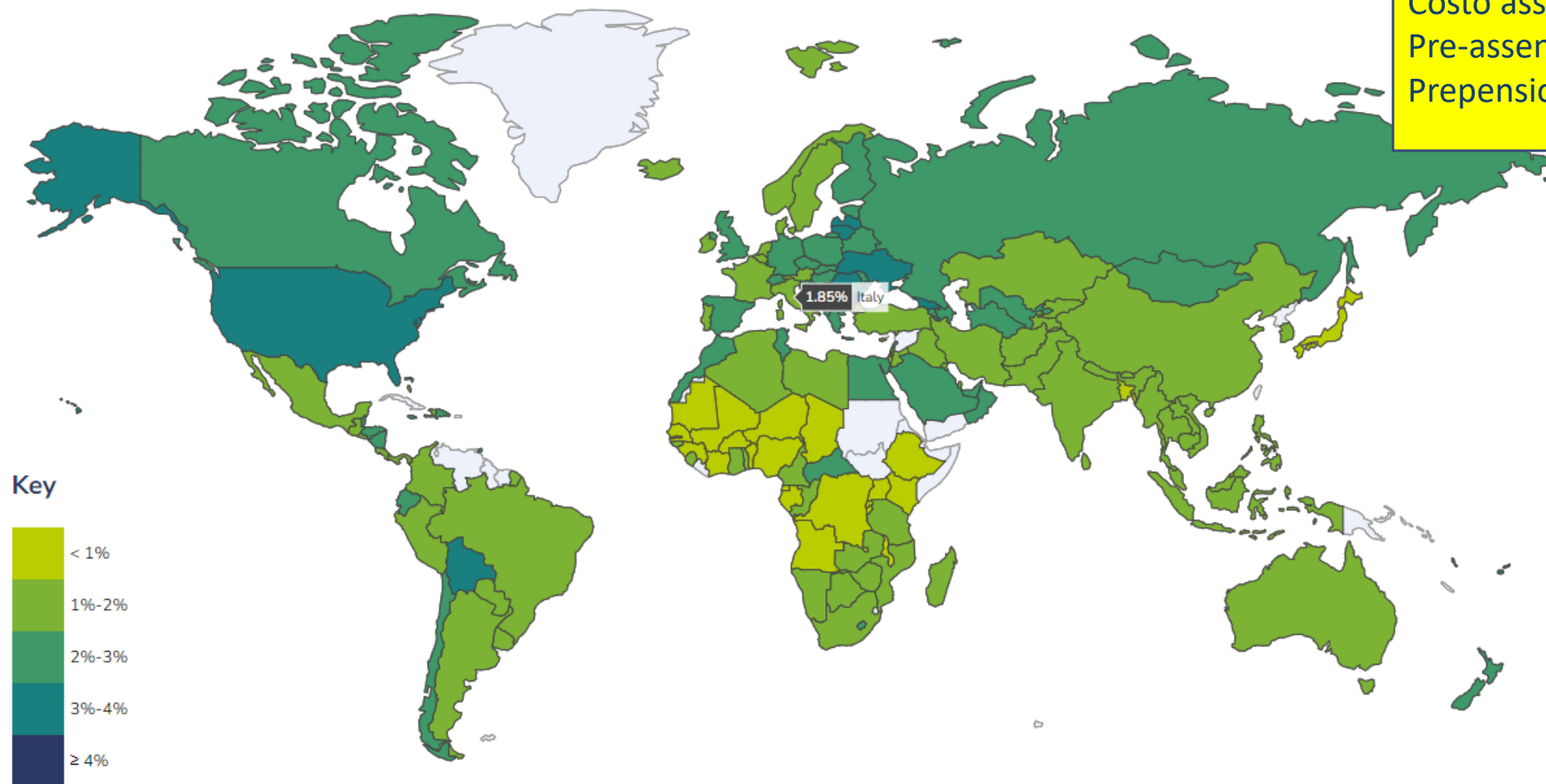


#	Country	% obesity
1	 American Samoa	70.29
2	 Nauru	69.65
3	 Tokelau	67.05
4	 Cook Islands	66.05
5	 Niue	63.71
6	 Tonga	63.37
7	 Tuvalu	57.73
8	 Samoa	52.83
9	 French Polynesia	47.02
10	 United States	41.64
11	 Qatar	40.79
12	 Bahamas	39.78
13	 Palau	39.10
14	 Federated States of Micronesia	39.02
15	 Kuwait	38.88
16	 Romania	38.34
17	 Saudi Arabia	38.13
18	 Marshall Islands	38.09
19	 Saint Kitts and Nevis	37.59



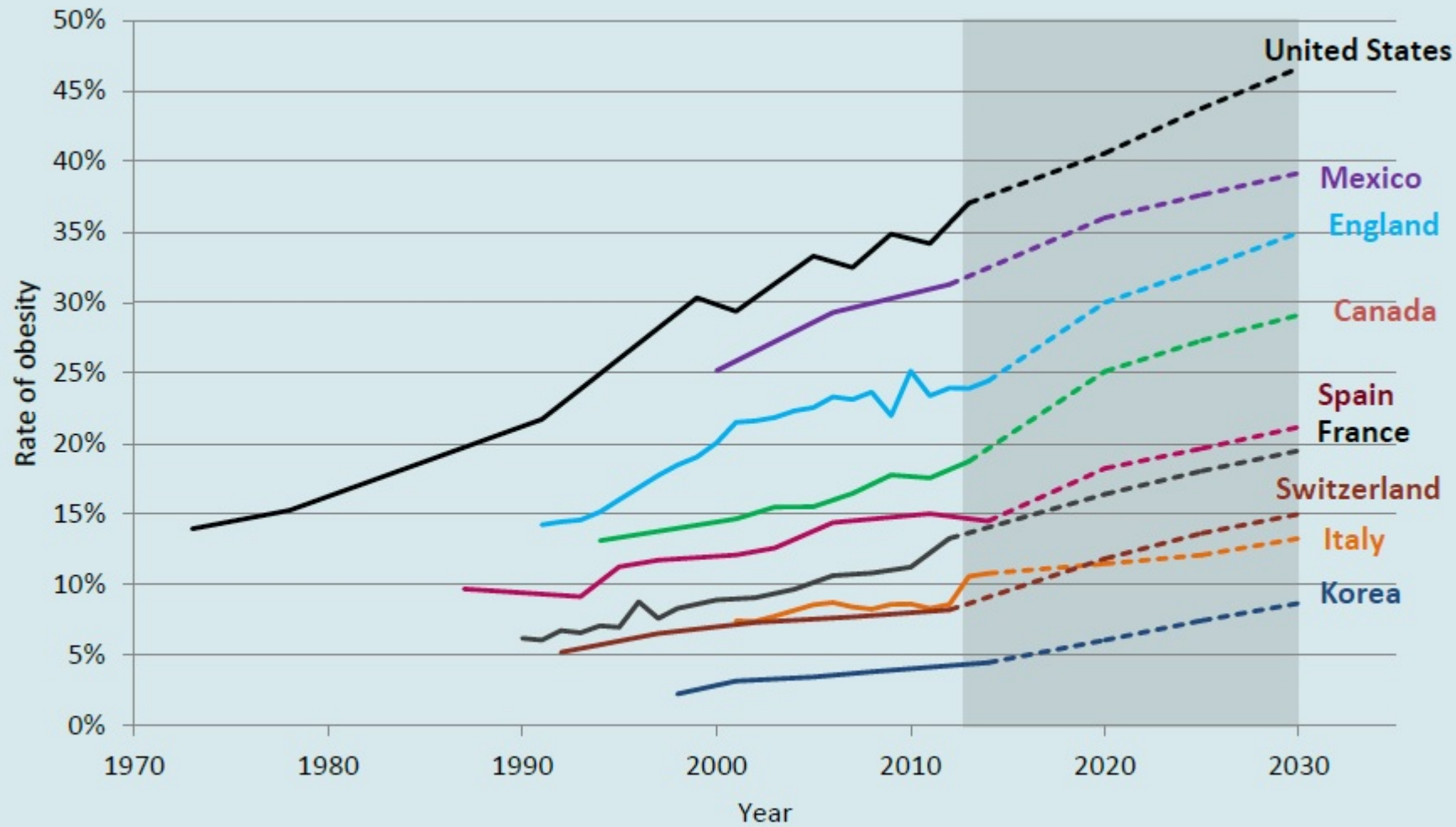
108	 Saint Vincent and the Grenadines	19.23
109	 Jamaica	19.21
110	 Cuba	19.19
111	 Kazakhstan	19.07
112	 Grenada	19.06
113	 Austria	18.81
114	 Colombia	18.58
115	 Dominica	18.38
116	 Iran	18.26
117	 Solomon Islands	18.13
118	 Guyana	18.10
119	 Italy	17.97
120	 Malaysia	17.70
121	 Sweden	17.18

## Total economic cost as % of GDP, 2019



S.S. pro-capite: 230 E  
Spesa sanitaria totale: 9%  
Costo totale su PIL : 1.85%  
Costo assenteismo: 0.38%  
Pre-assenteismo: 0.72%  
Prepensionamento : 0.09%

Figure 5: Projected rates of obesity

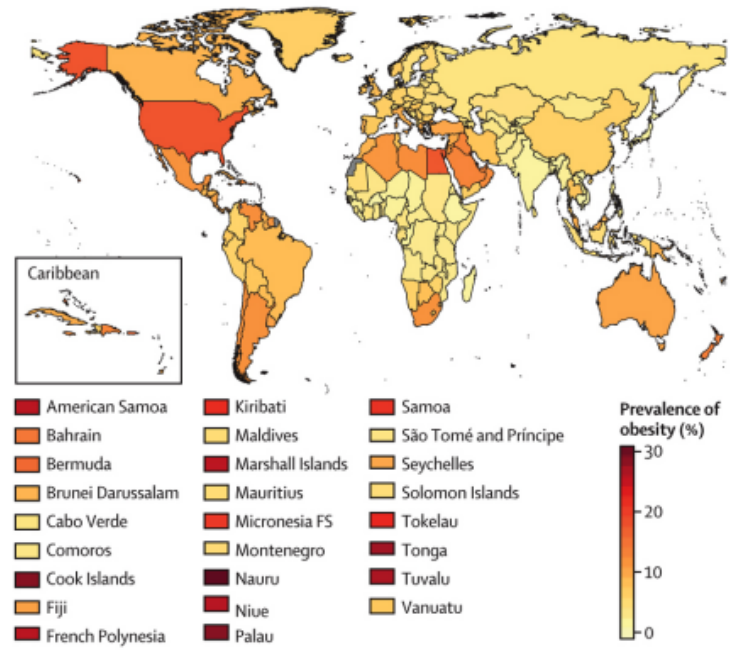


Note: Obesity defined as Body Mass Index (BMI)  $\geq 30\text{kg/m}^2$ . OECD projections assume that BMI will continue to rise as a linear function of time.

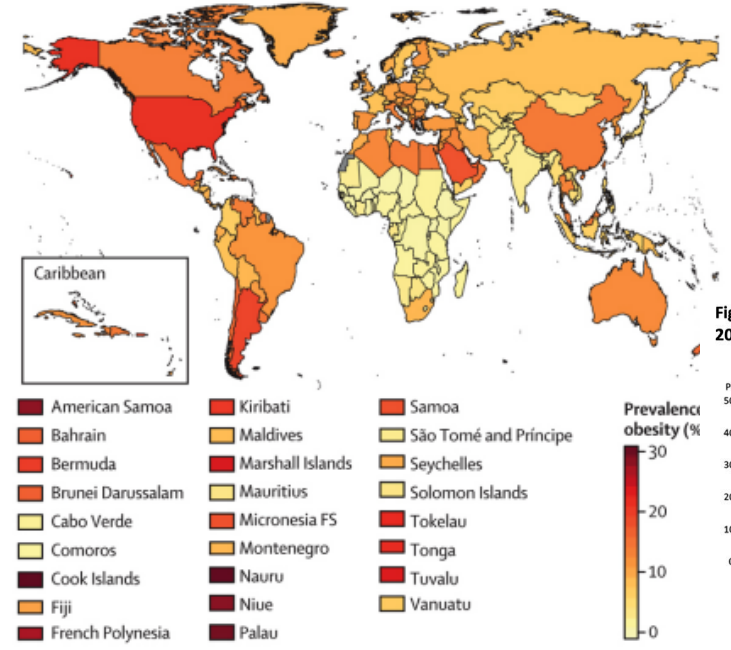
Source: OECD analysis of national health survey data.

Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults

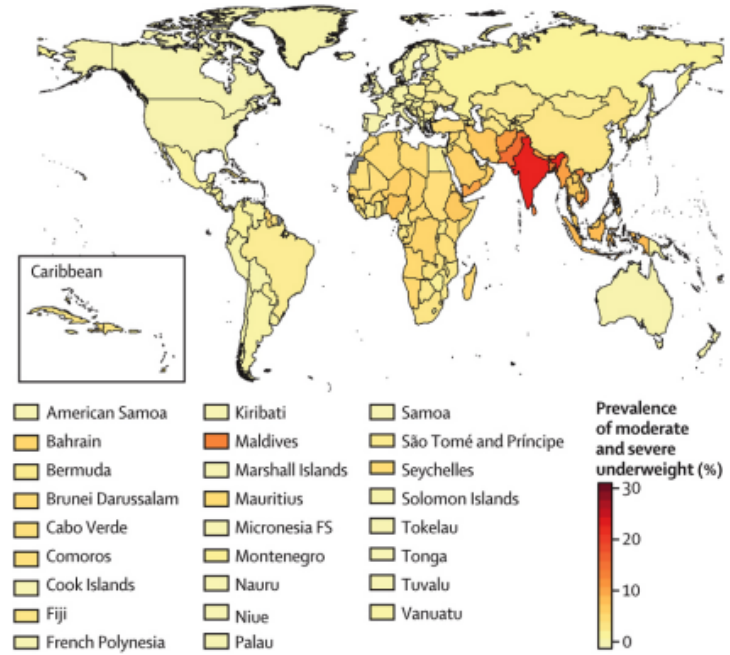
C Obesity prevalence in girls



D Obesity prevalence in boys



E Moderate and severe underweight prevalence in girls



F Moderate and severe underweight prevalence in boys

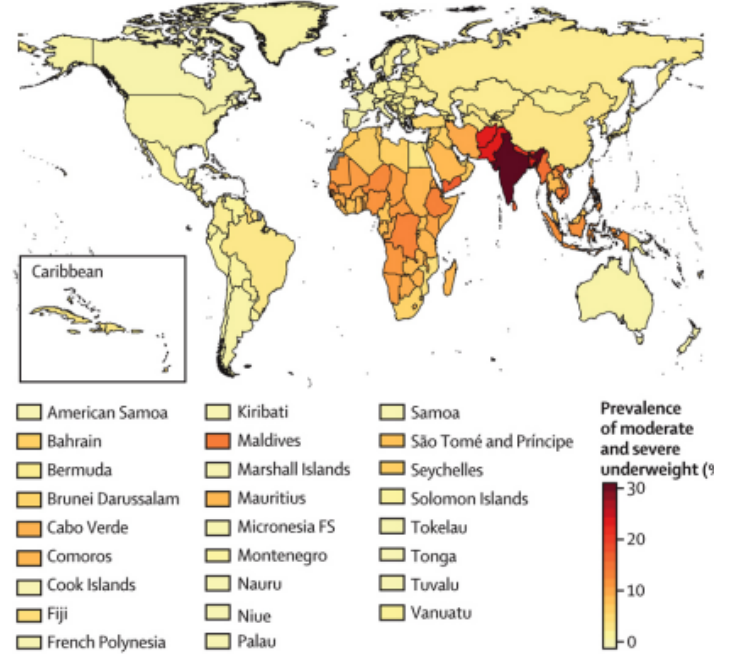


Figure 21. Prevalence of obesity; and overweight and obesity among adults (> 15 years), unweighted, 2002-2010

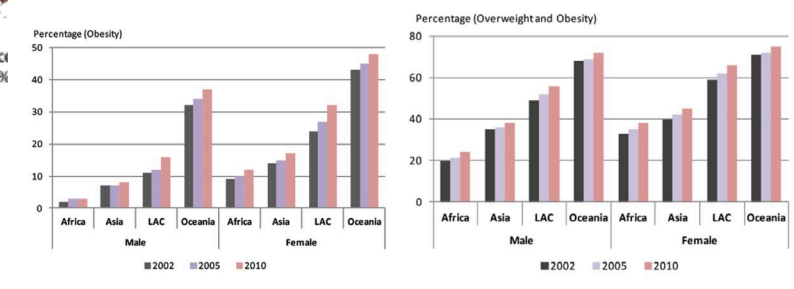
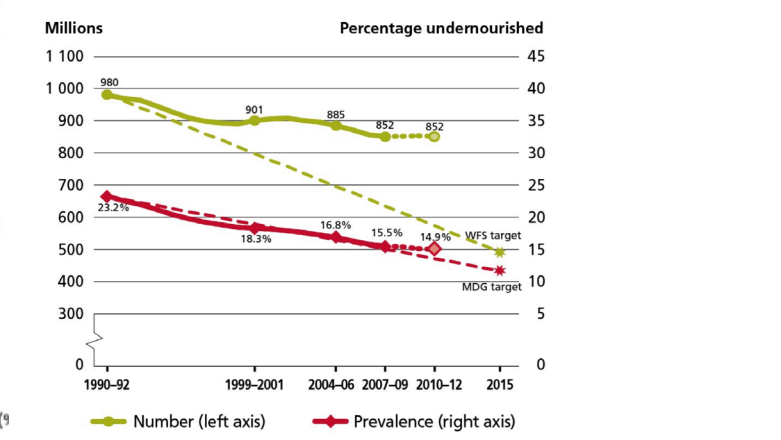
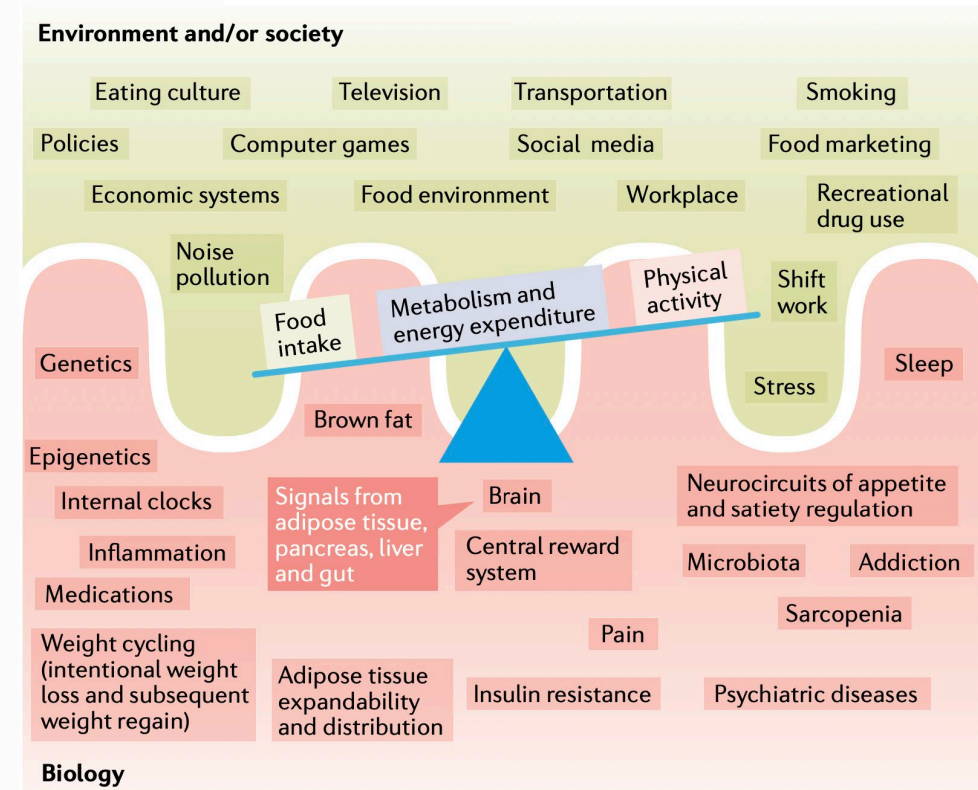
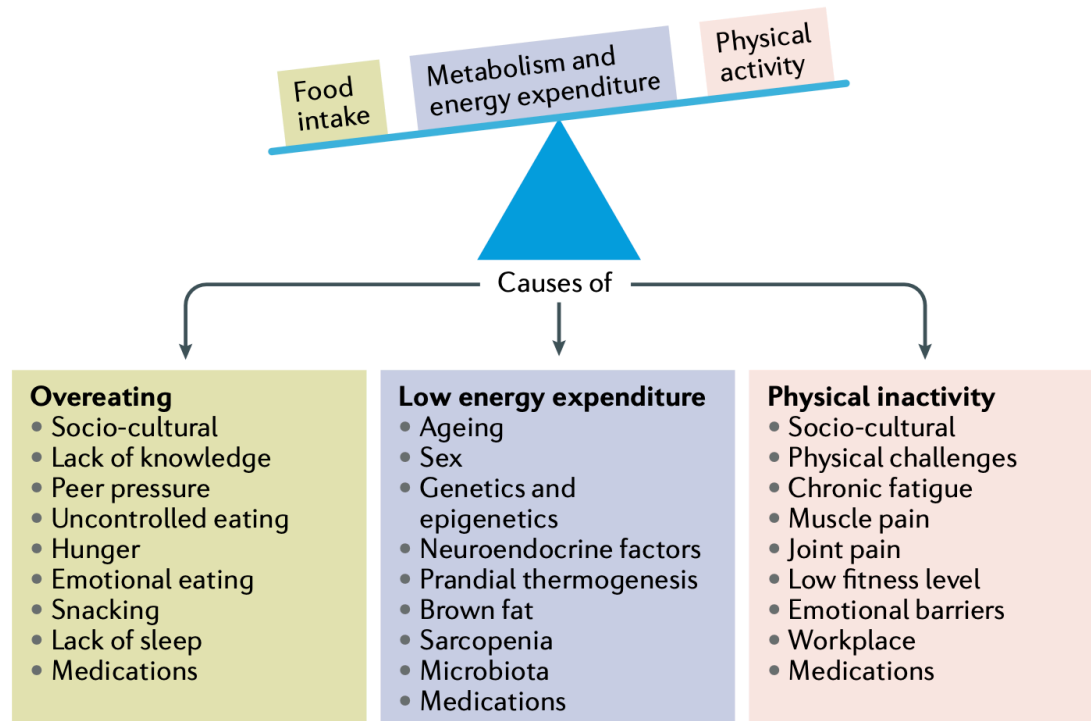


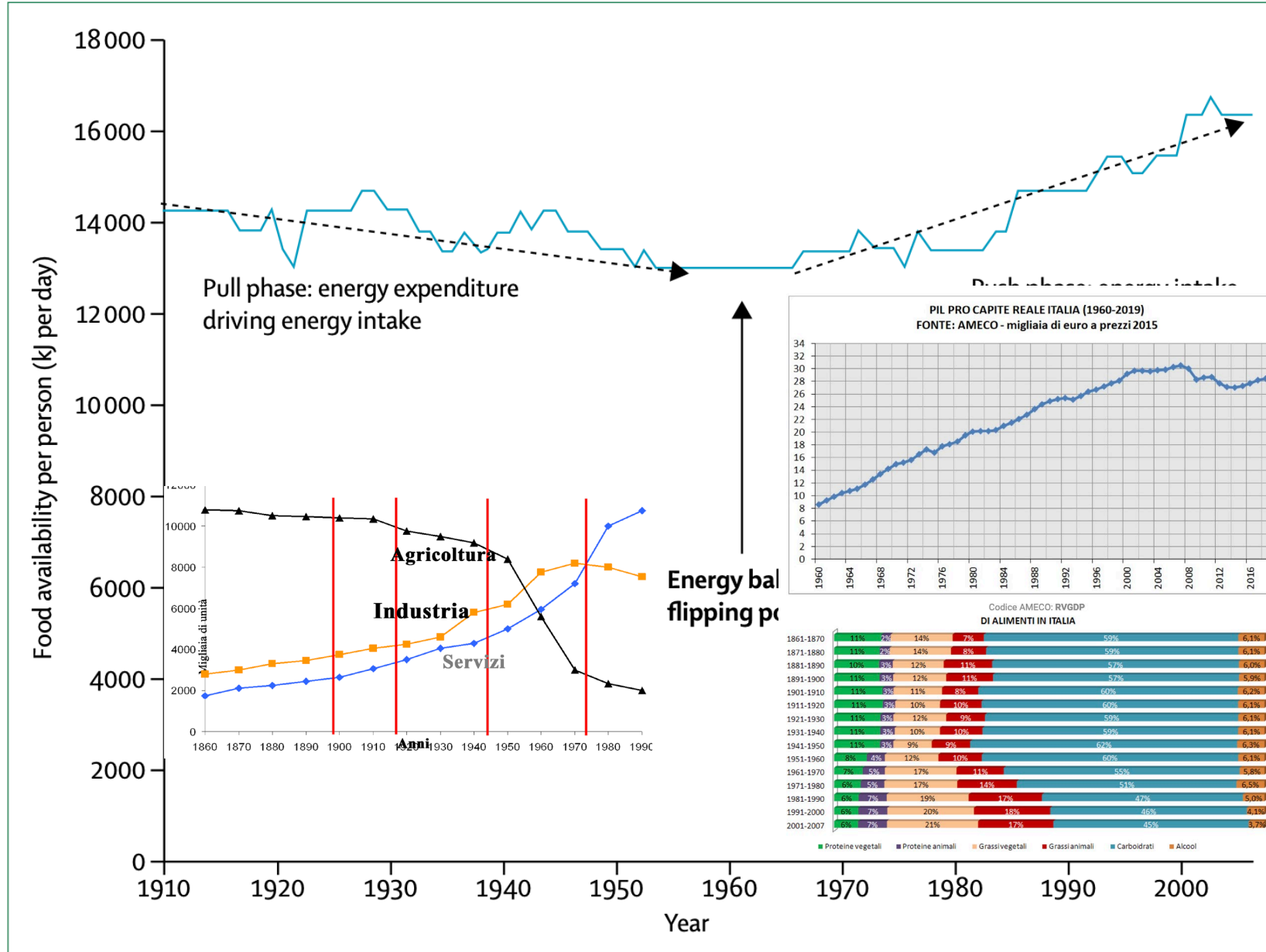
Figure 1. Number and percentage of undernourished people in developing countries, 1990-92 to 2015



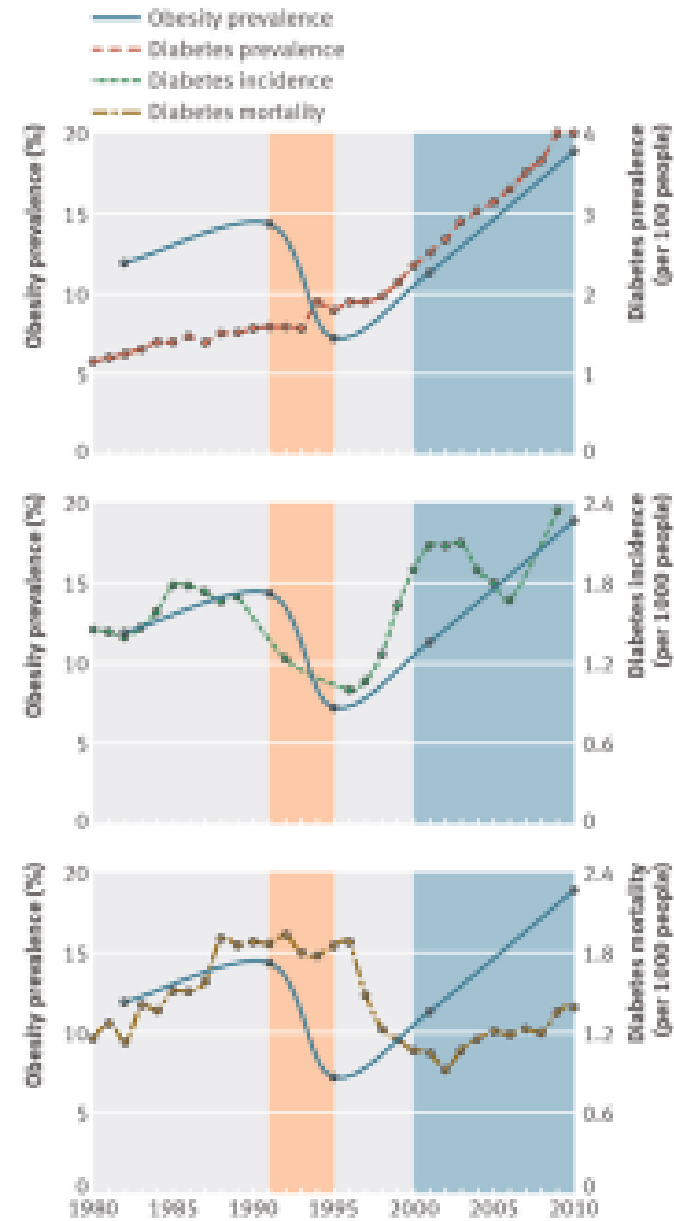
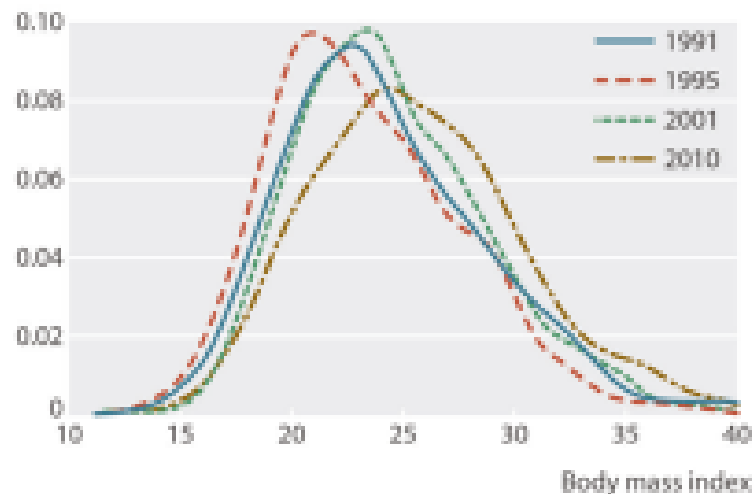
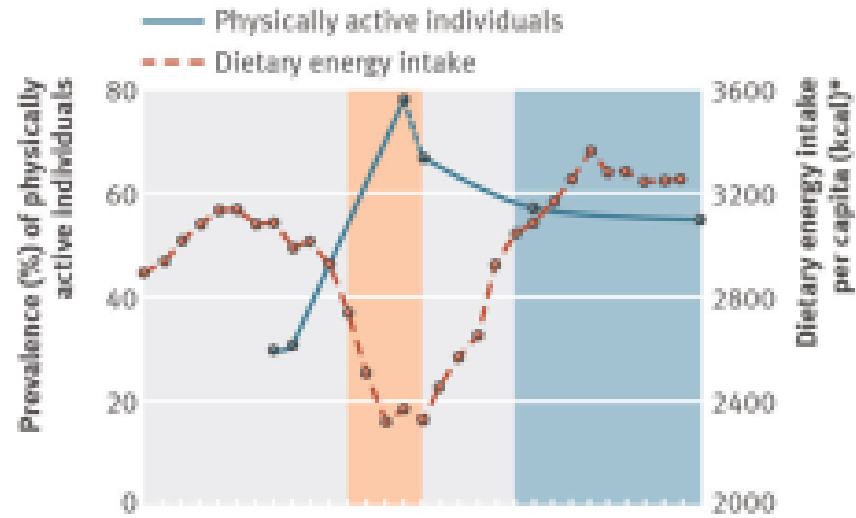
# I principali fattori biologici e sociali causa di obesità

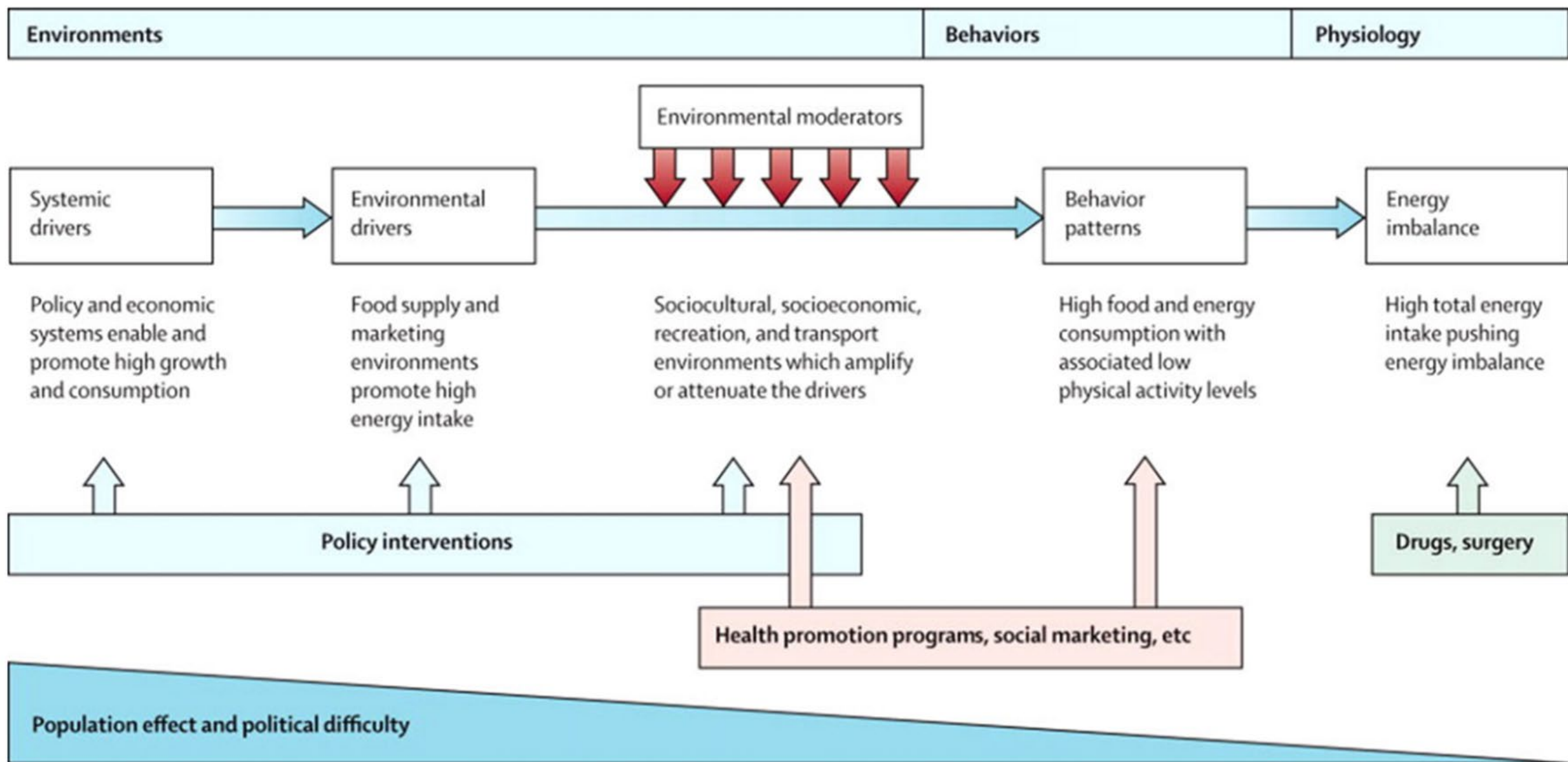


# Il punto di non ritorno



# Population-wide weight loss and regain in relation to diabetes burden and cardiovascular mortality in Cuba 1980-2010: repeated cross sectional surveys and ecological comparison of secular trends







# THE LANCET



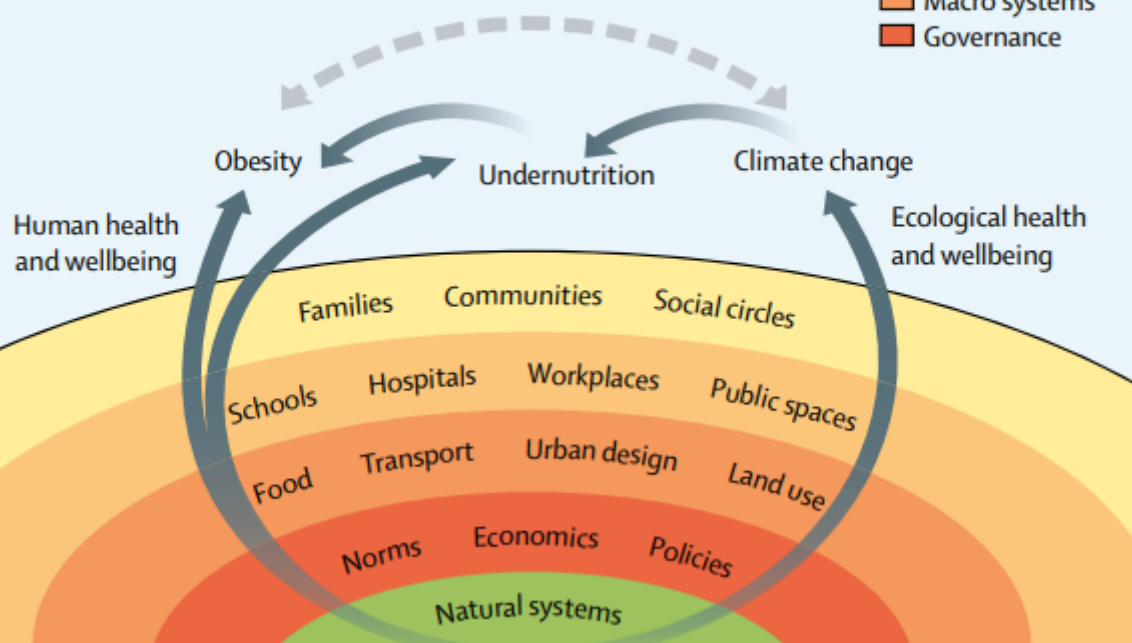
Milken Institute School of Public Health  
THE GEORGE WASHINGTON UNIVERSITY

## The Global Syndemic of Obesity, Undernutrition, and Climate Change: *The Lancet* Commission report

Boyd A Swinburn, Vivica I Kraak, Steven Allender, Vincent J Atkins, Phillip I Baker, Jessica R Bogard, Hannah Brinsden, Alejandro Calvillo,

### B Global Syndemic view

- Micro systems
- Meso systems
- Macro systems
- Governance

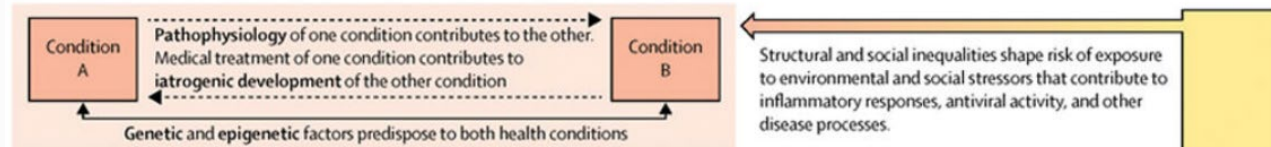


## Syndemics 2

### Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations

Emily Mendenhall, Brandon A Kohrt, Shane A Norris, David Ndetei, Dorairaj Prabhakaran

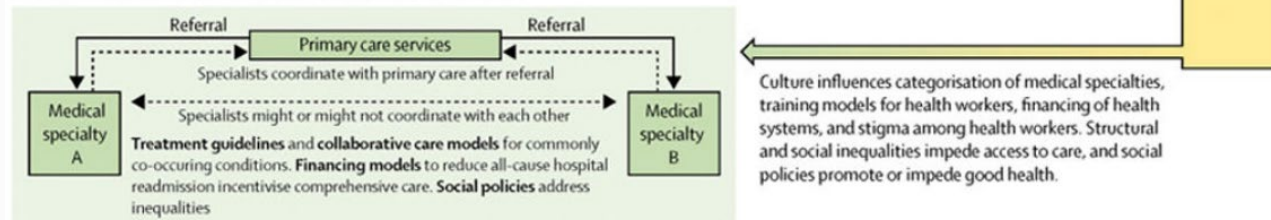
#### A How do the biological processes and pathophysiology of co-occurring conditions interact?



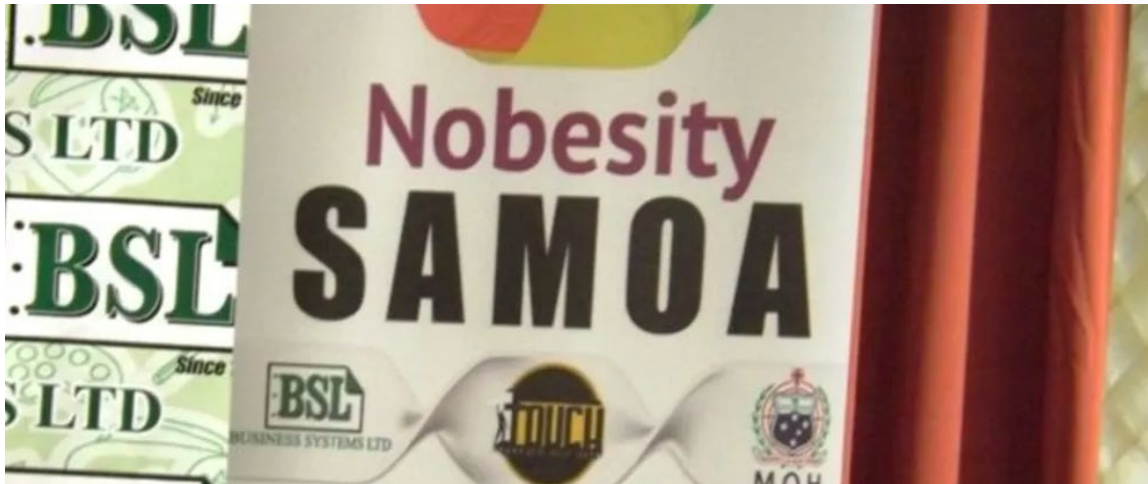
#### B How are the conditions experienced by patients and their social networks?



#### C How do medical institutions address co-occurring conditions?



# Gli interventi legislativi



**Empowerment** of individuals to work together can make health gains for their communities. Individuals, families and communities are to take control of their own health. Health programs need to empower individuals and communities to make healthy choices.



**Partnerships, alliances and collaboration:** Partnerships, alliances and collaboration are essential for effective food and nutritional health.



**Multi-Sectoral Approach:** A comprehensive multi-sectoral approach is required for improved food and nutritional health in Samoa.



**Civic understanding and awareness** are required for improving food and nutritional health through changing social norms and encouraging healthy choices. Communities are an essential partner in this endeavour.



**Equality:** Women, youth, children and other vulnerable groups have special needs that should be reflected in food and nutrition initiatives specifically targeting these groups.



**Health Argument/Reasoning:** The healthy setting approach is an effective entry point for improving the focus on addressing food and nutrition issues and challenges.



**Samoanisation:** Food and nutrition initiatives should respect the *fa'a-Samoa* and religious differences. At the same time, certain aspects of the local food culture need to adapt or change in order to address food security and the burden of rising nutrition-related diseases across the communities.



**Public Policy duty:** Government has a responsibility to ensure public health. Food safety, food security and nutrition are essential components of public health.



**Food and nutrition as a basic human right:** Government shall act in accordance with a commitment to uphold food and nutrition equity and rights of all citizens with particular emphasis on vulnerable groups and individuals.



**Surveillance, prevention and protection:** Health promotion and primordial prevention can protect current future generations from food and nutrition-related diseases and illnesses.



**Rights to information:** Every Samoan should be informed of the health consequences of food and nutrition. This includes the right to access the right information and services.

## Metabo Law to decrease Japan's obesity rates



In 2008 the Japanese Ministry of Health, Labour and Welfare introduced the 'Metabo Law' to decrease Japan's obesity rates. The 'Metabo law' is, in theory, simple – stay below a government-mandated waistline of 85 cm for women and 90 cm for men or face the consequences. Employers and local government are responsible for the annual waist measurement check of 50 million Japanese aged between 40 and 74.

'Metabo law' comes from the phrase metabolic syndrome, and has replaced the word obesity. Metabolic syndrome is a combination of problems with cholesterol, triglycerides, high blood pressure and high blood sugar. It is likely to lead to a stroke, heart attack and diabetes eventually.

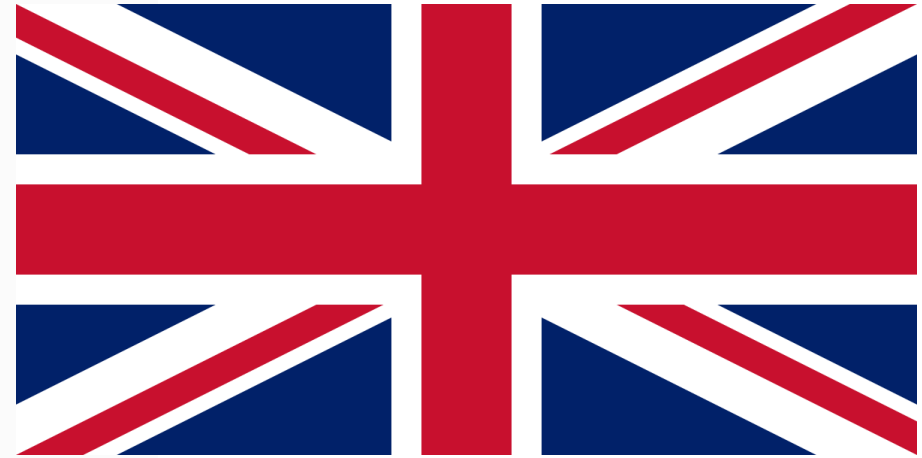
Individuals who fail their annual waist measurement check are required to attend a combination of counselling sessions, monitoring through phone and email correspondence, and motivational support. Also, if more than a certain percentage of employers employees are over-the-waist-limit, the employer is taxed. NEC, Japan's largest maker of personal computers, says it may incur a fine of up to \$19 million for failing to meet the waist-limit targets for its employees.



## What are you doing to tackle obesity?

We are taking strong action to encourage healthier food choices and to tackle obesity, including:

- Introducing the Soft Drinks Industry Levy which has removed the equivalent of over 45,000 tonnes of sugar from soft drinks since its introduction
- Introduction of calorie labelling to empower people to make informed choices
- Legislation to restrict the placement of foods high in fat, sugar or salt in supermarkets to reduce the likelihood of impulse purchases
- Helping children and young people have an active start to life, with over £600 million funding for the PE and Sport Premium over the next two academic years and £22 million for the School Games Organisers network.



**2018 No. 41**

### **SOFT DRINKS INDUSTRY LEVY**

The Soft Drinks Industry Levy Regulations 2018

<i>Made</i>	- - - -	<i>15th January 2018</i>
<i>Laid before the House of Commons</i>	- - - -	<i>17th January 2018</i>
<i>Coming into force</i>	- -	<i>6th April 2018</i>

The Commissioners for Her Majesty's Revenue and Customs make the following Regulations in exercise of the powers conferred by sections 27(5), 29(4) and (5), 30(1)(d), (3), (4)(b) and (7), 34, 39, 48, 49, 52(1) to (3), 53(1), 57 and 59(2) and (3)(c) of the Finance Act 2017(1).



## Disposizioni per la prevenzione e la cura dell'obesità A.C. 741

Dossier n° 149 - Schede di lettura  
25 luglio 2023

### Informazioni sugli atti di riferimento

A.C.	741
Titolo:	Disposizioni per la prevenzione e la cura dell'obesità
Iniziativa:	Parlamentare
Primo firmatario:	Pella
Iter al Senato:	No
Numero di articoli:	11
Date:	
presentazione:	28 dicembre 2022
assegnazione:	16 febbraio 2023
Commissione competente :	XII Affari sociali
Sede:	referente
Pareri previsti:	I, V, VI (ex articolo 73, comma 1-bis, del regolamento, per gli aspetti attinenti alla materia tributaria), VII, X, XI e XIV





GIOVEDÌ 11

**CORSO SICOB III EDIZIONE  
MILANO 11-12 APRILE 2024**

# **IL MANAGEMENT DELL'OBESITÀ**

DIRETTORI DEL CORSO: MAURIZIO DE LUCA, GIUSEPPE NAVARRA

Corso sul management nutrizionale, psicologico-psichiatrico, motorio, farmacologico, endoscopico e chirurgico per i pazienti affetti da obesità.

**PROVIDER SICOB  
EVENTO ACCREDITATO ECM 401500  
15 CREDITI FORMATIVI**

# Grazie