# Diabetes and Obesity in Women of Childbearing Age

Dr Ketan Dhatariya
Consultant in Diabetes and
Endocrinology, NNUH



#### **A Few Perceptions**

- What causes obesity?
  - Your lifestyle has changed thus you have put on weight – i.e. it's YOUR OWN FAULT!
  - There is an abundance of food being made available 24/7 and no longer any reason or incentive to do physical activity – i.e. it's SOCIETY'S FAULT
  - 'It's my genes' i.e. it's YOUR PARENTS
     FAULT

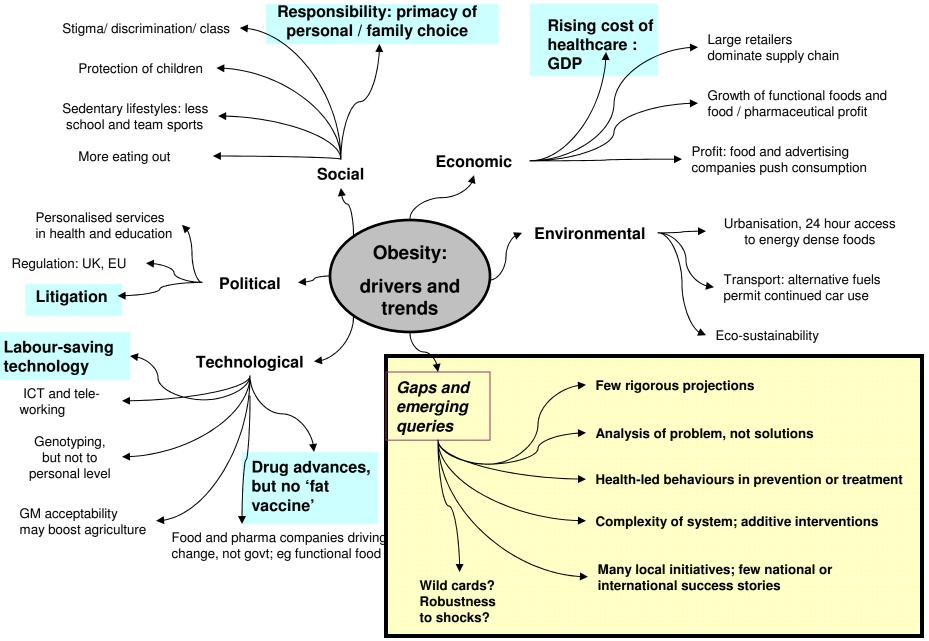
#### **Genetics?**

 Studies looking at MZ and DZ twins separated at birth in Sweden in the 1950's show that BMI is 70% genetic

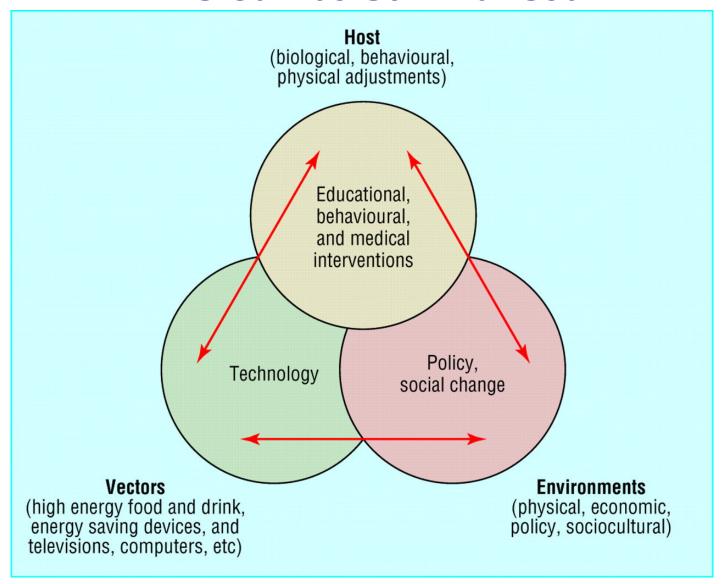
Stunkard et al NEJM 1990;322:1483-1487

Recently the melanocortin receptor gene MC4R has been implicated to be abnormal in 1:1000 UK population, and may account for up to 5% of the obese population

#### **But That is Not the Whole Story**

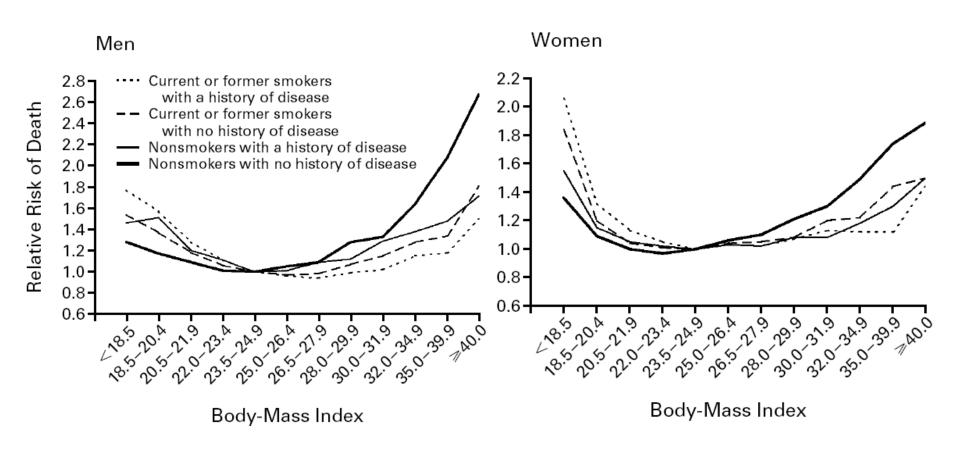


#### This Can be Summarised



#### Why is Obesity Important?

#### Because the higher your BMI, the more likely you are to die



Calle EE et al NEJM 1999;341:1097-1105

#### It All Starts in Childhood

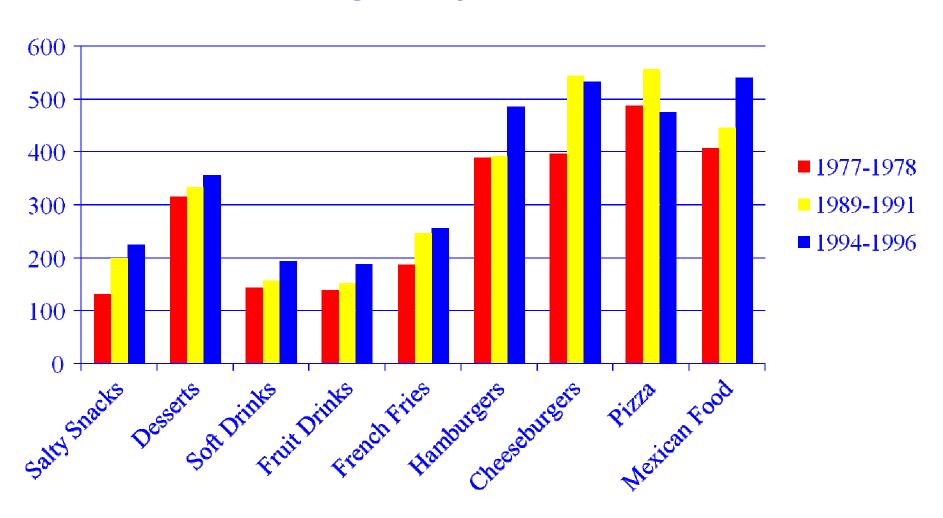
	Most recent surveys		Projected 2006		Projected 2010	
WHO Region (dates of most recent surveys)	Overweight (inc obesity)%	Obesity%	Overweight (inc obesity)%	Obesity%	Overweight (inc obesity)%	Obesity%
Africa (1987–2003)	1.6	0.2	*	*	*	*
Americas (1988-2002)	27.7	9.6	40.0	13.2	46.4	15.2
Eastern Med (1992-2001)	23.5	5.9	35.3	9.4	41.7	11.5
Europe (1992-2003)	25.5	5.4	31.8	7.9	38.2	10.0
South East Asia (1997-2002)	10.6	1.5	16.6	3.3	22.9	5.3
West Pacific (1993-2000)	12.0	2.3	20.8	5.0	27.2	7.0

#### It All Starts in Childhood

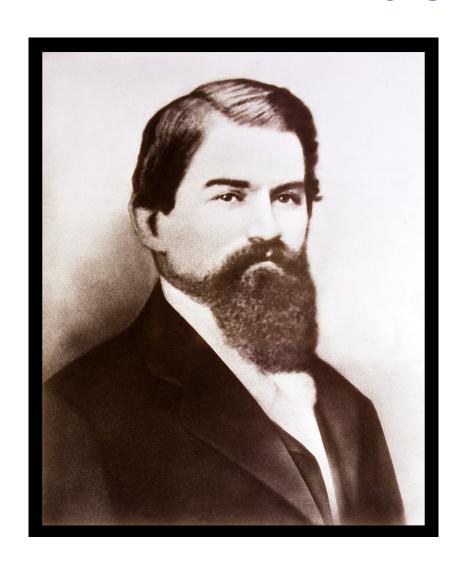
Prevalence of Risk of Overweight or Overweight by Age, % (SE) Male Female All (2-19 y) All (2-19 y) 2-5 y 6-11 y 12-19 y 2-5 y 6-11 y 12-19 y All† At risk of overweight or overweight# 31.9 (4.1) 27.4 (2.4) 30.0 (2.3) 28.9 (2.7) 21.9 (3.6) 30.0 (2.2) 27.4 (1.1) 22.2 (2.6) 1999-2000 2001-2002 30.6 (1.2) 24.2 (3.0) 32.6 (2.5) 31.5 (2.1) 29.4 (1.6) 22.8 (2.7) 31.6 (3.3) 30.6 (1.6) 2003-2004 34.8 (2.2) 27.3 (2.8) 36.5 (3.1) 36.8 (2.9) 32.4 (2.0) 25.2 (2.8) 38.0 (2.5) 31.7 (3.0) Overweight§ 1999-2000 14.8 (1.3) 14.0 (1.2) 9.5 (2.3) 15.7 (1.8) 13.8 (1.1) 11.2 (2.5) 14.3 (2.1) 14.8 (1.0) 2001-2002 17.6 (1.3) 16.4 (1.0) 17.5 (1.9) 14.9 (2.4) 15.7 (1.9) 10.7 (2.4) 14.4 (1.3) 10.5 (1.8) 2003-2004 18.2 (1.5) 19.9 (2.0) 18,3 (1.9) 17.6 (1.3) 15.1 (1.7) 16.0 (1.4) 12.6 (2.4) 16.4 (2.3) 20% rise and 30% rise in 18.2% rise and 16% 5 years rise in 5 years

Ogden et al JAMA 2006;295(13):1549-1555

### Trends in Energy Intake of Key Food Items for Americans aged 2 years and Older (kcal)



#### Who is This?



**John Pemberton** 

1831-1888

**Pharmacist** 

**Inventor Of Coca Cola** 

#### Parents Don't Recognise Obese Children

- Only 1.9% of parents of overweight children and 17.1% of parents of obese children described their child as overweight.
- Parents of 3-5 year olds show poor awareness of their child's current weight status
- Few parents perceived their overweight children as overweight, more expressed concern about their overweight child becoming overweight in the future.

### Not all Obese Children go on to become Obese Adults

- But 9 out of 10 do
- Especially those who were largest and grew quickest in infanthood

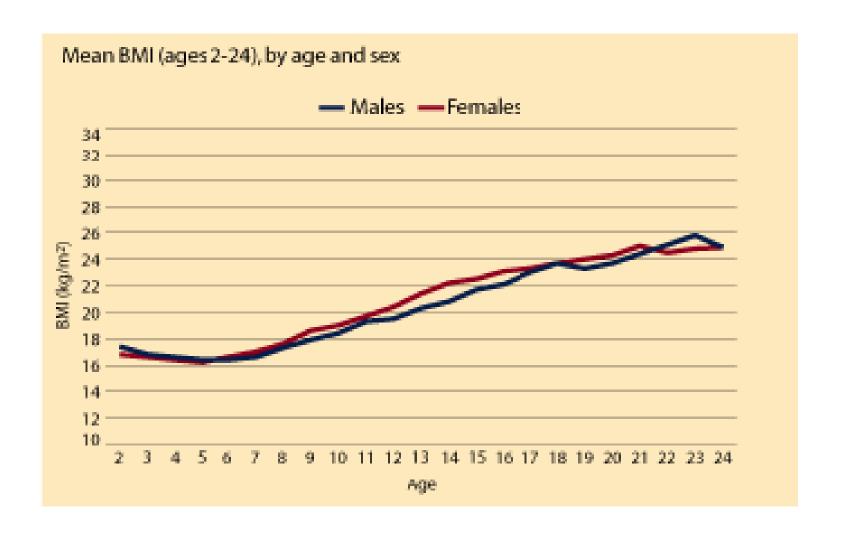
### Fat Children Don't Necessarily Become Fat Adults

- But, fat female children who remain overweight as adults have significantly lower overall income, due to poorer employment, as well as poorer relationship outcomes
- Overweight workers find it harder to get jobs than their slim counterparts

#### Risks of Obesity in Childhood

- Diabetes
- Metabolic Syndrome
- Hyperandrogenism
- Cardiovascular factors
  - Heart disease
  - Hypertension
- Respiratory factors
  - Asthma
  - Sleep disorders
- Visceral factors
  - Non alcoholic fatty liver disease
  - Gall bladder disease
- Orthopaedic factors SUFE, OA
- Dermatologic factors e.g. acanthosis nigricans
- Neurological factors

#### Mean BMI in UK Children in 2002



#### Why is it Important?

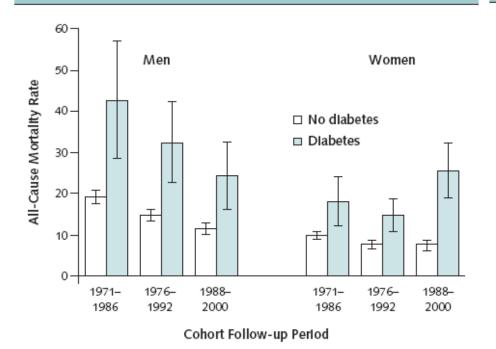
 Cardiovascular mortality is directly related to BMI

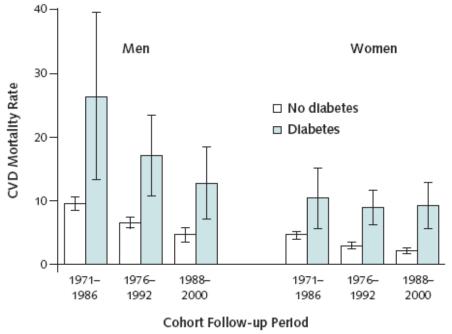
Risk Factor	Relative Risk		
BMI			
25 kg/m <sup>2</sup>	1.1		
30 kg/m <sup>2</sup>	1.5		
35 kg/m <sup>2</sup>	2.5		
Diastolic BP of 100 mmHg	2.0		
Diastolic BP of 120 mmHg	5.0		
Cholesterol of 6.7 mmol/l	1.8		
Cholesterol of 8.3 mmol/l	4.0		

#### Death Rates are Declining in Men but Not Women

Figure 1. Age-adjusted all-cause mortality rates among the U.S. population age 35 to 74 years with and without diabetes, by cohort and sex.

Figure 2. Age-adjusted cardiovascular disease mortality rates among the U.S. population age 35 to 74 years with and without diabetes, by cohort and sex.





### Moderate Weight Loss is Beneficial (10% Weight Loss from 100 kg Bodyweight)

Mortality ↓ 20-25% total

↓ 30-40% diabetes related

↓ 40-50% obesity-related cancer

Blood pressure \$\frac{10}{10}\$ mmHg systolic & diastolic

Diabetes ↓ 50% in diabetes risk

↓ 30-50% in fasting glucose

 $\downarrow$  15% in HbA<sub>1c</sub>

Lipids ↓ 10% total cholesterol

↓ 15% LDL cholesterol

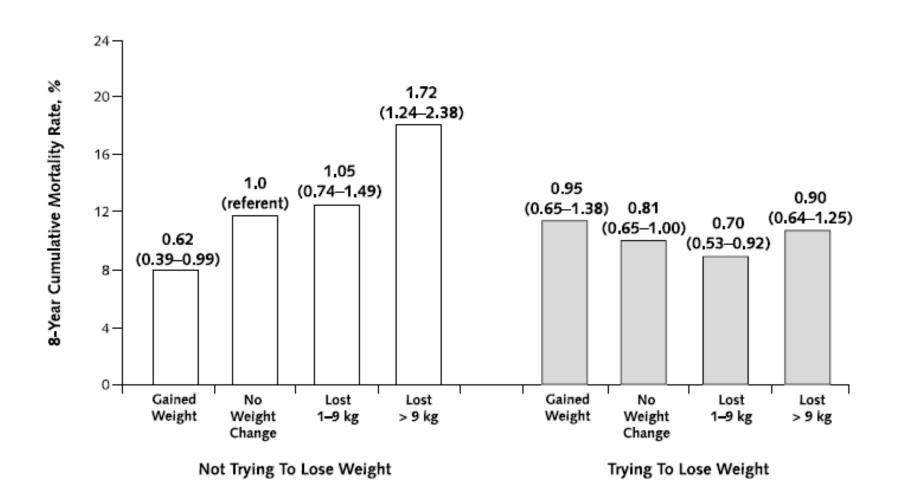
↓ 30% triglycerides

↑8% HDL

+ psychological, physical and other metabolic benefits

Adapted from Royal College of Physicians Guidelines. December, 1998

### Even *Trying* to Lose Weight is Associated With Lower Mortality



#### **Some Simple Maths**

- 1 Kg of fat = 9,000 kcal
- Realistic sustainable weight loss is about 1 pound per week
- 1 lb ~ 4,100 kcal
- 4,100/7 = 600 kcal per day
- This means about 300 kcal doing more and 300 kcal eating less

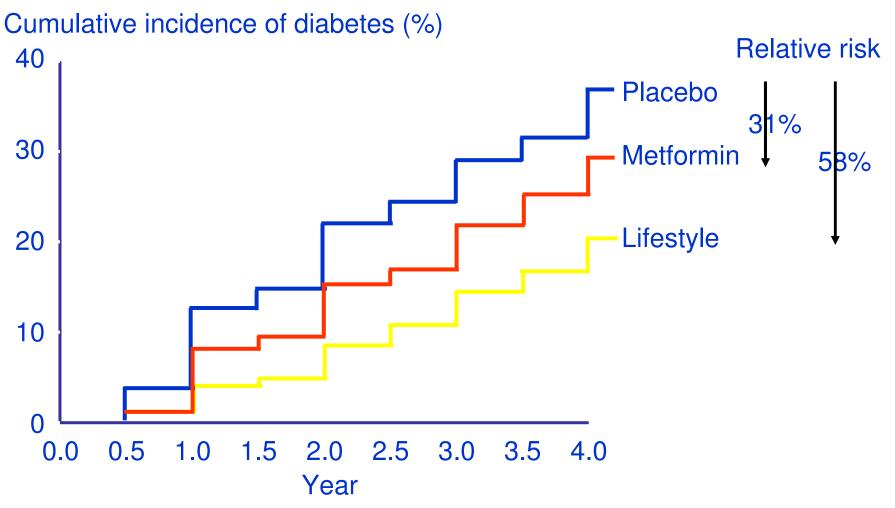
### Or, To Put it Another Way

- Average dietary intake 2,500 Calories per day
- x 365 = 912,500 per year
- 1% too little expenditure = 9125 calories kept on board = 1Kg weight gain per year

#### **How to Consume Less**



#### **Diabetes Prevention Program**



DPP. N Engl J Med 2002; 346: 393-403

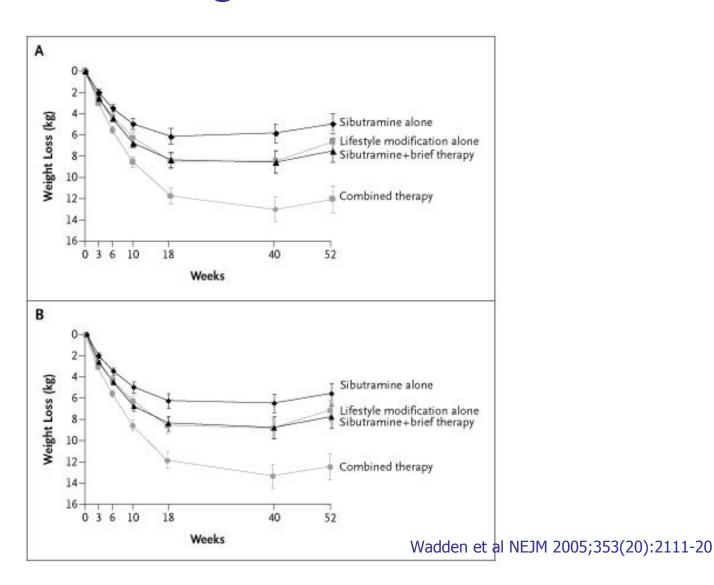
#### **Weight Loss Drugs**

- Orlistat
- Sibutramine
- Rimonabant

#### **Recent Data**

- Comparing weight loss of MTF (± SU) with orlistat or placebo
- Threefold greater reduction in weight with orlistat compared with placebo recipients (5.0% vs. 1.8%; P < 0.0001)</li>
- Also significant reductions in
  - HbA1C
  - Waist circumference
  - Fasting glucose
  - Fasting cholesterol

## Effect of Sibutramine or Lifestyle on Weight Loss





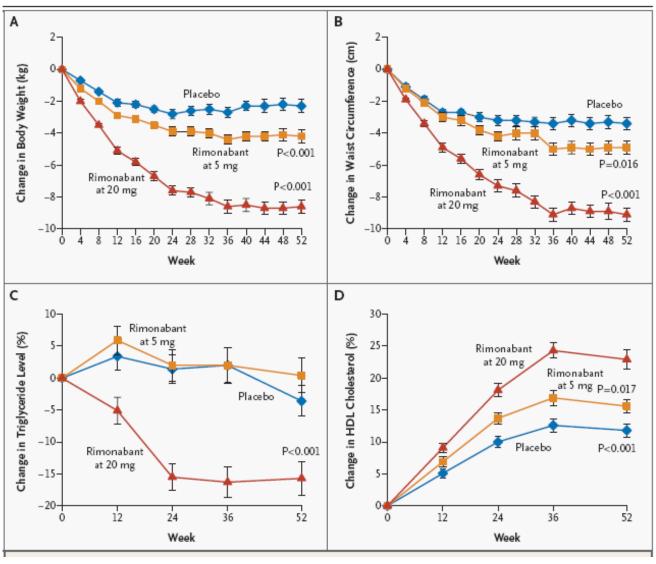
£2-a-day tablet that reduces weight by 10% is now available in Britain...

A DRUG which can cut ten per cent of body weight in a year by reducing the desire to eat is now available in the UK.

The once-a-day pill, named Acomplia is the descess weight before getting the drug and continue with grade and the drug and the drug and continue with grade and the drug and the d

By **Julie Wheld** on Science Correspondent

### **Effect of Rimonabant on Weight Loss**



### Any Questions?