



Media Release

NATIONAL OBESITY INQUIRY: Experts release new findings & call on Government to change perspective & treatment of obesity based on lifestyle

12 September 2008: Delegates from Australia's Lifestyle Medicine Association (ALMA) today presented startling **new research to the National Obesity Inquiry** which indicates the management and treatment of obesity by General Practitioners needs an urgent overhaul.

Presenting the findings, Professor in [Lifestyle Medicine](#) at Southern Cross University, [Dr Garry Egger](#), highlighted research which shows that **70% of modern health problems have a lifestyle-based cause.*** Dr Egger said the current prevention, treatment, cause, and management of chronic diseases including obesity fails to recognise the impact of lifestyle related causes, and the environment in which we live - which puts an enormous and unnecessary strain on the public health system.

"The common presumption is that obesity kills people primarily because they are fat, the issue is actually a lot more complex than this," said Dr Egger.

"Being overweight may be one marker of, rather than the primary cause of the problem.

While the traditional view of obesity is dependent largely on the site of fat storage and a simple weight-disease association, we have found that this is not accurate in all cases. Being classified as 'obese' can actually have little negative impact on health or metabolic disease. Recent findings suggest a more complicated aetiological role in obesity which has been established between certain lifestyle factors which sometimes, but not always, lead to obesity. **We have also discovered a type of low-grade systemic inflammation, which is common to most, if not all, chronic diseases, including obesity and also cancer.**"

Dr Egger said practicing Lifestyle Medicine can help prevent obesity – highlighting lifestyle factors in the chronic disease of obesity which include: **nutrition, inactivity, inadequate sleep, stress, depression, excessive alcohol intake and smoking.**

Dr Egger said attempts to clinically manage obesity alone, such as with a diet, or exercise program are unlikely to be successful in reducing the problem at the population level, because a long-term solution requires lifestyle and environmental changes. "In light of these findings, I am calling for an altered approach to the treatment and management of chronic disease. The Government needs to place greater emphasis on regulation and policy change to influence lifestyle and the environment, rather than placing people suffering from obesity on diets and exercise routines, which can be overwhelmed by the modern environment".

About the practice of "Lifestyle Medicine":

Lifestyle Medicine is a discipline which bridges the gap between health promotion and conventional medicine. The main difference between lifestyle and traditional medicine is that Lifestyle Medicine treats causes rather than risk factors, and places responsibility on the patient to take active care of themselves, which often require big changes. Treatment is also usually long-term, and places the doctor as the co-ordinator of a range of health professionals rather than a General Practitioner acting independently on a one-to-one basis.

The practice of lifestyle medicine extends from:

- *Primary* prevention (preventing a disease from developing by modifying the behavioural or environmental cause) Eg. helping prevent a person become overweight by implementing lifestyle and diet changes,
- *Secondary* prevention (modifying risk factors to avert the disease). EG helping an overweight person with pre-diabetes avoid diabetic complications,
- *Tertiary* prevention (rehabilitation from a disease state and prevention of recurrence). EG advising a morbidly obese patient with poor diabetic control to undergo bariatric surgery to avoid the need for insulin

About the [Australian Lifestyle Medicine Association](#):

The Australia Lifestyle Medicine Association is the first academically-based non-profit association to confront the obesity enquiry. Lifestyle Medicine is advancing as a discipline globally, and ALMA has been recently incorporated. ALMA's work principally aims to improve knowledge and practical skills of health care practitioners in lifestyle behaviour change within Australia and to help general practitioners and each of the 14 different Allied Health disciplines that can now work with under the Medicare system, to understand the problem collectively and work together to reduce it.

ALMA's aims include;

- Raising awareness of the need and value of lifestyle behaviour change in the management and prevention of chronic disease
- Improving knowledge and skills of practitioners in lifestyle behaviour change
- Encouraging and engaging more health practitioners in the field of lifestyle change
- Facilitating improved transfer of information and skills development in effective lifestyle change
- Fostering research and accreditation in this area

Lifestyle Medicine practitioners are asking the Government to invest in this developing area to provide a more structured approach to the management of chronic disease including obesity. Other **Lifestyle diseases and disease-related factors** include: **heart disease, diabetes, stress, insomnia, anxiety, and depression, fitness, sexual health, sleep, skin care** and a range of other problems.

The Australian Lifestyle Medicine Association was founded in May 2008 by a prominent group of practicing primary and allied health professionals with a charter to help prevent and treat the 70% of modern health problems which have a lifestyle-based cause.

Dr Andrew Binns, President of the association said that Lifestyle Medicine changes the emphasis from conventional treatment to one where the patient needs to be more involved in his or her care, and which therefore requires considerable knowledge and skills in motivation on the part of the clinician. "New developments in health funding, involving allied health professionals as part of a health care 'team', now make this not only financially feasible, but necessary for dealing with the changes in disease aetiology, associated with our modern way of life."

* Australian Government's Australian Institute of Health and Welfare, 2006.

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For more information please contact:

Sally Robertson at Launch: 02) 9270 0289 or 0400 927 003

Chris Yee Loy at Launch: 02) 9270 0290 or 0432 963 502

About [Lifestyle Medicine](#): Lifestyle medicine is a relatively new discipline, which bridges the gap between health promotion and conventional medicine. It involves a range of health professionals working as a team to prevent, manage and treat the 70% of modern health problems which have a lifestyle-based cause.

Lifestyle Medicine is the *application of environmental, behavioural, medical and motivation principles to the management of lifestyle-related health problems in a clinical setting*. It involves the therapeutic use of lifestyle interventions in the management of (predominantly chronic) disease at all levels.

About [Dr Garry Egger](#): Director, Centre for Health Promotion and Research, Sydney Adjunct Professor of Lifestyle Medicine, Southern Cross University Author, Lifestyle Medicine (the text book)

Specializes in weight control and obesity management and is an advisor in weight control to several Governments and the World Health Organisation. Professor Egger was the developer of the original GutBuster's program for men, he has published over 100 peer reviewed articles and 29 books, Garry also develop Australia's guidelines for both physical activity and weight control for the Australian Government.

Garry has been delivering workshops to general practitioners and practice nurses in Lifestyle Medicine all over Australia for the past 7 years.

About [Dr Andrew Binns](#): President ALMA

Andrew is a general practitioner in Lismore in rural NSW. He has a special interest in lifestyle medicine and its relevance to primary care. He is Adjunct Professor with the Division of Health and Applied Sciences, Lismore Campus, Southern Cross University. He is also medical editor of GP *Speak*, a bi-monthly magazine for the Northern Rivers General Practice Network.

ALMA's main points for Obesity enquiry.

1. Obesity is just one symptom of lifestyle and environmental problems in Australia leading to a range of chronic diseases.
2. This has been shown recently by the discovery of a form of low grade systemic inflammation which is common to most, if not all, chronic diseases (including cancer).
3. Treating obesity alone therefore is neither a necessary or sufficient condition for dealing with the 'upstream' causes of the problem ie. Lifestyle and environment
4. This requires a paradigm shift in thinking. Lifestyle Medicine is a way of dealing with this that encompasses both conventional treatment of risk factors, but more upstream management of causes, including environmental action.
5. The Australia Lifestyle Medicine Association is the first academically-based non-profit association to confront the obesity enquiry.