6

Getting Fat on Misinformation

FROM *An Epidemic of Obesity Myths*

THE CENTER FOR CONSUMER FREEDOM

Why is the United States currently experiencing an obesity epidemic? While experts frequently cite how much people eat or how little they exercise, in this report the Center for Consumer Freedom presents a very different perspective on this epidemic. The report indicates that the data pointing to an obesity epidemic are grossly exaggerated, and it goes on to pinpoint who is responsible for this exaggeration and why. The report highlights those groups that stand to benefit from the public perception that there is an obesity epidemic and points out how these groups exercise the power to construct an epidemic out of data that do not convincingly point to such a conclusion.

Overblown rhetoric about the "obesity epidemic" has itself reached epidemic proportions. Trial lawyers increasingly see dollar signs where the rest of us see dinner. Activists and bureaucrats are proposing radical "solutions" like zoning restrictions on restaurants and convenience stores, as well as extra taxes and warning labels on certain foods.

Relying on peer-reviewed publications and esteemed health experts, this booklet documents the extent to which many researchers and academics are actively questioning the obesity hype. Have you heard that obesity kills 400,000 Americans a year? That it costs $117 billion? That 64 percent of Americans are overweight or obese? It turns out that these statistics are wildly exaggerated, and that most of the increased risks from excess weight actually result from physical inactivity.

The $40 billion weight loss industry is also fueling obesity hysteria. As the former Editor in Chief of *The New England Journal of Medicine* points out:

Physicians have been extensively involved with the pharmaceutical industry, especially opinion leaders and those in the high ranks of academia. The involvement was in many instances quite deep. It involved consulting, service on speaker's bureaus, and service on advisory boards. And at the same time some of these financially conflicted individuals were producing obesity materials, lectures, and obesity articles in major journals.

The pharmaceutical industry in particular is putting its enormous resources behind research that grossly exaggerates the health risks and costs of being overweight. And of course, once they convince us of the problem, drug manufacturers will peddle the cure. "In short," says Paul Ernsberger, a Professor of Medicine, Pharmacology and Neuroscience at Case Western Reserve University, "economic factors encourage a systematic exaggeration of the health risks of obesity."

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On March 9, 2004, the heads of the National Institutes of Health, the Centers for Disease Control and Prevention, and the Department of Health and Human Services held a press conference to announce that "overweight and obesity are literally killing us." *USA Today* typified the press coverage the next day with a lead story titled: "Obesity on Track as No. 1 Killer." The press conference was timed to coincide with the publication of "Actual Causes of Death in the United States" in *JAMA*. Using the risk associated with excess weight that had been calculated in a 1999 study—which blamed obesity for 300,000 deaths a year—the more recent finding reported the number as 400,000 deaths each year. The 400,000 figure (like the 300,000 figure, upon which it was based) has become a fixture of obesity politics. But in reviewing the 400,000 study, *Science* magazine concluded:

> Some researchers, including a few at CDC, dismiss this prediction, saying the underlying data are weak. They argue that the paper's compatibility with a new antiobesity theme in government public health pronouncements—rather than sound analysis—propelled it into print. . . . [Some argue that] the new numbers on obesity are weak—or as one critic in CDC says, "loosey-goosey." . . . Several epidemiologists at CDC and the National Institutes of Health (NIH) echoed [concerns about statistical biases that inflated the deaths associated with obesity] but declined to speak on the record. "I don't want to lose my job," said one

CDC staffer who does research in the area. Critics also object the authors added an arbitrary number of deaths from poor nutrition (15,000) to the obesity category. A CDC scientist says internal discussions on these issues got "very contentious" months before publication and left some feeling that the conclusions were not debatable.

The 400,000 study has several other flaws, each of which inflates the number of deaths attributable to obesity:

1. The study uses data from as far back as 1948. The 300,000 paper (which, again, was the basis for the estimate of 400,000 deaths) relied on six observational studies to calculate the mortality risk from excess weight. The average start date of these studies was 1963 (more than 40 years ago) and the average end date was 1983. Consequently, the 400,000 figure assumes that our ability to treat high blood pressure, diabetes, heart disease, and other illnesses linked to obesity has not improved in a generation. The authors admit this is a problem. "When most of the cohort studies used were initiated," they write, "there were fewer intervention strategies to reduce risk factors associated with obesity and fewer medical therapies for postponing death from obesity-related diseases." Yet no adjustment was made.
2. Only one of the six observational studies used to calculate the likelihood of death from excess weight was nationally representative. The others overrepresented whites and upper socioeconomic classes. If the authors had included only nationally representative data, they would have reported 47,171—or 13 percent—fewer deaths. It may seem counterintuitive that overrepresenting whites and upper socioeconomic classes would increase the number of deaths. But there's a simple explanation: Most studies show that African Americans have little, if any, increased mortality risk from obesity.
3. While most of the 400,000 deaths derive from the "obese" (Body-Mass Index, or BMI 30 or higher), a substantial minority derive from the "overweight" (BMI 25 to 29.9). But the study's own data show no statistically significant relationship between being merely "overweight" and increased risk of death. If the overweight deaths had been excluded—as they undoubtedly should have been—the study would have reported 57,698—or 17 percent—fewer deaths. The failure to report a significant relationship between overweight and increased mortality is not surprising. Most studies find no correlation (much less causation) between the two.
4. The 400,000 figure presumes that any increased rate of death in overweight or obese people is the result of their excess weight—a very unlikely assump-

tion. Those without a high school diploma are nearly twice as likely to be obese as those with a four-year degree. They are also much less likely to have health insurance and to receive quality health care. Other factors that could increase the risk of death among obese people include sedentary lifestyles, genetic ailments, and the negative effects of diet pills—including amphetamines, the weight loss drug of choice for much of the last half century. In 1970, 8 percent of all U.S. prescriptions were for weight loss amphetamines.

The authors of the 300,000 study admit that their calculations assume "all excess mortality in obese people is due to obesity," and that such an assumption would have the effect of overestimating the total number of deaths due to obesity. They continue: "Our estimates may be biased toward higher numbers due to confounding by unknown variables." Of course, access to health care and physical activity levels are known variables. The authors simply chose not to account for them. And as *The New England Journal of Medicine* pointed out in a 1998 editorial: "Mortality among obese people may be misleadingly high because overweight people are more likely to be sedentary and of low socio-economic status."

As Case Western's Paul Ernsberger notes: "Obesity-associated diseases are not necessarily caused by increased body weight. There is evidence to support a number of alternative explanations: (1) A disease or its treatment may itself promote obesity. (2) Lifestyle factors which cause disease may independently promote obesity. (3) The obese may be unhealthy as a group because they are more likely to be older, to have a low socioeconomic status, and to belong to an ethnic minority. (4) Hazardous weight loss methods and the dangers of repeated loss and regaining of weight may be major contributors to obesity-related diseases."

5. Ernsberger points to another factor that results in the exaggeration of obesity-mortality statistics: "Age is the strongest risk factor for nearly all diseases, and it greatly confounds the relationship between obesity and disease. Because most people steadily gain weight as they age, fatter people often appear unhealthy because they are older. Most studies control for age simply by dividing subjects into 10-year age groups. This fails to eliminate the relationship between weight and age; persons in their 40s who are obese are more likely to be 49 than to be 40. Because morbidity and mortality increase exponentially with age, even a small error in correcting for age can drastically overestimate the hazard of obesity."

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Medical organizations have universally embraced the notion that obesity is an "epidemic." The term "epidemic" traditionally refers to disease. But for those who might be tempted to think that obesity is no more a disease than couch potato-itis, the CDC provides a helpful clarification: "Epidemic—a word typically used for outbreaks of infectious disease is now being used by medical professionals to describe the prevalence and rapid rise of obesity in the United States." How does the CDC justify this linguistic mutation? "The numbers alone support the use of the word." But the studies that generate these numbers, as demonstrated throughout, are deeply flawed. Dr. Glenn Gaesser notes that millions of "so-called obese people in the United States have no health problems linked to weight."

There are many reasons why medical authorities have so thoroughly embraced exaggerated claims of obesity health risks, but the most important is the corrupting influence of the $40 billion weight loss industry. According to the promotional material for the upcoming "World Obesity Congress and Expo," the big question for the pharmaceutical industry is: "What kind of obesity outcomes research is needed to make a compelling case for the 'value' of a therapeutic?" The conference will cover crucial topics like, "What studies are needed to persuade managed care [to cover an anti-obesity drug] and how should drug developers prepare to build the case?" The pharmaceutical industry has already spent millions building that case—primarily by funding research that exaggerates the risks of obesity.

The Washington, DC–based American Obesity Association (AOA) is the primary advocate of the "obesity-as-disease" theory. It lobbies to have insurance companies and government programs cover weight loss drugs and weight loss programs. AOA freely discloses: "Our financial support comes principally from pharmaceutical research and development companies as well as other companies in the weight management field such as Weight Watchers Inc., Jenny Craig, Inc. and SlimFast Foods."

In its efforts to have obesity classified as a disease, AOA is prone to exaggerate the threat of obesity. "If we don't try something new," AOA's vice president and co-founder argues, "in about 10 years everyone in the country will be overweight or obese." Everyone? Despite AOA's clear bias, its president and co-founder, Richard Atkinson, is the co-editor of the influential *International Journal of Obesity*.

David Allison is another extremely influential obesity researcher heavily funded by the weight loss industry. Allison was the lead author of the *JAMA* study reporting that obesity caused 300,000 deaths a year, which became the basis of the recently announced 400,000 figure. Allison has consulted for at

least nine companies that make anti-obesity drugs, as well as law firms involved in litigation over weight loss pharmaceuticals. As *JAMA* itself noted when it published his 300,000 figure: "Dr. Allison has received grants, honoraria, monetary and product donations, was a consultant to, and has contracts or other commitments with numerous organizations involving weight control products and services."

Allison co-authored an otherwise official-looking study published in the April 2004 issue of *Obesity Research*. The fine print of this study reveals that a drug company and a company that makes body-fat measuring devices actually paid to have it published. The study was, in their own words, an "advertisement."

Five of the six other co-authors of this "advertisement" work under Dr. F. Xavier Pi-Sunyer, one of the most influential U.S. obesity researchers. Among many other high-profile positions, Pi-Sunyer is a past president of the North American Association for the Study of Obesity, and chairman of an influential NIH task force on the treatment of obesity. At the NIH, he was responsible for a definitional change that caused 39 million Americans to go to bed one night a normal weight and wake up the next morning classified as "overweight." Pi-Sunyer serves on the editorial board of *The International Journal of Obesity*; as Editor in Chief of *Obesity Research* from 1997 to 2002, he published the flawed study concluding that obesity imposes a $117 billion annual cost on the U.S. economy.

According to the Center for Science in the Public Interest, Pi-Sunyer has "served on the advisory boards of American Home Products' Wyeth-Ayerst labs, and Knoll Pharmaceuticals; been a consultant to Lilly Pharmaceuticals, Genentech, Hoffman-LaRoche, Knoll, Weight-Watchers International, and Neurogen; served on Knoll Pharmaceutical's Weight Risk Investigation Study Council; [and] has accepted grants or fees from Warner-Lambert." All these companies—many of which fund AOA—have a financial stake in making obesity look terrifyingly dangerous. And as it happens, Pi-Sunyer also serves on the advisory council of AOA.

Perhaps Pi-Sunyer's most obvious conflict of interest is his work with Weight Watchers, a company that benefits from exaggerated notions of the health risks posed by obesity. Pi-Sunyer was executive director of the Weight Watchers Foundation from 1991 to 1995, and he still serves on its board of directors. The primary function of the Weight Watchers Foundation is to fund studies that present obesity as a health disaster, and that offer Weight Watchers as the solution.

To sum up, Pi-Sunyer reclassified millions of Americans as "overweight,"

published a study that insists obesity is tremendously costly, and played a crucial role in funding, supervising, reviewing and editing a wealth of obesity-related research—all while he was working for Weight Watchers. Most egregiously, he conducted a study on the efficacy of Weight Watchers—funded by his very own Weight Watchers Foundation—which *JAMA* published in 2003.

In 1996, *The New England Journal of Medicine* published a study disclosing the health risks of appetite-suppressant drugs. As the respected medical journal subsequently admitted, an accompanying review—which emphasized the threat from obesity and downplayed the risks of pharmaceutical treatment—was written by consultants for the very companies that made the drugs in question. Their review argued that the "risk of pulmonary hypertension associated with [appetite-suppressant drug] dexfenfluramine is small and appears to be outweighed by benefits." *The New England Journal of Medicine* conceded two months later: "When considered as the conclusion of people who were paid consultants for companies that sell dexfenfluramine, it raises troubling questions."

QUESTIONS

1. List the various groups that have an interest in fostering the public perception that there is an obesity epidemic in the United States. In what ways do these groups benefit from the construction of this epidemic?
2. What evidence does this report offer to suggest that the diet industry, which profits enormously from this epidemic, has played a hand in influencing how scientific research about obesity has been conducted?
3. Why does the word "epidemic" give such urgency to figuring out ways to address the obesity problem, regardless of whether credible scientific data indicate that the use of this word is appropriate?
4. Which industries stand to benefit from the central claim made in this report: that the obesity problem has been grossly exaggerated? What relationship do these industries have to the organization that produced this report, the Center for Consumer Freedom? Go to www.consumerfreedom.com to learn more about this organization and the interests it represents.