



**Institute for Women's Health Research**  
*Putting Women's Health First*

**March 2010**

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We are delighted to send you the second edition of the Institute for Women's Health Research Monthly e-newsletter. Over 4000 individuals have received last month's inaugural edition and judging from the increase in activity on our [website](#) and [blog](#) this format served as an incentive to learn more about women's health.

**Recent Blog**



[Twice as Many Women to be Diagnosed with Gestational Diabetes](#)

According to a study that was coordinated by investigators at Northwestern University's Feinberg School of Medicine, two to three times more pregnant women may soon be diagnosed...

We have just launched our [revised and more interactive web site](#) and we hope you will take a look. We also invite you to become an Institute blogger and to participate in the [Illinois Women's Health Registry!](#)

Sincerely,

The Institute Staff



INSTITUTE FOR  
**WOMEN'S HEALTH**  
RESEARCH™

AT NORTHWESTERN UNIVERSITY

**Truth or Hype: Is There an Obesity Epidemic?**

According to data from the National Health and Nutrition Examination Survey (NHANES) 2001 to 2004 about two-thirds of adults in the U.S. are overweight, and almost one-third are obese. Together, this is 133.6 million of U.S. adults age 20 or older (65 million women, and 68.3 million men).

Overweight refers to an excess of body weight compared to set standards. The excess weight may come from muscle, bone, fat, and/or body water. Obesity refers specifically to having an abnormally high proportion of body fat. A person can be overweight without being obese, (e.g., a bodybuilder or athlete who has a lot of muscle). However, the majority of people who are overweight are also obese.

**How Do We Determine Obesity?**

Various methods are used to measure weight and the correlated health risks. The most commonly used is the body mass index (BMI), a calculation of weight adjusted for height of a person. The BMI calculation is quick and inexpensive, but it does have its limitations. For example, very muscular athletes may fall into the overweight category and frail elderly who have lost muscle mass may have a 'healthy' score, but have reduced nutritional reserves. The BMI calculation does not account for fatty mass vs. lean mass. Moreover, the BMI calculation is not gender or age specific in adults.

While it is a useful screening tool for individuals and serves as a general guide to monitor weight, by itself it is not diagnostic of an individual's health status and further testing may be required. Try the [BMI on-line calculator](#) at the National Institutes of Health.

Excess body weight isn't the only health risk. The places where you store your body fat can also affect your health. Women with a 'pear' shape tend to store fat in their hips and buttocks. Women with an 'apple' shape store fat around their waists. If your waist is more than 35 inches, you may be at a higher risk of weight-related health problems.

### **Current Trends in Obesity Prevalence**

The prevalence of overweight and obese individuals has increased steadily over the years among both genders, all ages, all racial and ethnic groups, all educational levels, and all smoking levels. From 1960 to 2004, the prevalence of overweight individuals (BMI > 25 to < 30) increased from 44.8 to 66 percent in U.S. adults ages 20-74. The prevalence of obese individuals during this same time period more than doubled among adults, ages 20 to 74, from 13.3 to 32.1%, with most of this rise occurring since 1980. However, there has been no significant change in the prevalence since 2003-2006. The increasing trend in obesity (BMI > 30) over the last 25 years is a shift of the entire BMI distribution and an increase in the prevalence of those who are extremely obese. In other words, the entire adult population is heavier, and the heaviest have become even heavier.

Among women, the age-adjusted prevalence of overweight and obese individuals is higher among non-Hispanic Black and Mexican-American women than among non-Hispanic white women. Among men, there is little difference in prevalence among these race-ethnic groups.

### **Birth Control and Obesity**

There is a growing body of evidence that suggests that obesity is associated with an increased risk for oral contraceptive (OC) failure. The evidence is not yet sufficient to establish new clinical guidelines based on a woman's body weight, but researchers are exploring a possible biological mechanism that could confirm the role body weight plays in OC absorption and how they affect the hypothalamic-pituitary-ovarian axis. Unfortunately, many of the contraceptive studies have been done in "healthy" women and thus the number of women who are more than 130% over their ideal weight are not adequately included in many studies.

### **Northwestern/NU Obesity Resources**

[Northwestern Comprehensive Center on Obesity](#)

[Weight Loss Surgery Program](#)

## **Upcoming Events**

March 8-9, 2010

[Institute of Medicine Workshop: Sex Differences and Implications for Translational Neuroscience Research](#)

March 16, 2010

Institute for Women's Health Research Monthly Forum  
[Using a Lifestyle Patterns Approach for Weight Management](#)

March 16, 2010 and March 25, 2010

Northwestern Memorial Hospital Classes and Support: [Advances in Contraception: Your Choices for Birth Control](#)

April 1, 2010

[Northwestern Medical Women Faculty Organization](#) 2010 Distinguished Woman in Medicine Lecture

## **Health Tip:**

The 2008 Physical Activity Guidelines for Americans state that an active lifestyle can lower your risk

of early death from a variety of causes; help control weight and even lower it with reduced calorie intake; improve cardiorespiratory and muscular fitness; and for older adults, can improve mental function.

In addition to your routine activities of daily living, health benefits are gained by doing the following each week:

- \* 2 hours and 30 minutes of moderate-intensity aerobic physical activity  
or
- \* 1 hours and 15 minutes of vigorous-intensity aerobic physical activity  
or
- \* A combination of moderate and vigorous-intensity aerobic physical activity  
AND
- \* Muscle-strengthening activities on 2 or more days

During moderate-intensity activities you should notice an increase in your heart rate, but you should still be able to talk comfortably. If your heart rate increases a lot and you are breathing so hard that it is difficult to carry on a conversation, you are probably doing vigorous-intensity activity.

Please join the [Illinois Women's Health Registry](#). To date, more than 4,000 female Illinois residents are participating.

#### Why should you join?

To gain **access** to groundbreaking research studies and clinical trials.

To help improve **prevention** and **treatment** of certain diseases and health conditions.

To **improve** women's healthcare by making you more aware of your own health issues.

#### References

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- *Bariatric Surgery for Severe Obesity.* NIDDK. NIH Publication No. 08-4006, March 2009.
- FAQ Fact Sheet, Office on Women's Health Research, DHHS.

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