



Tackling overweight and obesity in men in Europe

Introduction

In Europe, at least 135 million EU citizens suffer from overweight or obesity. In many countries more than half of the adult population is overweight and up to 30% of the adults are clinically obeseⁱ.

Some variations exist between countries and between sexes. In France in 2002, 10% of the population was obese vs. 25% of the Greek's. In Greece, 78.6% of the adult male population is pre-obese or obese vs. 50% in Austriaⁱⁱ. According to the WHO a majority of men are obese or pre-obese in most European countries (except Belgium, Denmark and Italy)ⁱⁱⁱ. In the UK, already two third of men are overweight or obese compared to over half of women. If present trends continue, more than three quarters of British men will be overweight or obese by 2010^v.

The consequences on health of being overweight or obese vary according to gender. Physiologically, men accumulate fat around the abdomen. For women, adipose tissue tends to develop more evenly around hips and thighs. Overweight men tend to become "apple-shaped" and overweight women "pear-shaped". The way men accumulate fat around the abdomen is strongly associated with what is known as metabolic syndrome. The syndrome is characterised by insulin resistance and glucose intolerance, elevated blood pressure and low level of HDL or "good cholesterol". It greatly increases risk of coronary heart disease, stroke and other cardiovascular diseases as well as type-2 diabetes. Weight loss significantly improves all aspects of metabolic syndrome^{vi}.

The WHO estimates that metabolic syndrome is present in 7–36% of European men and 5–22% of women aged 40–55 years^{vii}. A man with metabolic syndrome can be 4 times more likely to suffer from cardiovascular disease^{viii}. Overweight and obesity are also linked to several types of cancers such as of the colon, oesophagus and kidneys. These are much more common in men. In Ireland, male incidence and mortality rates of oesophageal cancer are more than twice those for women^{ix}.

Further to other EU global actions already underway in partnership with food manufacturers and with the advertising industry, an EU level action is required that will

ⁱ Obesity in Europe: The Case for Action, International Obesity TaskForce and the European Association for the Study of Obesity

ⁱⁱ International Obesity TaskForce, London – March 2005

ⁱⁱⁱ Anna Sanz de Galdeano, The Obesity Epidemic in Europe, Centre for Studies in Economics and Finance, September 2005

^v Hazardous Waist ? Tackling the epidemic of excess weight in men, Men's Health Forum, June 2005

^{vi} Deen D, "Metabolic Syndrome: time for action", American Academy of Family Physicians, Vol. 69/N°12 (June 15 2004)

^{vii} Tonkin A, "The metabolic syndrome - a growing problem", European Heart Journal Supplements, 2004, 6, A37 A42

^{viii} Lakka H-M, Laaksonen DE, Lakka TA et al, "The metabolic syndrome and total cardiovascular disease mortality in middle-aged men", JAMA 2002; 288:2709-16

^{ix} All Ireland Cancer Statistics, second report, 1998-2000, Ireland Northern Ireland National Cancer Institute <http://www.allirelandnci.org/publications/report2/report2.asp>

take advantage of the sharing of best health promotion and education practice across EU borders, to effectively meet the needs of specific communities.

While it is widely recognised that a single approach won't effectively tackle differing weight issues in men and women equitably, it is also important to consider the dynamics affecting the perceptions and behaviours of various groups of men, and groups of women. Socio-economic status, age and ethnic origins are among key factors closely correlated with weight and health issues.

Although being overweight has serious health consequences for both men and women, the perception often prevails in the general public and in many stakeholder groups that this is mostly a female issue. An EU-level approach could therefore provide the global impetus needed for the involvement of all stakeholders in the development and implementation of gender-sensitive initiatives that will appropriately target population groups most at risk.

Specific Questions

Having considered all aspects of the Commission's Green Paper, the EMHF has elected to address the following points from a men's health specific perspective.

IV.4. The Public Health Action Programme

– How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition?

To continue the work undertaken since 2003 by the current Programme of Community action in the field of public health (2003-2008)^x on gender and health issues, health information and analysis should be systematically broken-down by gender and age.

In addition, geographical, socio-economic, marital status, and ethnic background distribution are key factors required to understanding the health perceptions and behaviours of the various groups of men, and of women respectively.

While an EU level initiative could be most effective at gathering and maintaining such a detailed and consistent data set, the Commission should ensure that it is made widely available at all levels of the Community where it can most usefully inform policy, and promotion and prevention actions.

– How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large?

The Programme should recognise the importance of gender sensitivity in the communication of these issues to all stakeholders and the general public. The particular involvement of health professionals and of the media is key to triggering a progressive change of perceptions in the general public that being overweight is not a healthy option for men either.

Specific groups of men should be given a particular attention: boys and men aged 25-35. Schools are a particularly favourable environment where boys are most likely to respond

^x Decision No 1786/2002/EC

positively to health promotion messages, and adopt positive nutritional habits in later life. Statistically, men in the 25-35 age group are at most risk of becoming overweight. This age group marks a specific threshold from which the prevalence of overweight men dramatically increases.

To support the awareness raising mission of the Commission, the future programme for health should provide adequate financial and/or logistical resources to umbrella organisations which network of partners at national and regional can be most effective at disseminating and implementing targeted initiatives. Such umbrella organisations representing a range of stakeholder groups, could include networks of organisations with expertise in the effects of gender on health behaviours.

DG Sanco's objectives should be integrated in the programme of other relevant Commission Directorates, including DG Education, DG Employment and Social Affairs, and DG Research. For example, The new Sanco health programme should promote the development of synergies with the 7th Framework programme of the European Community for Research^{xi}, particularly on cardiology and metabolic syndrome issues as well as under the following health themes:

"Translational research in major diseases: cancer, cardiovascular disease, diabetes/obesity; rare diseases; and other chronic diseases (e.g. osteoarthritis). To develop patient-oriented strategies from prevention to diagnosis and treatment including clinical research"

"Enhanced disease prevention and better use of medicines. To develop efficient public health interventions addressing wider determinants of health (such as stress, diet or environmental factors). To identify successful interventions in different health care settings for improving the prescription of medicines and improving their use by patients (including pharmacovigilance aspects)"

V.8. Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

– Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?

Gender mainstreaming should be a key element to this approach. Although overweight and obesity (BMI =25) among adults in the EU is higher in men^{xii}, obesity is too often considered a female issue.

Current trends in overweight and obese men are alarming and need urgent action. Health risks associated with obesity vary greatly according to sex and need to be tackled by strategies which will take into account both men and women's respective needs. The metabolic syndrome and its associated increased rates of cardiovascular disease and type 2 diabetes for example is much more common in men.

Therefore the EMHF strongly recommends that gender mainstreaming, which is already an obligation Treaty provision [Articles 2 and 3(2) EC] be implemented for all actions undertaken by the future EU strategy on physical activity and nutrition. The involvement of all stakeholders is also required to dismiss pervasive popular perceptions.

^{xi} COM(2005) 119 final, Proposal for a Decision of the European Parliament and of the Council concerning the seventh framework programme of the European Community for research, technological development and demonstration activities (2007 to 2013)

^{xii} International Obesity TaskForce, London – March 2005

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