



## The Fat and Skinny on Your Weight and Health

AUGUST | 2008 | ISSUE 15

The obesity epidemic continues to rage on, but should we make weight our single focus? According to mounting research, the answer is a simple “no.”

True, being overweight or obese has been shown to put you in a higher-risk category for chronic conditions, from insulin resistance, Type-2 diabetes, high blood pressure, high cholesterol, stroke, heart attack, congestive heart failure, gallstones, gout, osteoarthritis, sleep apnea and a liver disease called nonalcoholic fatty liver disease (NAFLD). Not to mention a relatively recent landmark study that linked being overweight with higher cancer risk.

But does that mean being skinny equates to being healthy? A study called “The Obese Without Cardiometabolic Risk Factor Clustering and the Normal Weight With Cardiometabolic Risk Factor Clustering” appeared in the August 11 issue of *Archives of Internal Medicine*. The study looked at weight and cardiovascular risk factors in normal weight, overweight and obese individuals to determine the prevalence and correlates of recognized phenotypes for disease risks.

Per the study’s introduction, recent research indicates that an individual’s cardiovascular risk “may depend jointly on body size and metabolic profile,” which means the disease risk linked to obesity may not be the same across the board.

That resulted in further investigation into body size phenotypes, such as the metabolically healthy but obese person and the normal weight person having cardiometabolic abnormalities associated with being overweight or obese.

Lead investigator Rachel P. Wildman, PhD and her research team examined these skinny vs. fat health issues in three main areas: (1) the prevalence of each of six body phenotypes, (2) the demographic and behavioral correlates of clustered cardiometabolic abnormalities if normal weight and (3) the demographic and behavioral correlates of being metabolically healthy if overweight or obese.

Assessing a cross-sectional sample of 5,440 participants (a representative sample of US adults 20 years and older) from the 1999-2004 National Health and Nutrition Examination Surveys (NHANES), Wildman defined normal weight as having a body mass index of <25, overweight as 25.0-29.9 and obese as  $\geq 30.0$ .

Researchers established two cardiometabolic groups: metabolically healthy (0 or 1 cardiometabolic abnormalities) and metabolically abnormal ( $\geq 2$  cardiometabolic abnormalities). Per the study, the cardiometabolic abnormalities included elevations of blood pressure, triglycerides, fasting plasma glucose, high-sensitivity C-reactive protein along with insulin resistance value and reduced low-density lipoprotein cholesterol (HDL-C) level.

### Results: Potentially new definition of how to measure “healthy and fit.”

- The metabolically abnormal phenotype was associated with older age, smoking and larger waist circumference—while the metabolically healthy phenotype was associated with moderate alcohol intake and leisure-time physical activity.
- Per the study, the data showed a considerable proportion of overweight and obese US adults are metabolically healthy—but a considerable proportion of normal-weight individuals express a clustering of cardiometabolic abnormalities.
- In the BMI group, 23.5% of the normal-weight study subjects were metabolically abnormal—while 51.3% of the overweight and 31.7% of the obese individuals were metabolically healthy.
- Among US adults, 29.2% of obese men and 35.4% of obese women (19.5 million adults, approximately) had a healthy profile in regards to the standard cardiometabolic risk factors—conversely, 30.1% of normal-weight men and 21.1% of normal-weight women (16.3 million adults, approximately) showed a clustering of cardiometabolic abnormalities.
- Among individuals with two or more metabolic abnormalities, the most common risk factor combinations within all body size groupings were high triglyceride level/low HDL-C level and high blood pressure/high glucose level.

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Researchers stated more study is needed into the physiologic mechanisms underlying the different phenotypes and their impact on health.

**Body mass index or fitness level?** Rather than focusing on weight and body mass index, a better performer to measuring and maintaining good health may be fitness level. A study published in the December 5, 2007 *Journal of the American Medical Association (JAMA)*, Volume 298, No. 21, revealed that fitness is a “strong mortality predictor in older adults” even if they have abdominal adiposity (fat stored around and inside the tummy and waist).

According to the study . . .

- Whether normal weight, overweight or obese, older adults (men/women) who were fit demonstrated a lower mortality risk than unfit adults having normal weight.
- Study subjects in the low fitness group had a four-times higher death rate than those in the higher-fit level.
- Clinicians should consider the importance of preserving functional capacity by recommending regular physical activity for older individuals, normal-weight and overweight alike.

In a December 4, 2007 article released by Reuters (Washington) about the fat-and-fit study—“Fitness trumps fatness in longevity study” by Will Dunham—exercise expert Steven Blair discussed the need to make a lifestyle shift.

Blair, researcher on the study and professor at the Arnold School of Public Health at the University of South Carolina, said, “I believe we have an obesity epidemic. It’s a bad sign. We should not ignore obesity . . . But what happens all too often is we focus nearly exclusively on obesity and forget the activity and fitness part. If you’re overweight or obese and you’re sedentary and unfit and you start taking three 10-minute walks a day and you do that at least five days a week, you’re not going to lose an enormous amount of weight . . . But you’re going to be much healthier if you do that.”

The article also said Blair “stressed the importance of a healthful diet including lots of fruit, vegetables and whole grains.”

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