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## OFF THE SCALE

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Have healthy, normal children such as Bianca been wrongly labelled by health authorities as overweight? Richard Guillatt talks to researchers and angry parents who are warning of a backlash.

Bianca Stoneman is not, by any stretch of the imagination, a fat kid. She's a little shorter than most six-year-old girls, and she weighs a fraction above average, but that is something you could only surmise by careful measurement, because in all respects she's a perfectly normal, cherubic first-grader. She likes fairy books and dressing up in ballerina tutus. She's learning to play the piano and taking swimming lessons, and she has just finished her first season playing T-ball at a footy oval in Canberra's northern suburbs.

So her mother, Jodi, was perplexed, not to mention angry, when the ACT Health Department notified her recently that Bianca might be "overweight or at risk of becoming overweight", and suggested that the Stoneman family might want to consult a dietician or participate in a "Talk About Weight" group session at their local health centre, where their family's eating habits and physical activities could be analysed.

That notification followed a health check - the kind that is now becoming ubiquitous across Australia - in which every child in Bianca's kindergarten was assessed for Body Mass Index (BMI), the standardised test by which levels of obesity and excess weight are calculated. Bianca's test registered as 17.4, which put her in the "high" category on the specially formulated BMI charts for children. In fact, when Jodi Stoneman consulted the chart it appeared that her daughter was right up near the obese kids.

On one level this was absurd, for anyone could look at Bianca Stoneman and realise she is not even chunky, to use an old-fashioned term. But the more Jodi Stoneman read the letter ACT Health had sent her - with its warnings about the dangers of diabetes and high blood pressure, its links to the Westmead Children's Hospital website and its suggestion that she consult her doctor for advice about nutrition - the more confused and offended she became. "Bianca's weight was in the normal, healthy range and her height [114cm at the time] was in the normal, healthy range for her age," she says. "But when you put those figures together, her BMI looked like it was through the roof. How does that skew their statistics if they're trying to measure levels of obesity?"

That's just one of several questions now being asked about the obesity "epidemic" which has been touted as the greatest health crisis facing the western world. For nearly a decade researchers have been issuing increasingly dire warnings about the state of the national girth. Australians are fatter even than Americans, it was claimed last year, and a third of us could be obese by the year 2025. Our children are said to be a generation of bloated couch-potatoes destined for a life of clogged arteries and diabetes. Obesity could rival smoking and the Black Death as a killer, according to high-profile overseas experts.

Those claims are now coming under sustained attack from a range of newly published research and in books such as *The Obesity Myth* by Paul Campos, *Diet Nation* by Patrick Basham and John Luik, and *The Obesity Epidemic* by Australian academics Jan Wright and Michael Gard. The thrust of their arguments is that obesity rates are not skyrocketing, that many people classified as overweight may be healthier than those who are slim, and that the campaign to eradicate obesity has become a moral crusade fuelled by commercial interests which are seeking to profit from the medicalisation of chubbiness.

Until recently, such arguments came from outside mainstream obesity research - Paul Campos is a US lawyer, Patrick Basham is a scholar at the **Cato Institute**, a Washington-based public policy think-tank, and Jan Wright and Michael Gard are education academics specialising in fitness and physical sciences. But in January, one of Australia's most prominent obesity researchers, Professor Tim Olds of the University of South Australia, stepped into the fray when he declared that he and other researchers had been wrong when they claimed Australian children were getting exponentially fatter. After analysing data from almost 30 Australian studies conducted since 1985, Olds said he had discovered the numbers of obese and overweight children had plateaued a decade ago.

The response from Olds' peers was swift: some emailed him to decry his statements, others went on radio to express their disbelief. "The reactions were quite extraordinary," recalls Olds, who has yet to publish his data and is anticipating even more hostility when he does. "I think somebody described it as ridiculous and ludicrous. I have sent around my data to these people and they haven't got back to me to say whether they still think it's ludicrous and ridiculous."

Olds had broken ranks with his peers at an indelicate time, for the Federal Parliament's joint committee on health and ageing was conducting a major inquiry into obesity, the report of which, due mid-year, will heavily influence government spending on the issue. At a time when expert after expert was telling the inquiry that Australia was lumbering towards a cardiovascular apocalypse, Olds had seemingly joined the side of the sceptics. If his research is right, it would be great news for Australia - but not such great news for the scores of medical researchers, diet companies, gastric banding surgery entrepreneurs and drug companies whose interests are tied up with the obesity debate.

FOR SIX DAYS IN SEPTEMBER 2006, the spotlight in global obesity research shifted to Sydney when 2500 experts from around the world converged on the Convention Centre at Darling Harbour for the 10th International Congress on Obesity. Professor Paul Zimmet, from Melbourne's International Diabetes **Institute**, opened the conference with the dramatic announcement that "this insidious, creeping pandemic of obesity is now engulfing the entire world. It's as big a threat as global warming and bird flu". The then federal health minister, Tony Abbott, followed him by repeating the now-familiar prediction that today's children could be "the first generation in several hundreds of years to live shorter lives, unhealthier lives, than their parents".

Held every four years, the congress is the most prestigious event on the calendar for obesity researchers; it is also a symbol of the nexus that binds scientific research and the multi-billion-dollar drug business. The sponsors of the Sydney congress included the drug companies Roche and Sanofi-Aventis, and the Weight Watchers diet company. Its host organisation, the Australasian Society for the Study of Obesity (now known as the Australian and New Zealand Obesity Society), is itself funded partly by pharmaceutical companies. Several of the speakers were presenting research financed by drug companies, and some were flown to the conference at drug company expense, among them Professor George Bray, past president of the International Association for the Study of Obesity and a leading advocate for over-the-counter slimming drugs.

For companies such as Roche, weight-loss drugs are a massive global business: the company has made \$3.5 billion from its slimming drug orlistat in the past five years. At the 2006 congress, research papers on the drug were presented and then touted in press releases by both Roche and GlaxoSmithKline, which sells the same drug under a different name. The cochairman of the congress, Professor Ian Caterson of Sydney University, presented his latest research on sibutramine, an anti-depressant being sold as a weight-loss drug by Abbott Laboratories.

Such drug company funding is common in medical research - without it, many medicines would never reach the public - but it is increasingly a source of contention. In 2006 one of Britain's leading obesity campaigners, Dr Ian Campbell, quit the organisation he had founded, the National Obesity Forum, complaining that drug company funding had shifted its focus to "ineffective" medical treatments. And last September, Associate Professor Jenny O'Dea, a child health researcher in the education faculty at Sydney University, told the parliamentary inquiry into obesity that commercial and other vested interests were fuelling overinflated claims of a child obesity epidemic. "There's a lot of money to be made out of the idea that every Australian man, woman, child and dog could lose some weight," O'Dea says. "There's a whole lot of profit and influence and power and ego involved in these careers in obesity,

and in selling products, pills, formulas, pharmaceuticals, books and surgery promoting weight loss."

O'Dea was among the first Australian researchers to question whether our children were getting exponentially fatter. In 2006 she studied data on 8000 students from 47 randomly selected primary and high schools around Australia and concluded that overall levels of obesity and overweight began levelling off in the late 1990s. An earlier survey of more than 114,000 South Australian schoolchildren, published in 2004, had shown similar results. Last October the Australian **Institute** of Health and Welfare confirmed that its data - drawn from GP visits by more than 300,000 children - showed obesity levels had barely risen for more than a decade.

So when Professor Tim Olds announced in January that obesity levels among Australian children had plateaued 10 years ago, it should hardly have been a shock. The data Olds had analysed showed that roughly 22 per cent of boys and girls were classified as overweight or obese in 1995; by 2005 the figure for boys remained unchanged, while the figure for girls had nudged up two percentage points. But when Olds revealed his preliminary findings in January, the story was dismissed as "ludicrous" by Professor Mike Daube of Curtin University. Another obesity expert, Professor Boyd Swinburn of Deakin University, commented that he would be "surprised" if it were true. A month later several leading researchers, among them Associate Professor Timothy Gill and Professor Louise Baur of Sydney University, published an article in the Medical Journal of Australia asserting that "all available data" show strong and consistent increases in the number of overweight and obese children since the late 1980s.

That article cited a survey of NSW schoolchildren which does, indeed, show continuing rises up to 2004. But Tim Olds says that's a typical example of the selective quoting of statistics that occurs when researchers become wedded to the idea of an inexorable epidemic - a mistake he confesses to have made himself. "When you look at recent studies of trends in obesity and overweight among children, some go up and some go down," he says. "People are being selective in the information they're using - I did that, too, because we tend to think along certain tram-tracks."

"People are working in this area, and I'm working in this area, for a particular reason: because it's important to us. There are people who are truly, selflessly committed to the idea that obesity is our number-one problem, and they believe that any message which suggests that obesity may be flattening out is a bad message to send. It's also bread and butter, at a more venal level. As in any area, there are probably a few who think, 'Gee, if this gets out, the chances of getting my grant are over.'"

There is no dispute that Australians are bigger and heavier than they were 30 years ago. The Australian **Institute** of Health and Welfare reported last year that roughly half of Australian adults are either overweight or obese, based on self-recorded height and weight reported to the National Health Survey. The weight gains were particularly steep from 1985-95: according to Olds' data, the number of children classified as overweight or obese nearly doubled during that period, from 12 per cent to 22 per cent. The number of obese children nearly tripled.

But those estimates are based on a measuring tool - the body mass index - which is itself under increasing attack. BMI is calculated using a mathematical formulation of weight and height. It's a simple and useful way of measuring broad population trends, but it takes no account of an individual's muscle mass, fitness or ethnicity. It's now well recognised that many rugby players, for instance, are technically "obese" while being tremendously fit. What's not so well known is that large numbers of perfectly healthy children may be classified as overweight according to their BMI. When Jodi Stoneman saw that the ACT Health Department had identified her daughter as possibly overweight, she was flummoxed. The letter she received directed her to two state government websites which contain BMI calculators and weight charts issued by the US Centers for Disease Control and Prevention. (Although adults are classified as overweight if their BMI is above 25, children are classified according to a sliding scale that takes into account their age and development.) The Stonemans determined that Bianca's BMI put her in the top 15 per cent of six-year-olds. On the graph it looked alarmingly high; in fact, she was just inside the "overweight" category.

"I felt my parenting was being called into question, and I was angry at the suggestion that on the basis of Bianca supposedly having a high BMI, I needed to attend a weight-loss seminar or get instructions on how to feed my child," says Stoneman. "If I'd taken it literally and decided Bianca had to lose some weight - as some parents would, with this obesity epidemic we keep hearing about - I might have ended

weight – as some parents would, with this obesity epidemic we keep hearing about – I might have ended up with a malnourished child. Either their BMI index is completely wrong or something else is not right."

A spokesman for ACT Health says the ratings for children have been devised with the help of nutritionists and that "most parents will ignore advice or recommendations if they believe it to not be relevant to their circumstances". But Jenny O'Dea believes the BMI has artificially inflated the statistics on obesity. "So many of the population are so-called overweight or obese using this weak BMI measurement," O'Dea says. "As a measuring instrument it is largely meaningless but it's being used politically, wilfully, to classify more and more people as overweight so we can sell them all sorts of things."

With the Rudd Government now planning to measure the BMI of every kindergarten child in the nation as part of its Healthy Kids Check program, it's likely that many more parents will be receiving such notifications. Both O'Dea and Olds question the now common technique of lumping the overweight and the obese together in one "at risk" category, particularly at a time when studies are raising doubts about whether being moderately overweight is a health risk at all.

"I haven't got a problem with identifying the five per cent of children who are obese and saying, 'Let's target them because they really need help,'" says Olds. "But I'm concerned that overweight and obese kids are now lumped together to an extent that a lot of people think it means the same thing. To identify nearly one in four children as having an illness or potential illness, to potentially stigmatise the parents of those children as being negligent in some way, seems a bit over the top."

SINCE IT WAS DECLARED A GLOBAL crisis, obesity has become a major growth area in medical research. Annual funding from the National Health and Medical Research Council has increased more than tenfold to \$27.4 million since 2000. The Federal Government allocated \$62 million towards the issue in its last budget, along with an unspecified amount of its \$872 million pledge for preventative health. Sydney University recently announced it would construct a \$385 million Centre for Obesity, Diabetes and Cardiovascular Disease, to be opened in 2013 with the assistance of \$95 million from the Rudd Government.

Professor Ian Caterson, director of Sydney University's **Institute** of Obesity, Nutrition and Exercise, argues that such funding is still minor in the context of total government health spending. And Caterson, who has done paid clinical trials for seven drug companies including Roche, Sanofi-Aventis and GlaxoSmithKline, rejects suggestions that commercial interests are fuelling exaggerated claims of an epidemic. "I don't think pharmaceutical companies, other than when they have a drug that may help manage obesity that requires trialling, have played a major role in the promotion of obesity," he says. "There are only two or three weight-loss drugs available ... and the most promising new group in development has recently been withdrawn, so the current support most organisations get is from government prevention initiatives." Drug company sponsorship of obesity organisations and events, he says, is subject to strict controls that prevent any undue influence being exerted over research or proceedings.

Professor Caterson remains unconvinced that obesity is plateauing. "It would be nice to see really strong evidence," he says. "At the moment we don't have that ... Even if our kids level off at 25 per cent being overweight or obese, that is much more than my generation and they are starting from a very high baseline. And the current evidence is that the group which is gaining most are the 25-35-year-olds."

Some researchers freely admit that generating alarm helps keep the public focused on the issue. When Parliament's obesity inquiry got under way early last year, the Baker IDI Heart and Diabetes **Institute** in Melbourne released a report entitled Australia's Future Fat Bomb which claimed that seven out of every 10 adult men were overweight or obese - suggesting that Australians are now fatter than Americans. The report sparked hundreds of news reports around the world, and the Federal Health Minister, Nicola Roxon, called it "staggering" and "a wake-up call to the whole community".

But Australians are nowhere near as fat as Americans, according to the Australian **Institute** of Health and Welfare. And in fact, the Baker **Institute's** data was non-random - it was collected from 14,000 people who volunteered to have their blood pressure tested at mobile health kiosks set up with funding from the pharmaceutical company Schering-Plough, which has identified cardiovascular drugs as a "key driver" in its future business.

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Professor Simon Stewart, lead author of the Fat Bomb report, defended the report's methodology but acknowledged that it was "meant to be provocative" because, in his view, people are now inured to the problem of excessive weight. He said Schering-Plough had no influence over the report's contents. "They funded the activity and naturally they were happy for us to publish the report and create some awareness among GPs. But the Fat Bomb report was completely independent."

Since then, doctors from the Westmead Hospital obesity clinic have created their own headlines with an article in the Medical Journal of Australia suggesting that severely obese children may be suffering a form of parental neglect requiring state intervention. One of the authors of that report, Professor Louise Baur, has previously stated that "puppy fat does not exist".

The tenor of such statements disturbs Jenny O'Dea. "There's going to be a backlash, and it's going to come from the parents," O'Dea predicts. "They're going to put their foot down and say, 'You're not going to do these tests on my child, you're not going to stigmatise my child.' If we continue down this track we'll have a whole generation of children who've been labelled failures before they've even had a chance to grow up." J

Staff writer Richard Guillatt's previous story was "Living on hope" (March 14-15), about Australians who have lost their jobs.

Skewed scale // Why the Body Mass Index can be misleading

ANGELA is, indisputably, a chubby eighty-year-old. Unlike her three sisters, she weighs well above average, but she keeps fit by playing sport, she loves dance and drama, and her mother keeps a vigilant eye on her diet. So her father, Bob, was taken aback last year when the family GP took him aside and urged him to do something about his daughter's weight.

"I told him she eats well, she plays sport, she's got plenty of energy," says Bob. "He said, 'Well, obviously she eats too much.' He told me to make sure she loses weight before puberty, because once that kicks in there could be all these problems with cholesterol and diabetes. The way he grabbed me, I detected a bit of a reprimand. It was like he had put me on notice."

What surprised Bob and his wife was that the GP took no height and weight measurements before issuing his warning. They recently measured their daughters and discovered that Angela's BMI puts her close to the category of "obese", which both of them find ridiculous.

"She's not huge, she's plump," says Angela's mother. "But she came home from school and said she wasn't able to play skipping with her friends because they said she was too fat. It breaks my heart, but she's already, at her age, worrying about her weight."

Michael is a big boy - at 134cm tall and 44kg, he's taller and heavier than any other seven-year-old in his class. But he plays soccer and swims regularly, and his mother, Katherine, believes he has simply inherited the genes of his father and grandfather - both strapping men.

Last year, however, a pediatrician the family was consulting handed her a referral to the obesity clinic at Westmead Hospital. Katherine was affronted, believing that her son is neither fat nor unhealthy. But when she declined to follow up, the clinic sent her a letter suggesting she bring him in for assessment.

"I felt it was ridiculous," she says. "I wouldn't even call my son chubby - his stomach is not hanging over his belt. He's just a stocky boy. I'm from a Mediterranean background; where I come from every boy looks like my son. But as parents we now have to justify why our son is stocky. The perception of society is going crazy. We're not all clones; everyone can't be put in the same frame."

Associate Professor Jenny O'Dea of Sydney University knows the family and says: "The classic mistake has been made in this case - because he is so tall, his high BMI wrongly indicates he must be obese. The boy and his parents have been persecuted and assumed to be negligent when their son is actually healthy."

Bianca, angela and michael: how they rate on the bmi

Overweight

Bianca Age: 6 yrs, 3 mths

Height: 114cm

Weight: 22.7kg

BMI: 17.4

(These were her stats at the time of her kindergarten health check in August 2008).

Very overweight

Angela

Age: 8 yrs, 3 mths

Height: 129cm

Weight: 34kg

BMI: 20.4

Obese

Michael

Age: 7 yrs, 3 mths

Height: 134cm

Weight: 44kg

BMI: 24.5