THE STATE OF OBESITY *REPORT*

numan

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1. Introduction: The UK's obesity problem

Let's talk about obesity. It's one of those topics that always sparks conversation and debate.

Weight and health are discussed everywhere – on TV talk shows, in glossy magazines, and across endless social media threads. The chatter is constant, but too often, the focus veers away from evidence-based science and becomes more about perpetuating myths and misconceptions than presenting facts.

It's also created a central problem: our collective understanding of obesity in the UK hasn't kept up with medical and scientific thinking.

In fact, new medical insights show that obesity is more than a matter of weight. It is a complex and often misunderstood condition that affects millions of people in the UK alone.

It is a disease – one that is caused by a myriad of factors – and which costs the NHS approximately £6.5 billion every year[1]. And according to the latest figures from Wes Streeting, that figure could be as high as £11 billion. And that's before factoring in the ramifications on the wider economy in terms of productivity, illness, and cost.

And yet, the common narrative often remains focused on the idea of individual accountability and blame.

[1]How we're tackling obesity in England, DHSC Media Team, Feb 2024. https://healthmedia.blog.gov.uk/category/public-health/obesity/ [Accessed Sept 2024]

ABOUT THE RESEARCH

Our research started out as a way to better understand the attitudes and beliefs that people in the UK hold in regards to obesity. What it evolved into is an opportunity to shine a light on the gap between public knowledge and the misconceptions around obesity, the difference in perception and reality.

As medical perspectives shift and evolve with new medications and technologies, the narrative around weight loss and obesity in mainstream channels needs to do so as well.

According to a quantitative survey of 1,000 respondents conducted on behalf of Numan, nearly three in five people think that obesity is a choice (57%). Only one in ten think that socio-economics is a primary cause of obesity and just 5–10% recognise the impact of genetics. Moreover, when it comes to new treatments and medications for obesity management, respondents were more than twice as likely to say they found their information through social media than the NHS website.

These are just the topline findings from our research. They're the attitudes that jump out before we even start to think about how certain attitudes and beliefs shape the way that people think about potential solutions to obesity.

“According to the latest figures from Wes Streeting, that figure could be as high as £11 billion.”

KEY FINDINGS:

THE TROUBLING DISCONNECT BETWEEN WHAT OBESITY IS AND HOW IT'S PERCEIVED.

Many still viewing it as a personal failing rather than a complex, multifaceted disease. This pervasive misunderstanding, coupled with scepticism around medical interventions and confusion about causes, highlights a pressing need for better education – and action.

THE IDEA THAT OBESITY IS A CHOICE REMAINS DEEPLY ENTRENCHED IN PUBLIC OPINION.

Despite new research on the influence of biological (genetic) and socio-economic factors, the majority of Britons think that obesity is caused by bad decisions on the part of an individual.

OBESITY IS INCREASINGLY RECOGNISED AS A DISEASE.

More people are becoming aware of the reasons why obesity should be treated as a disease and that it may not be as simple as personal life choices. These groups are more likely to have had conversations with their health provider or sought more information on the NHS. Obesity is more than just an issue of weight – it is a chronic and complex disease that significantly increases the risk of various health problems, including Type 2 diabetes, cardiovascular disease, and certain cancers.[2]

2. Understanding obesity in the UK

A GROWING HEALTH CRISIS

Obesity is linked to an increased risk of developing:

- Type 2 diabetes
- All cancers (except oesophageal, pancreatic and prostate cancer)
- All cardiovascular diseases (except congestive heart failure)
- Asthma
- Gallbladder disease
- Osteoarthritis
- Chronic back pain
- Fatty liver disease
- Depression and anxiety
- Joint issues requiring replacement surgery
- Post-operative complications

Guh, D. P., Zhang, W., Bansback, N., Amarsi, Z., Birmingham, C. L., & Anis, A. H. (2009). **The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis.** BMC Public Health, 9: 88.

Understanding what obesity is, how it is defined, and what causes it is essential in addressing a growing health crisis that matters at every level – from the individual to the social and economic.

PUBLIC ATTITUDES TOWARD OBESITY LARGELY REFLECT A FAMILIAR NARRATIVE: IT'S ABOUT DIET AND EXERCISE.

A significant majority in the UK (67%) believe lifestyle factors – like diet and exercise – are the most important or primary causes of obesity. Over half (56%) blame a lack of exercise or leading a sedentary lifestyle, with 28% pointing to overeating and 25% highlighting sugar–laden foods and drinks.

In contrast, only a small minority even acknowledge the influence of genetics (10%), stress (8%), or medical conditions (5%) as potentially significant contributors. In other words, for most Britons, obesity is framed as an issue of personal responsibility, something within individual control.

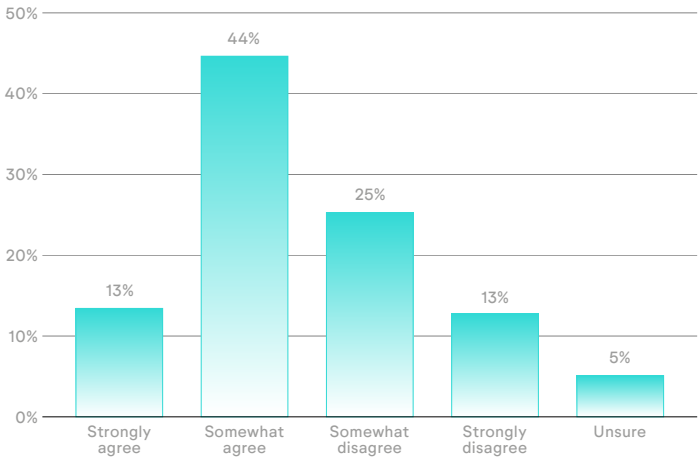
And this perception is not only common – it's persistent.

NEARLY THREE IN FIVE PEOPLE (57%) STILL SEE OBESITY AS A CHOICE.

Many believe that if someone is living with obesity, the solution is simply to try harder – eat less, move more; calories in, calories out. In fact, around half of people who think obesity is a choice believe fast food and overeating are the most significant causes of obesity, and two in five blame a lack of exercise. This view aligns with the constant bombardment of simplistic health messages that equate weight loss with willpower – yet it grossly underestimates the broader forces at play.

FIG 1. Percentage of Britons who agree or disagree that obesity is a choice

People in the UK are significantly more likely to believe that obesity is a choice.



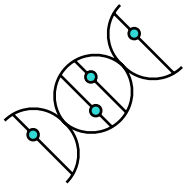
OBESITY IS NOT JUST THE RESULT OF POOR PERSONAL CHOICES.

Researchers and medical experts increasingly view it as a chronic disease influenced by a web of factors – including genetics, environment, and socio-economic status. Some propose thinking of 'obesities' – plural – as different types of the disease triggered by distinct disorders and conditions.[3] This shift in understanding marks a departure from the prevailing public narrative, which continues to centre around personal discipline.

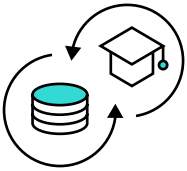
The narrow focus on individual responsibility obscures the realities of structural forces like economic inequality, food deserts, and the pervasive marketing tactics of the food industry. Only a tenth of Britons recognise socio-economics (10%) as a primary cause of obesity, illustrating a lack of knowledge that feeds into harmful stereotypes.

WHAT ARE THE *PRIMARY* CAUSES OF OBESITY?

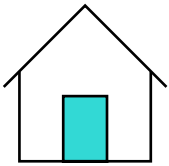
GENETICS
Up to 70% of obesity risk comes from genes that control appetite, metabolism, and fat storage.[4]



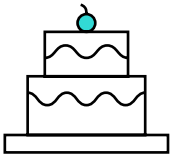
INCOME AND EDUCATION
Low-income and less-educated groups face a higher obesity risk due to limited access to healthy foods and fewer recreational options.[5]



ENVIRONMENT
A lack of access to healthy food, unsafe neighbourhoods, and limited green spaces make it hard to maintain healthy habits.[7]

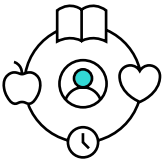


ULTRA-PROCESSED FOODS
Modern food production methods have an impact on the gut microbiome, triggering obesogenic environments in the body.[6]



STRESS AND MENTAL HEALTH
Chronic stress and mental health issues can lead to overeating and weight gain.[8]

LIFESTYLE FACTORS
Sedentary lifestyles and high-calorie diets are key contributors, especially in high-stress or low-resource settings.[9]



Whilst the World Health Organisation (WHO) recognises[10] obesity as a disease, the UK government does not.

MOREOVER, THE IDEA OF OBESITY AS A DISEASE REMAINS CONTENTIOUS.

While a slim majority of people (48%) see it as such, a near–equal proportion (42%) disagree. What's more, the opposition is far more intense, with twice as many people strongly rejecting the idea that obesity is a disease compared to those who strongly agree.

In some ways, it may not be surprising that treating obesity as a disease sees a split in opinion. Whilst the World Health Organisation (WHO) recognises obesity as a disease, the UK government does not. Moreover, the use of the 'body mass index' or BMI for diagnosis is something that some medical practitioners are challenging as we understand more about the importance of fat distribution as a symptom of obesity. However, the majority of experts do agree that obesity is not a choice. It is a complex and chronic condition triggered by factors outside of an individual's control.

WHAT IS OBESITY? THE OFFICIAL DEFINITION

In the UK, obesity is most commonly defined by **Body Mass Index (BMI)**, a measurement that compares a person's weight to their height.

According to NHS guidelines, BMI is categorised as follows:

- **Healthy weight:** BMI of 18.5 to 24.9
- **Overweight:** BMI of 25 to 29.9
- **Obese:** BMI of 30 to 39.9
- **Severely obese:** BMI of 40 or above

While BMI is a useful tool for population-level monitoring, it does not account for all factors influencing a person's health, such as muscle mass, fat distribution or other associated conditions that make a person more likely to develop obesity.

To address this, additional measures are sometimes used, such as **waist-to-hip ratio** or **waist circumference**, which can provide further insight into fat distribution and related health risks.

For example, excess fat around the abdomen is more strongly linked to metabolic health problems, and a waist measurement over 94 cm (for men) or 80 cm (for women) is considered a risk factor for obesity-related conditions in the UK.[11]

REGARDLESS OF WHETHER MEDICAL DEBATES INFLUENCE THE WIDER CONVERSATION, THE DIVIDE IN PUBLIC OPINION IS NOT JUST A MATTER OF SEMANTICS. IT HAS REAL-WORLD IMPLICATIONS.

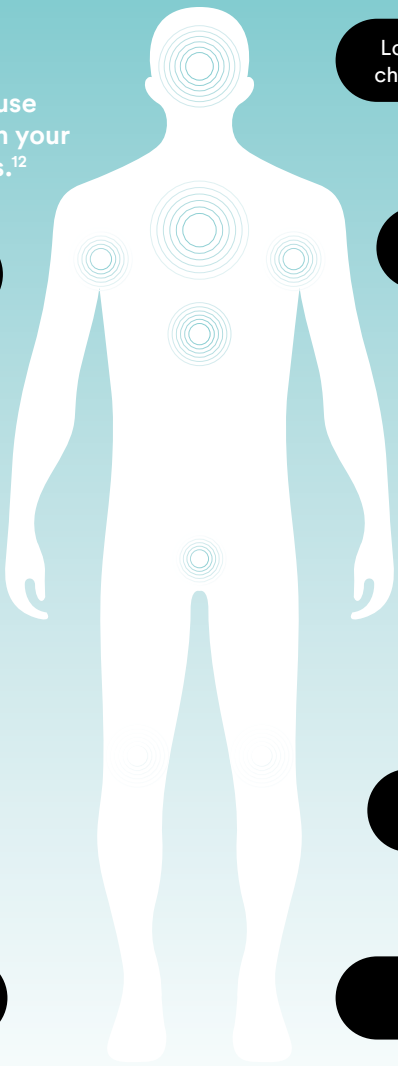
The way we think about obesity is critical because it shapes how people think about treatment.

If obesity is seen merely as a lifestyle choice, medical interventions are viewed as unnecessary or even inappropriate. But for those who see it as a disease, it's clear that medical conditions deserve medical treatment and that more should be done to support those struggling.

The data suggests, for example, that those who believe obesity is a disease are also more likely to recognise the importance of biological (genetics) and socio-economic factors compared to those who do not. They also show more openness to medical treatments like obesity management injections (like Wegovy and Mounjaro), and are more likely to support government intervention as well. In contrast, those who reject the disease classification tend to show more scepticism towards medical solutions, instead advocating only for lifestyle changes like exercise and diet modification.

THE SYMPTOMS OF *OBESITY*

The NHS defines the following as symptoms of obesity that may cause day-to-day problems in your life or regular activities.[12]



- Increased anxiety
- Often feeling very tired
- Feeling isolated
- Lack of libido
- Joint and back pain
- Low mood (and higher chances of depression)
- Low confidence and self-esteem
- Snoring
- Breathlessness
- Increased sweating
- Difficulty doing physical activity

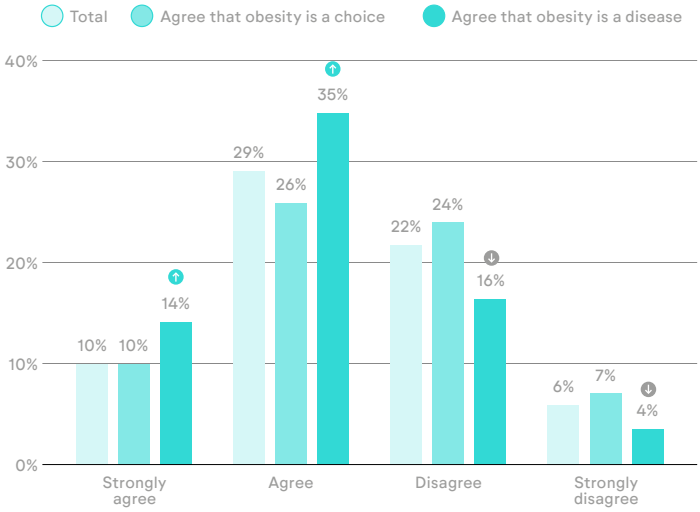
PUBLIC PERCEPTION OF OBESITY SHAPES HOW WE APPROACH TREATMENT OPTIONS.

Overall, public awareness of weight loss injections does remain low despite medications like Mounjaro and Wegovy being considered ‘game changers’ and frequently discussed in the media. Only 7.5% of people in the UK say they’re very familiar with these medications (compared to 40% who admit they are unfamiliar). As a result, scepticism is rife. More than twice as many people consider weight loss injections to be ineffective (32%) compared to those who see them as a viable solution (15%).

The misconception that these medications are a form of ‘cheating’ is also prevalent, with nearly 40% of respondents holding this view. Among those who believe obesity is a choice, that figure climbs to almost half (49%).

FIG 2. Percentage of people in the UK who agree or disagree whether using medication to manage obesity is 'cheating', with splits showing how the belief that obesity is a choice or that obesity is a disease influences correlates with this result.

People who think obesity is a choice are significantly more likely to think that using medications to help with obesity is 'cheating', compared to those who think obesity is a disease.



Only 19% of people who believe obesity is a choice think that using medication isn't cheating, a number that falls well below both the overall average and the response from those who see obesity as a disease (38%). Additionally, nearly a third of those who view obesity as a choice worry that weight loss injections might deter healthier habits like exercise, compared to just 26% of people who don't see obesity as a choice. What these numbers reveal is a profound misunderstanding of how these treatments work.

Weight loss medications are not intended as a replacement for healthier habits like diet and exercise but as a adjunct to them – a fact that only a quarter of the public understands.

In contrast, misconceptions persist, fuelled by a lack of public education and the stigma that surrounds obesity. Interestingly, people who do not view obesity as a choice are more likely to support medical solutions. They also are more likely to agree that all individuals with obesity should have access to weight loss medications (11% vs. 7%) and believe these drugs are safe when prescribed by a healthcare professional (21% vs. 16%).

Furthermore, for those who see weight loss as something that can be achieved through willpower alone, obesity-management injections appear not just unnecessary but harmful. Nearly 30% of respondents worry these medications could discourage healthier habits, such as exercise and better diet choices. And some even consider these medications dangerous, even when they are prescribed and managed by medical professionals.

PUBLIC PERCEPTION SHAPES NOT JUST TREATMENT ATTITUDES BUT ALSO BELIEFS ABOUT GOVERNMENT INTERVENTION.

For example, only 13% of people who don't think obesity is a choice believe the UK government is doing enough to address the crisis, compared to 22% of those who see obesity as a personal responsibility.

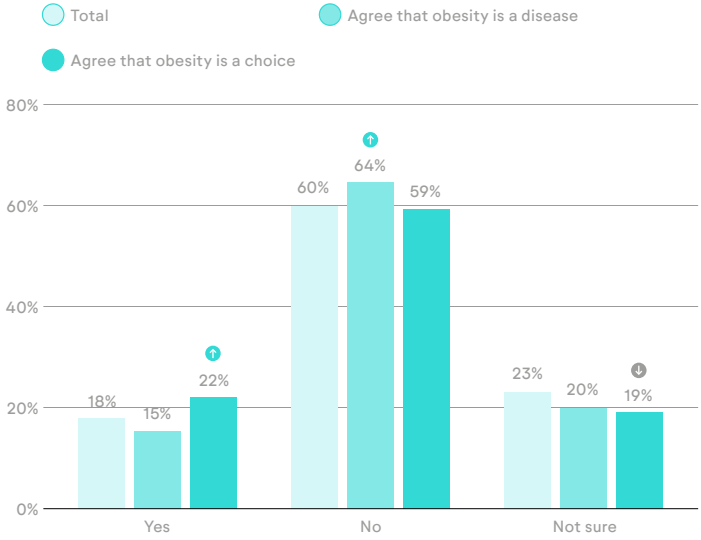
This difference is small – particularly given that two thirds (60%) of Brits simply think the government is not doing enough overall – but it matters.

Those who view obesity as a choice are more likely to favour solutions focused on increasing physical activity (37%) and subsidising healthy food (32%) over further NHS funding for weight loss services (22%).

Nearly 30% of respondents worry these medications could discourage healthier habits.

FIG 3. Percentage of respondents who think that the government is doing enough to combat obesity, with splits for those who agree or disagree that obesity is a choice or believe that obesity is a disease.

A significant majority of respondents believe that the UK government is not doing enough to tackle the obesity crisis.



This misunderstanding highlights a broader issue: the gap in public education about obesity and its treatment. Until these misconceptions are addressed, the stigma surrounding obesity – and those seeking medical help for it – will continue to limit access to effective care.

WHERE DOES MISINFORMATION COME FROM AND WHO IS DRIVING THE PUBLIC NARRATIVE?

As expected the media continues to play a key role in shaping public opinion around obesity.

For example, nearly a quarter of respondents (23%) believe that the media's portrayal of people with obesity is helpful, while 30% believe it to be harmful. Among those who accept the idea that obesity is not a choice, the number of people who take issue with the media rises to 38% and only 18% consider it to be helpful.

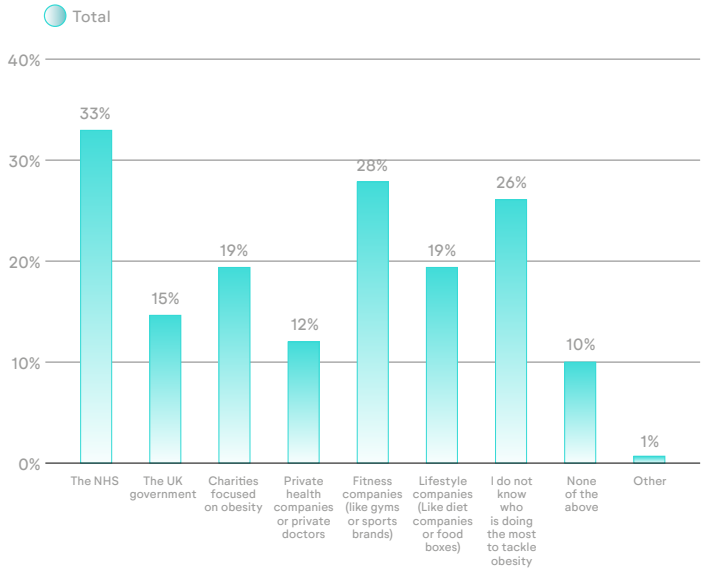
We can also see the evolving role that content outlets – including fitness brands and social media platforms – play in the broader conversation about weight. Social media is the top resource for people looking for information about weight loss pens (26%) compared to traditional media (13%) or the NHS (12%). Just 7% said they found information via their GP.

However, it is important to note that people who believe obesity is a disease are most likely to have found information on social media (32%) – perhaps thanks to the discovery page on TikTok. They are also more likely to have checked the NHS website (15%), and one in ten have spoken to their GP. They are also the most likely to be prescribed weight loss medication. This suggests that those who are taught about obesity as a disease through their preferred channels are more likely to speak to a medical professional and seek a medical solution. We should all be considering where and how we are speaking to people about obesity as a result.

Those who are taught about obesity as a disease through their preferred channels are more likely to speak to a medical professional.

FIG. 4. Percentages show which sectors and providers respondents believe are doing the most work to tackle obesity in the UK.

Twice as many people think the NHS and fitness companies are doing more to fight obesity than the government.



Notably, people who are informed that obesity is a disease also agree that the NHS and government are taking the most proactive stance on obesity, alongside private health companies. People who think obesity is a choice, however, believe that gyms and fitness companies are doing more to support people with obesity (32%), nearly the same number as agree that the NHS is the most active.

FIGHTING THE STIGMA AND TAKING ACTION NOW

The UK's attitudes toward obesity reveal a troubling gap in understanding between public perception and the medical realities of the disease.

Too many people still see obesity through the lens of personal failure rather than as a complex condition influenced by genetics, socio-economics, and environmental factors. This perspective not only fuels stigma but discourages people from seeking medical help – whether through weight loss injections or government-supported programmes.

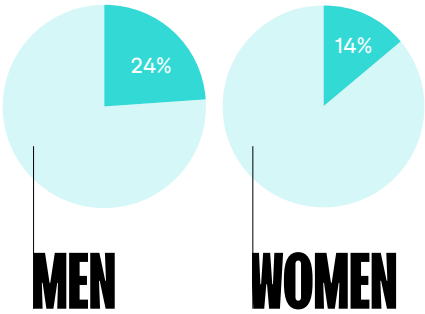
To make meaningful progress on this issue, greater public education is needed on the true nature of obesity and its treatments.

That means dispelling myths, fighting misinformation, and advocating for policies that create healthier environments and increase access to care. Without this shift in understanding, the UK's obesity crisis will only deepen, with serious consequences for public health.

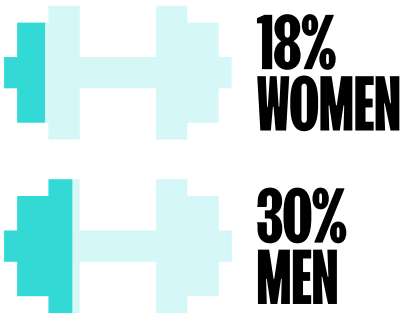
DO MEN AND WOMEN *AGREE* ON OBESITY?

More than three in five men (62%) also believe that obesity is a choice, and are almost twice as likely as women to strongly hold this view (17% vs. 9%).

Nearly a quarter of men (24%) strongly disagree that obesity is a disease, compared to just 14% of women.



Men are also more likely to think that the gym is the best solution (30% vs. 18%), and that using weight loss medications is cheating (13% vs. 8%).

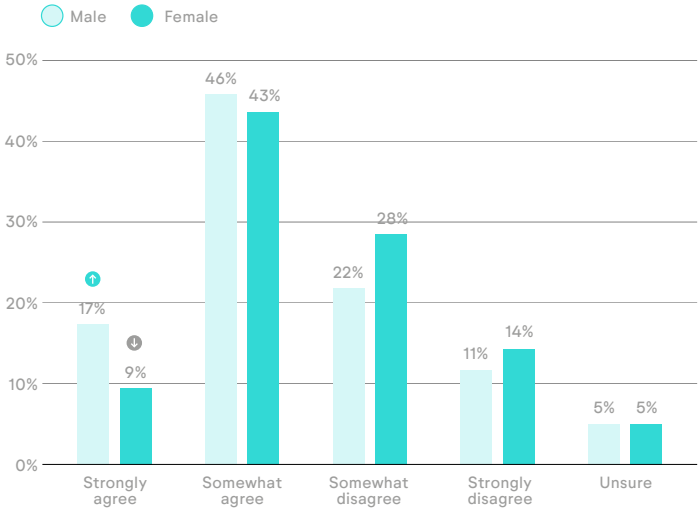


Attitudes toward obesity don't just vary – they diverge sharply along gender lines.

These differences underscore how deeply ingrained attitudes about weight and responsibility run – not just in society at large, but within specific demographic groups – highlighting potential ramifications for who seeks treatment and who does not.

FIG. 5. Percentages showing how male and female respondents differ whether they agree or disagree that obesity is a choice.

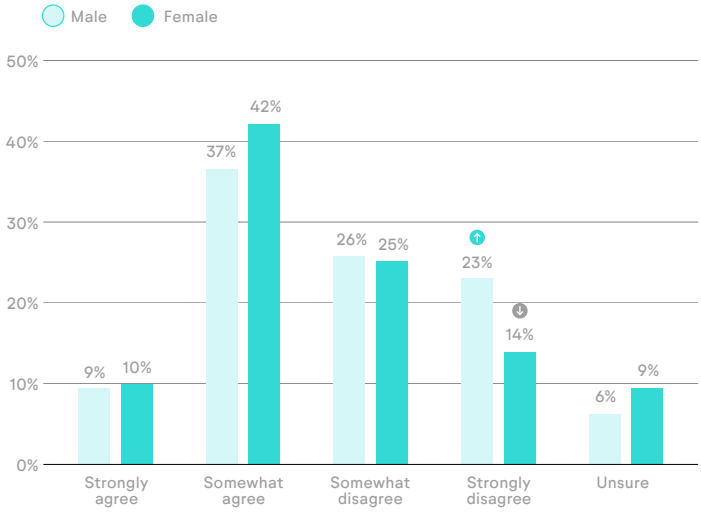
Men are significantly more likely to strongly believe that obesity is a choice compared to women.



Significantly higher ↑ and lower ↓ vs **Total** at **95%** confidence level.

FIG. 6. Percentages showing how male and female respondents differ whether they agree or disagree that obesity is a disease.

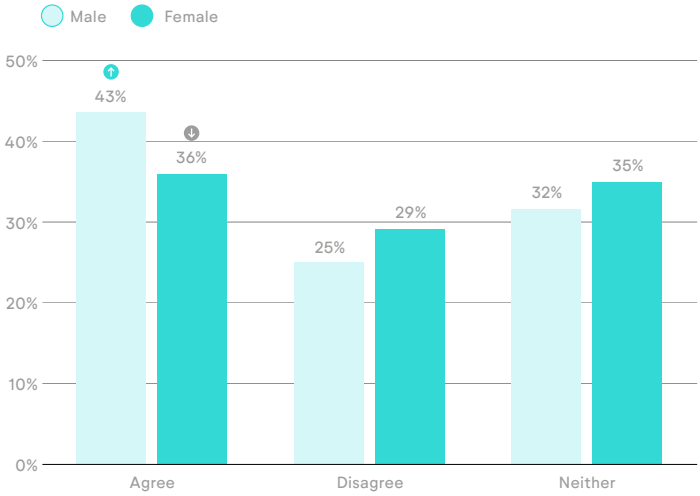
Women, on the other hand, are more likely to agree that obesity is a disease.



Significantly higher ↑ and lower ↓ vs **Total** at **80%** confidence level.

FIG. 7. Percentage splits for male and female respondents who agree or disagree that using medication to manage obesity is cheating.

Men and women also diverge on whether or not they believe it is cheating to use medication to manage obesity.



Significantly higher ↑ and lower ↓ vs **Total** at **80%** confidence level.

3. The healthcare perspective on obesity in the UK

By Dr Bryony Henderson

Obesity in the UK has reached levels that we – as healthcare professionals – can no longer afford to ignore.

Once considered a matter of personal health, it has become a public health crisis – with widespread implications for individuals, healthcare systems, and society at large. As a doctor, I have seen first hand the toll that obesity related conditions take on patients – from diabetes and cardiovascular diseases to joint issues and mental health struggles.

But the issue extends beyond individual health, requiring us to look at the broader picture, including societal factors and healthcare costs.

According to the most recent statistics released by the NHS, 28% of adults in England are classified as obese with another 36% considered to be overweight.[13] This means that nearly two thirds of adults in the UK are carrying excessive weight. Adding further concern is childhood obesity rates which have surged with approximately 20% of children aged between 10 and 11 categorised as obese – a sharp increase from previous decades.

Obesity is not just an adult problem anymore and early intervention is crucial to prevent a lifetime of related health conditions.

> **28% of adults in England are classified as obese with another 36% considered to be overweight.**

90% of people with type 2 diabetes are overweight or obese

FROM A MEDICAL STANDPOINT, OBESITY IS A MAJOR RISK FACTOR FOR A RANGE OF CHRONIC DISEASES.

The association between obesity and type 2 diabetes is particularly well documented with 90% of people with type 2 diabetes being overweight or obese.[14] This condition alone can lead to complications such as cardiovascular and renal disease, hypertension and strokes. Mental health should also not be overlooked.

Many patients struggling with obesity also experience depression, anxiety, and low self-esteem creating a vicious cycle that makes it harder to adopt healthier habits.[15]

As a clinician, I see patients stuck in this loop far too often, highlighting the need for holistic approaches that include both physical and psychological support.

THE FINANCIAL IMPLICATIONS OF OBESITY ARE STAGGERING.

The NHS spends approximately £6.5 billion a year on treating obesity related conditions, making it one of the largest drain on healthcare resources.[16] Additionally, obesity related work-absenteeism and productivity loss adds another estimated £27 billion to the economic burden.[17] These figures underline the pressing need for preventative measures.

HOWEVER, SCIENCE IS EVOLVING OUR APPROACH TO OBESITY – AND RAPIDLY SO.

There have been leaps in pharmacological treatments with numerous medications already on the market, such as semaglutide and tirzepatide, with many more in advanced clinical trials.

We are at an inflection point and the gamut of options will increase further.

Medical institutions across the globe now classify obesity as a disease and it is increasingly being viewed as a complex disease influenced by Genetics, metabolic, and environmental factors. Research into genetics has shown that certain individuals may have a predisposition to obesity due to variations in genes that affect Metabolism, fat storage, and appetite regulation. This understanding is shifting obesity from being seen solely as a result of lifestyle choices to a disease with biological underpinnings.

Advancements in precision medicine are showing promise and the future will be tailored interventions targeting the underlying causes of obesity rather than a one–size–fits–all solution. As a chronic disease, it is essential that treatments focus on long term management rather than short term fixes.

With advancements in behavioural science and the understanding of behaviour that drives obesity, we can manage obesity as a lifelong condition rather than simply addressing its symptoms.

4. Ava's story

My journey with food and body image has been complicated, to say the least.

These days I can happily say that I feel good about myself, that I'm confident in my body.

But I've not always been able to say that.

Thinness has – in many ways – been at the front of my mind since I was twelve years old. A primary objective for my sense of self-worth and my confidence.

That's not particularly surprising given that I grew up in the era of Posh Spice being weighed on national television. Of Mischa Barton being shamed for her body changing. Kate Moss being lauded as the epitome of beauty whilst saying that nothing tastes as good as skinny feels.

Growing up in the nineties and noughties, diet culture was just so central to everything.

I remember how people would say having a biscuit with your tea was 'naughty' and how the girls at school constantly shared their experiences of the latest celebrity weight loss fads.

Even when I was training as a dancer, there was a narrative about nutrition and staying healthy – but really it was always about staying small. Me – and the girls I trained with – internalised a story about size, weight and self-worth. Everyone was always trying to lose weight.

I can happily say that I feel good about myself, that I'm confident in my body.

> **I knew that my relationship with my body and with food needed to change.**

THAT ALL CHANGED WHEN MY PARTNER AND I STARTED OUR FAMILY.

I spent nearly twenty years fluctuating between what I call 'binge mode' and 'weight loss mode,' trying every diet from meal replacement shakes to bizarre fads like the maple syrup and cayenne pepper cleanse (which is actually oddly tasty). In fact, it's probably easier to name the diets I didn't try over the ones that I did – there were just so many.

But after two children and five years of being either pregnant or breastfeeding (or recovering from being pregnant and breastfeeding), I knew that my relationship with my body and with food needed to change, from one focused on weight to one focused on health and nutrition.

I knew that I couldn't pass on the same hangups about food or shame around weight to my children. Plus, I had no interest in shrinking myself back to some former size. My body had changed so much, and I wanted to celebrate that, not punish it.

SO I SPENT SOME TIME COMING TO UNDERSTAND HOW OUR BODIES WORK – PARTICULARLY MY OWN.

I now know more about the role of hormones, our genetics and our environments – how all of these things influence the way we gain and hold weight. Obesity isn't a choice. You can put two people on the same exercise plan, start them on the same diet, and they'd end up with different results. I think that's a huge thing people

need to accept. Because it's almost like we've been shaming ourselves, telling ourselves that it's all our fault when there are so many things outside our control.

Now, I'm in a healthier place mentally and emotionally. I'm confident in my body and I don't want to go back to a cycle of deprivation and guilt.

BUT THERE ARE STILL SO MANY STIGMAS IN SOCIETY THAT MAKE THIS A CONSTANT JOURNEY.

Things like skinny privilege are definitely experiences that I now understand. I went to a party when I was at my largest post-pregnancy and the looks of almost disgust that I received, having previously been very skinny, really stuck with me. I was there, enjoying getting stuck into a dance routine alongside my friends, but all some people could see was the change in my body size.

That's why, when I decided to try weight loss medication, I hesitated before telling anyone besides my partner. Whilst I know that clinical conditions need clinical treatment, there's so much misinformation out there, and I didn't want to deal with more judgement. And really, why should I be shamed into thinking I don't deserve the help medication can give me?

The truth is, I've seen benefits that go beyond just losing a few pounds. I have more energy, I walk my kids to school and back every day, my skin is looking great thanks to not eating as much sugar, and I'm much less focused on things like 'when's the next snack?'. I feel lighter. And I'm not talking about my weight.

Taking this step has shown me that I'm in a much better place mentally about food and body image because I'm making changes that work for me. These are real lifestyle changes not just restrictions to my calorie intake.

I'M ALSO NOT DOING THIS FOR ANYONE ELSE – AND I'M CERTAINLY NOT INTERESTED IN FEEDING INTO DIET CULTURE.

I refuse to buy into the idea that losing weight postpartum is some badge of honour. It's not 'baby weight' – it's my weight. My body went through something incredible when I had my kids, and it deserves more respect than to be judged by whether it bounced back.

What I'm doing now isn't about being thin – it's about being healthy and strong and passing good habits down to my two tiny humans.

And if that means using a little help along the way, I'm okay with that. There's no shame in wanting to feel better, no shame in wanting to be healthier. I've realised that weight is as personal as what colour we dye our hair – it's not something anyone else should get to have an opinion on. It's my body, and I'm doing this for me.

This isn't a quick fix or a magic solution. I don't have an "after" picture to share because I'm still in the middle of it all. But I feel good about where I am right now.

And that, to me, is what really matters.

5. Conclusion: It's time for the UK to recognise obesity as a disease

The findings of the latest State of Obesity report expose a troubling disconnect between how the public in the UK perceives obesity and the current scientific understanding of it.

Despite the overwhelming evidence that obesity is a complex, chronic condition shaped by a tangled web of genetic, socio–economic, environmental, and behavioural factors, most still reduce it to a matter of personal choice.

This outdated narrative – framing obesity as a simple failure of willpower – endures even as we learn more about the links between excess weight and life–threatening conditions like cancer and type 2 diabetes.

It overlooks the many determinants that can influence weight and health, from genetic predisposition to social inequalities. As a result, the conversation remains stuck in the past while our health crisis deepens.

IT'S LONG PAST TIME FOR THE UK TO CALL OBESITY WHAT IT IS: A DISEASE.

The pervasive mantra of 'eat less, move more' has utterly failed to curb the relentless rise in obesity rates. Worse, it's fuelled stigma, reinforced blame, and left millions of people feeling helpless and unsupported. What this reductive framework misses is the growing body of evidence showing that obesity is far more than a simple equation of 'Calories in calories out'.

This gap between perception and reality is not just frustrating – it's dangerous.

The lack of awareness around obesity's roots means that treatment lags far behind need. Policy responses remain toothless. Patients face barriers to accessing effective interventions, from medication to medical support, because these aren't seen as valid options for what many still view as a self-inflicted condition.

This skewed perspective makes the public less likely to support evidence-based treatments like anti-obesity medications or weight-loss injections, even when these are part of a broader strategy involving lifestyle changes. Instead, we continue to lean on outdated ideas that people with obesity simply need to 'try harder' to shed the weight. That advice is not only demoralising – it's largely ineffective.

Lifestyle interventions, like diet and exercise, will always be essential for overall health. But they are not enough, on their own, to treat obesity as a disease.

“This gap between perception and reality is not just frustrating – it's dangerous.”

SO WHERE DO WE GO FROM HERE?

1. **Education:** We need a multi-pronged approach that prioritises public and healthcare professional education, increases access to treatment, and encourages a shift in mindset. It starts with acknowledging obesity as a complex condition that requires medical treatment and a compassionate, science-based response.
2. **Collaboration:** Collaboration is key. Healthcare providers, fitness and nutrition experts, the media, and policymakers must work together – not just to change the conversation, but to address the root causes of obesity.
3. **Recognition:** We need to abandon the stigmatising narratives that continue to this day and recognise obesity for what it is – a serious, multifaceted disease that demands urgent attention and action.

We have an opportunity to transform the way we think about and tackle the UK's obesity crisis. But it requires a paradigm shift.

By listening to the science, expanding access to education and treatment, and fostering collective action, we can make real progress.

The first step? Accepting obesity as a disease and finally moving beyond the myth of personal responsibility.

6. Methodology

The survey was commissioned by Numan and conducted by Attest in September 2024. The survey sample consisted of 1,000 respondents, designed to be nationally representative of the UK adult population. The sample was weighted to reflect the demographic distribution of the UK, ensuring representation across age, gender, geographical location, and socio-economic status.

The survey was conducted using an online methodology, with participants recruited through Attest's proprietary panel. Attest's panel is maintained to ensure high engagement and quality, and all respondents are verified to prevent fraudulent or duplicate responses.

Quota sampling was employed to ensure that the demographic profile of the survey respondents closely aligned with the UK Office for National Statistics (ONS) estimates. Quotas were set on age, gender, and region, while additional checks were implemented to validate that the final sample distribution matched UK census data.

All questions included in the survey were reviewed and approved by Numan prior to fielding. Responses were collected anonymously, and no personally identifiable information was retained. The data was analysed using descriptive and inferential statistical techniques to draw insights, and findings were reported at a 85%–95% confidence level with a margin of error of ±3.1%.

This methodology ensures that the results are reflective of the broader UK adult population, providing reliable insights for understanding trends and behaviours within the target demographic.

7. References

1. How we're tackling obesity in England, DHSC Media Team, Feb 2024. https://health-media.blog.gov.uk/category/public-health/obesity/ [Accessed Sept 2024]

2. Obesity, Mayo Clinic, July 2023. [Accessed October 2024] https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742#:~:text=Obesity%20makes%20you%20more%20likely,of%20insulin%20resistance%20and%20diabetes.

3. Belluz, Julia. 'Scientists Don't Agree on What Causes Obesity, but They Know What Doesn't', New York Times. November 2022. [Accessed September 2024]

4. Herrera BM, Lindgren CM. The Genetics of Obesity. Curr Diab Rep. 2010 Dec; 10(6):498–505. doi: 10.1007/s11892-010-0153-z. PMID: 20931363; PMCID: PMC2955913.

5. Lee A, Cardel M, Donahoo WT. Social and Environmental Factors Influencing Obesity. [Updated 2019 Oct 12]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000–. Available from: https://www.ncbi.nlm.nih.gov/books/NBK278977/

6. Conlon MA, Bird AR. The impact of diet and lifestyle on gut microbiota and human health. Nutrients. 2014 Dec 24;7(1):17–44. doi: 10.3390/nu7010017. PMID: 25545101; PMCID: PMC4303825.

   Zhang P. Influence of Foods and Nutrition on the Gut Microbiome and Implications for Intestinal Health. Int J Mol Sci. 2022 Aug 24;23(17):9588. doi: 10.3390/ijms23179588. PMID: 36076980; PMCID: PMC9455721.

7. Lee A, Cardel M, Donahoo WT. Social and Environmental Factors Influencing Obesity. [Updated 2019 Oct 12]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000–. Available from: https://www.ncbi.nlm.nih.gov/books/NBK278977/

8. Dakanalis A, Mentzelou M, Papadopoulou SK, Papandreou D, Spanoudaki M, Vasios GK, Pavlidou E, Mantzorou M, Giaginis C. The Association of Emotional Eating with Overweight/Obesity, Depression, Anxiety/Stress, and Dietary Patterns: A Review of the Current Clinical Evidence. Nutrients. 2023 Feb 26;15(5):1173. doi: 10.3390/nu15051173. PMID: 36904172; PMCID: PMC10005347.

9. Park JH, Moon JH, Kim HJ, Kong MH, Oh YH. Sedentary Lifestyle: Overview of Updated Evidence of Potential Health Risks. Korean J Fam Med. 2020 Nov;41(6):365–373. doi: 10.4082/kjfm.20.0165. Epub 2020 Nov 19. PMID: 33243381; PMCID: PMC7700832.

10. World Health Organisation, Obesity. [Accessed September 2024.] https://www.who.int/health-topics/obesity#tab=tab_1

11. NICE (August 2024) Obesity: identification, assessment and management. National Institute for Health and Care Excellence. http://www.nice.org.uk | https://cks.nice.org.uk/topics/obesity/diagnosis/identification-classification/ [Accessed: October 2024]

12. Obesity, NHS. February 2023. [Accessed September 2024]. https://www.nhs.uk/conditions/obesity/

13. Baxter, Carl. 'Obesity Statistics', NHS Digital, Health Survey for England, Table 1. Commons Library. January 2023 [Accessed September 2024]

14. Gatineau Mary, et al. 'Adult Obesity and Type 2 Diabetes', Public Health England. July 2014.

15. Segal Y, Gunturu S. Psychological Issues Associated With Obesity. [Updated 2024 May 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan–. Available from: https://www.ncbi.nlm.nih.gov/books/NBK603747/

16. How we're tackling obesity in England, DHSC Media Team, Feb 2024. https://healthmedia.blog.gov.uk/category/public–health/obesity/ [Accessed Sept 2024]

17. 'Guidance: Health matters: obesity and the food environment', Health Matters, Public Health England. March 2017. [Accessed September 2024].

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