



Obesity campaigns 'waste of cash' Bodies programmed, says expert

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AN OBESE person's body is programmed to regain any weight that is lost and authorities are wasting money on campaigns urging people to exercise and eat healthy food, an obesity expert says.

Joseph Proietto said the high failure rate of weight-loss programs could be explained by growing evidence that obesity was "physiologically defended".

In an opinion piece in the *Medical Journal of Australia*, he said weight loss in obese people only led to changes in energy expenditure and hunger-controlling hormones that encouraged weight gain.

"It is likely that it is these physiological adaptations that make it so difficult to maintain weight loss," he said.

"Importantly . . . in those who are already obese, public health messages encouraging people to eat healthy food and exercise are unlikely to have a long-term impact on their weight."

In an interview with *The Age*, Professor Proietto said the weight-control clinic he ran at the Austin Hospital was overwhelmed with demand, with a two-year waiting period. But the hospital was funded to do no more than 20 lap-band surgeries a year.

He said political leaders were ignoring the biological reasons for obesity by focusing on lifestyle messages and providing only limited funding for bariatric surgery, which had been shown to achieve long-term weight loss.

"All the money is put into giving messages on television, but actually that doesn't work — you can't convince someone not to eat who's hungry," he said.

"If a good tablet came along it would not make it on the

PBS (Pharmaceutical Benefits Scheme) because everybody says obesity is a lifestyle disorder only and all you have to do is change your habits.

"We don't need tablets to lose weight — but we do need them to keep it off."

Professor Proietto said it was important to focus on preventing obesity, particularly in children, but more resources were needed for people who were already obese.

He said lap-band surgery could reverse obesity-related conditions such as type 2 diabetes and obstructive sleep apnoea.

"We must help the long-suffering obese in their struggle to maintain a reduced weight," he wrote in the journal.

"In the absence of safe, effective pharmacological agents that can be used long-term, bariatric surgery is the most successful intervention for sustained weight loss.

"Why is it not more often conducted in public hospitals?"

Professor Proietto's focus on bariatric surgery has been questioned by other medical experts, who say it is a last-resort measure that does not address the complex causes of obesity.

Obesity Policy Coalition senior policy advisor Jane Martin said the surgery was not feasible as a population-wide solution to obesity because it was expensive, risky and not always appropriate.

"It's time for the government to implement policies that tackle the key drivers of obesity, including protecting children from pervasive junk-food marketing, implementing traffic-light labelling on processed foods, and taxing unhealthy foods together with subsidising healthy foods for those on low incomes," she said.