

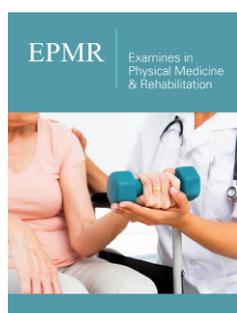
Obesity: Defeatism or A Challenge?

Emmelot CH^{1*} and Brink S²

¹Consultant in Physical medicine and Rehabilitation, Rehabilitation Center Vogellanden, Netherlands

²Human movement scientist, Rehabilitation Center Vogellanden, Netherlands

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***Corresponding author:** Emmelot CH, MD PhD, Psychiatrist, Consultant in Physical medicine and Rehabilitation, Former head Personalised Integrative Obesity Coaching Program, Rehabilitation Center Vogellanden, Zwolle, The Netherlands

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Opinion

By order of the World Health Organisation McKinsey Consultancy published a report in 2014 in which was described that overweight takes the third rank after smoking and armed conflicts as a cause that threatens societies worldwide [1].

In the same report it is stated that obesity related health care costs and its extensive implications (including negative effects for employment participation) are increasing exponentially. This gives us a justification to consider this theme more extensive, not only because of health experience, but also because of economic consequences and (mostly) lacking political decision making. In 2016 a personalised integrative obesity coaching program was started in our Rehabilitation Center in Zwolle, The Netherlands [2]. A research trial was part of this program in cooperation with the Netherlands Organisation for Applied Scientific Research and Maastricht University.

Preliminary results show a complex picture. Considering obesity as an imbalance between food intake and energy expenditure (as most doctors intend to) proves to be too simple. A considerable part is suffering from an eating disorder or a depression; some take obesity inducing medication like β blockers, antidepressants or prednisone. These underlying factors should be treated in psychiatry, clinical psychology or internal medicine subsequently. Physicians in general and rehabilitation doctors in particular are faced in their daily practice with all the sequelae of obesity, apart from the metabolic syndrome. Overuse syndromes are seen more and more such as low back pain, plantar fasciitis, Morton neuralgia, tendopathies and enthesopathies. Moreover, overweight induces inactivity leading to muscle waste, decreased cardiovascular and pulmonary capacity, especially when people are getting older. They will complain of fatigue, dyspnoea, dizziness and balance disturbances. Even some of them will not get up after falling.

Which medical profession should and would be able to induce a change in behaviour in this lifestyle issue? In my opinion it is rehabilitation medicine. What can be noticed when considering rehabilitation medicine?

- I. It is featured by inter- and multidisciplinary work with several paramedic disciplines which supply knowledge and coaching skills
- II. Rehabilitation medicine is characterised by a holistic approach
- III. Patients are taught to adapt themselves to changing circumstances
- IV. Infrastructure is very suitable to organise a program effectively

The Organisation for Economic Co-operation and Development has calculated previously that treatment of obesity is cost effective [3,4], even without input from rehabilitation

medicine. Because of the core tasks of rehabilitation medicine and its scope on macroeconomic expenses of disease, it is clear and logical that rehabilitation medicine can add much more value by means of preventive and treatment measures. By investing in more effective programs with more differentiated subgroups in a changing demography, rehabilitation medicine can create a lead for itself. Rehabilitation medicine has an unique chance to play a role in value based cure and care in a community issue that really matters.

References

1. The global obesity threat (2014).
2. Brink SM, Wortelboer HM, Emmelot CH, Visscher TLS, van Wietmarschen HA (2022) Developing a personalized integrative obesity-coaching program: a system health perspective. *Int J Environ Res Public Health* (19): 882-896.
3. Michele C, Franco S, Jeremy AL, Yong YL, Veronica GB, et al. (2010) Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *Lancet* 376(9754): 1775-1784.
4. Lehnert T, Sonntag D, Konnopka A, Riedel-Heller S, König HH (2012) The long-term cost-effectiveness of obesity prevention interventions: systematic literature review. *Obes Rev* 13(6): 537-553.

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