

## Economic costs of obesity and inactivity

Obesity and physical inactivity (PI) are significant public health concerns with direct and indirect costs for individuals and societies. Direct costs include the diagnosis and treatment of obesity e.g., hospital stays, medications, physician visits. Indirect costs include the wages lost by people unable to work, and the forgone wages due to years of life lost (premature mortality). Interventions that increase energy expenditure are thus key to both reduce health care costs associated with obesity and to increase the quality of life of people living with obesity (PLWO).

This research reviewed studies reporting the economic costs of obesity or inactivity, or cost of illness from the Medline database. Risk factors for obesity such as depression and anxiety and chronic conditions that often arise because of excess weight gain or PI (coronary heart disease, hypertension, type II diabetes, colon cancer, osteoarthritis) were considered in the calculations.

This study found that sedentary lifestyles and PI costs in the USA amounted to 24.3 billion dollars per year for direct health care delivery costs, with the direct health care costs of obesity averaging 70 billion dollars (7% of total). In Europe, the direct costs of obesity were similar: in France and the Netherlands obesity is responsible for 2% and 4% of the national health care costs can be attributed to obesity, respectively.

It was found that PLWO in Sweden are 1.5-1.9 more times likely to take sick leave and that 12% of women living with obesity had disability pensions. Indirect costs can be explained by increased risk of coronary heart disease, osteoarthritis, in addition to workdays lost and restricted activity days.

*Colditz GA. Economic costs of obesity and inactivity. Medicine and Science in Sports and Exercise. 1999 Nov;31(11 Suppl):S663-7. DOI: 10.1097/00005768-199911001-00026.*