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Globesity, a Task for Ophthalmologists

Holiday season: a time of sharing, caring ... and some weight gain. Without doubt, most persons succumb to the sedentary behavior and high consumption of calorie-rich foods which constitute traditional holiday fare in many countries. It is so wonderful to eat those meats and cheeses and tarts and puddings! But statistics indicate that we are not just inactive and overeating in the holiday seasons or during vacations. In Switzerland, the percentage of obese people doubled from 5 % to 11 % from 1992 to 2017 and a further 31 % of the population are considered overweight.

Excess weight, especially obesity, diminishes almost every aspect of health, from reproductive and respiratory function to memory and sleep quality. While the eye might seem to be spared from the consequences of excess weight, this is, unfortunately, not true. A 2021 review of 48 articles from 3 longitudinal databases has confirmed that obesity is positively associated with cataract, age-related macular degeneration, and diabetic retinopathy in Western populations. Obesity is a risk factor for sleep apnea which in turn may have implications for glaucoma develop-

ment and progression. And now, it has been clearly shown that increasing body mass index (BMI) is associated with increasing intracranial pressure and development of the syndrome of idiopathic intracranial hypertension (IIH).²

Obesity is defined by a BMI of 30 kg/m² or more. In 1995, the World Health Organization (WHO) estimated 200 million adults worldwide were obese and in 2000, the number of obese adults had increased to over 300 million. In the latest 2016 survey, 650 million adults worldwide were considered obese, and the high prevalence of obesity is not restricted to industrialized societies. The escalating numbers of overweightness and obesity around the world are currently considered a public health epidemic, and the term «globesity» is used to highlight this global health problem. From the standpoint of intracranial pressure, does globesity mean that we will see more and more patients with IIH in coming years? It would appear «yes». In Olmsted County, Minnesota USA, the incidence of IIH (1 per 100,000 persons) doubled from 1990 to 2014.3 In obese women of childbearing age, the incidence of IIH was 20 times higher than the general population. Additionally, this study correlated the increase in IIH incidence to the increase in obesity incidence, further supporting the notion that increased weight is strongly associated with increased intracranial pressure.

The good news is that the converse is also true: weight loss is associated with a reduction in intracranial pressure.4 Losing as little as 5 to 10 percent of body weight can reduce, even resolve, papilledema and also offers other health benefits to people who are obese, even if they never achieve their «ideal» weight. In fact, weight loss alone has been and can be used to treat IIH in some selected patients. But it is not always easy to address the topic of weight with a patient, especially if it is a young woman. Just the mention of excess weight can often evoke an immediate defensiveness, distancing and suspicion from the patient. And this reaction is understandable.

Social media tells us every day, in one way or another, that thinness is beautiful and desirable. The notion of being «physically fit and healthy» has transformed to actually mean being «thin and fat-free». In the general population, stigmatization of overweight or obese persons is more common than discrimination by gender or race and

pervasive among all professions. In a study of 3554 healthcare professionals (doctors, nurses, psychologists, nutritionists) in different countries, investigators found evidence of a strong weight bias in their attitude and language, even though the healthcare professionals were not consciously aware of their bias.⁵ Another survey reported that doctors spend less time with their overweight patients compared to their non-overweight patients.⁶

While such studies may seem, at first, to deliver a negative message, they have, in fact, impacted positively on obesity awareness. For example, established in 2015, World Obesity Day is an annual campaign to stimulate and support actions to achieve and maintain a healthy weight. In 2023, World Obesity Day will promote the theme: (Changing Perspectives: Let's Talk About Obesity) with the goal to change perspectives and to correct misconceptions about weight gain, excess weight and weight loss. Increasing numbers of healthcare professionals promote and/or participate in this campaign.

Ophthalmologists are uniquely poised to influence patient behavior since blindness is one of the most feared outcomes of disease. Helping patients make the connection between their eye disease and excess weight is a major step in fighting obesity. Regarding the syndrome of IIH, ophthalmologists have been superbly effective in reducing papilledema and preventing blindness but it is important to remember that the only disease-modifying treatment for this disorder is weight loss.

«Ophthalmologists are uniquely poised to influence patient behavior.»

References

- Ng C, et al. Obesity and risk of age-related eye diseases: a systematic review of prospective population-based studies. Int J Obesity 2021: 45;1863–1885.
- Berdahl JP, et al. BMI has a linear relationship with cerebrospinal fluid pressure. Invest Opht Vis Sci 2012; 53:1422.
- Kilgore KP, et al. Re-evaluating the incidence of idiopathic intracranial hypertension in an era of increasing obesity. Ophthalmology 2017; 124(5):697-700.
- Mollan SP, et al. Effectiveness of bariatric surgery vs community weight management intervention for the treatment of idiopathic intracranial hypertension: A randomized clinical trial. JAMA Neurology 2021: 78(6):678-86.
- Talumaa B, et al. Effective strategies in ending weight stigma in healthcare. Obesity Review; 23: e13494,2022.
- Sabin JA, et al. Implicit and explicit anti-fat bias among a large sample of medical doctors by BMI, race/ethnicity and gender. PLoS One;7:e48448, 2012.