CONDITION

Obesity

Obesity is a chronic condition in which excess body fat can affect health.

WHAT IT IS
Chronic condition involving excess body fat

BODY SYSTEM
Whole body, including metabolism, heart, joints, and breathing

MAIN SYMPTOMS
Often none, breathlessness, joint pain, reduced mobility

WHAT CAUSES IT
Genes, biology, environment, medicines, and life circumstances

HOW IT IS DIAGNOSED
BMI screening plus health and body-fat assessment

MAIN TREATMENT
Nutrition, activity, behavioural support, medicines, sometimes surgery

CAN IT BE CURED?
No - long-term management is usually needed

IS IT AN EMERGENCY?
No - complications can sometimes become emergencies

LONG-TERM OUTLOOK
Health often improves with sustained, individualised care

Overview

Obesity is a chronic condition involving an amount or distribution of body fat that can harm health. It can affect metabolism, breathing, joints, fertility, and the heart and blood vessels. Some people develop serious health problems, while others have few current complications.

Body weight is influenced by much more than food choices or willpower. Genes, hormones, sleep, medicines, stress, disability, income, food access, and the surrounding environment can all play a part. The body also resists weight loss by increasing hunger and using less energy. This helps explain why losing weight and keeping it off can be difficult.

Body mass index, or BMI, is commonly used to screen for obesity. BMI compares weight with height, but it does not measure body fat directly or show where fat is stored. It should be considered alongside your health, body build, waist measurement, and any weight-related conditions.

Obesity is treatable. Care may focus on improving health, movement, sleep, and quality of life rather than reaching a particular appearance or number on a scale.

Symptoms

Obesity itself may not cause noticeable symptoms. When symptoms occur, they may be related to body size, reduced fitness, or a health complication.

Possible symptoms include:

These symptoms have many possible causes. Their presence does not show by itself that obesity is responsible.

Weight stigma can also affect wellbeing. Being judged, blamed, or treated unfairly because of body size may contribute to stress, anxiety, low mood, avoidance of healthcare, or disordered eating.

- Breathlessness during activity
- Joint, back, or foot pain
- Reduced mobility or difficulty with everyday tasks
- Snoring, poor sleep, or daytime sleepiness
- Skin irritation in body folds
- Tiredness

Causes and risk factors

Obesity usually develops through several interacting influences. There is rarely one single cause.

Genes can affect appetite, fullness, fat storage, and how the body uses energy. Some uncommon genetic conditions have a particularly strong effect, often beginning in childhood. More often, many small genetic differences combine with a person's environment and life circumstances.

Other contributing factors can include:

A family history may raise risk, but it does not determine what will happen. Obesity is not proof of laziness, poor character, or lack of knowledge.

- Easy access to highly processed, energy-dense food

- Limited access to affordable nutritious food
- Work, caring duties, disability, or neighbourhood design that limits activity
- Poor or disrupted sleep
- Long-term stress and some mental health conditions
- Eating disorders or patterns such as binge eating
- Hormonal conditions, although these are not the usual cause
- Medicines that can increase appetite or alter metabolism
- Weight gain during or after pregnancy
- Stopping smoking, which may change appetite and metabolism

Diagnosis

BMI is often the starting point for adults. It is calculated from height and weight. A BMI of 30 or higher is generally classified as obesity in adults, but BMI is a screening tool rather than a complete health assessment.

BMI may be less informative for people with high muscle mass, during pregnancy, or when illness has caused fluid retention. Health risks can also occur at lower BMI levels in some ethnic groups. Children and teenagers are assessed using age- and sex-specific growth charts rather than adult categories.

A healthcare professional may also consider:

The aim is not simply to assign a weight label. It is to understand whether excess body fat is affecting your health and which forms of support may be useful.

- Waist measurement and how body fat is distributed
- Blood pressure
- Blood tests for blood sugar, cholesterol, and liver health
- Sleep symptoms and possible sleep apnoea
- Joint pain, mobility, and physical function
- Menstrual, fertility, or pregnancy concerns
- Medicines that may affect weight
- Eating patterns, mood, sleep, stress, and social circumstances

Treatment and management

Treatment should be respectful and based on your health, preferences, circumstances, and previous experiences. A smaller, sustainable change in weight can improve some health measures, but weight loss is not the only worthwhile outcome. Better fitness, sleep, blood sugar, mobility, or quality of life may matter even when weight changes little.

Nutrition support may focus on regular meals, foods that help with fullness, and an eating pattern that can be maintained. There is no single best diet for everyone. Very restrictive plans can be hard to sustain and may be unsafe without appropriate supervision.

Physical activity can improve heart health, sleep, mood, strength, and mobility even without weight loss. The type and amount may need to be adapted for pain, disability, breathlessness, or low fitness. Activity can start with small, manageable changes.

Behavioural support can help with planning, self-monitoring, emotional eating, problem-solving, sleep, and responding to setbacks. Treatment for binge-eating disorder or another eating disorder may need to come before or alongside weight management.

Prescription medicines may be considered for some people when lifestyle and behavioural support alone have not been enough. These medicines work in different ways, such as reducing appetite, increasing fullness, or reducing fat absorption. Benefits, side effects, cost, availability, other medicines, and plans for pregnancy all need consideration. Weight regain is common after stopping some medicines because their effects do not permanently reset the body's weight regulation.

Metabolic or bariatric surgery may be an option for some people with obesity, particularly when there are significant related health problems. Procedures change the digestive system to affect appetite, food intake, and metabolism. Surgery can lead to substantial, lasting health improvements, but it also carries risks and requires lifelong nutrition monitoring, supplements, and follow-up.

Treatment should also address related conditions such as diabetes, high blood pressure, sleep apnoea, or joint pain. A medicine that may be contributing to weight gain should not be stopped without medical advice; an alternative may sometimes be available.

Complications

Obesity can raise the chance of developing:

Not everyone with obesity develops these conditions. Risk is affected by age, genes, fitness, fat distribution, smoking, sleep, and other health factors.

Complications may also affect emotional and social health. Weight stigma can cause harm independently of body weight and may make it harder to seek or continue care.

- Type 2 diabetes
- High blood pressure and unhealthy cholesterol levels
- Heart disease and stroke
- Fatty liver disease
- Obstructive sleep apnoea, in which breathing repeatedly stops during sleep
- Osteoarthritis and reduced mobility
- Gallbladder disease and acid reflux
- Fertility problems and some pregnancy complications
- Certain cancers

Prevention

Obesity cannot always be prevented. Genetic susceptibility, illness, disability, medicines, pregnancy, stress, poverty, and the food environment may all influence weight in ways that are not fully under personal control.

Where prevention is possible, supportive conditions matter. Regular access to nutritious food, safe places to be active, adequate sleep, and early help for rapid weight gain or disordered eating may reduce risk. Reviewing weight-promoting medicines can also be useful when a suitable alternative exists.

Prevention should not rely on blame or repeated restrictive dieting. For people who already have obesity, the focus is management and health improvement rather than implying the condition could simply have been avoided.

Living with it and what to expect

Obesity often follows a long-term course. Weight may rise, fall, or remain stable over months and years. Plateaus are common during weight loss because the body adapts by using less energy and increasing hunger. Regaining some weight does not mean that you have failed.

Some health changes occur before major weight loss. Blood pressure, blood sugar, fitness, sleep, and pain may improve through treatment and activity changes. Other complications may need their own long-term treatment.

Medicines and surgery can produce larger changes for some people, but they do not remove the need for follow-up. Treatment may need adjustment if weight returns, side effects occur, health changes, or life circumstances make the current plan difficult.

Most people can continue work, relationships, travel, and everyday activities. Practical adaptations, treatment of complications, and respectful healthcare can make these easier. Regular follow-up may include weight or waist measurements, blood pressure, blood tests, medication reviews, and discussion of sleep, mobility, nutrition, and emotional wellbeing.

When to get medical help

Arrange a routine appointment if you are concerned about weight changes, want support, or have symptoms such as persistent tiredness, loud snoring, daytime sleepiness, joint pain, irregular periods, or increased thirst and urination. Seek review if weight changes rapidly without a clear reason or after starting a medicine.

Contact your healthcare team promptly if a weight-management treatment causes persistent vomiting, severe abdominal pain, dehydration, or another significant side effect. Follow the specific safety instructions supplied with your medicine or after surgery.

Obesity itself is not usually an emergency. Seek emergency help for symptoms that may indicate a serious complication, including:

These symptoms need urgent assessment regardless of your body weight.

- Chest pain, especially with sweating, nausea, or breathlessness
- Severe difficulty breathing
- Sudden facial drooping, arm weakness, or trouble speaking
- Fainting or loss of consciousness
- Thoughts of suicide or immediate risk of self-harm

Common questions

Is obesity just a high BMI?

No. BMI is a useful screening measure, but it cannot directly measure body fat, muscle, or fat distribution. A fuller assessment looks at waist size, current health problems, blood tests, physical function, and personal circumstances.

Can I have obesity and still be healthy?

Some people with obesity have normal blood pressure, blood sugar, and cholesterol and feel well. Their current risk may be lower than that of someone who already has complications. Risk can still change over time, so routine preventive care remains important.

Why is it so hard to keep weight off?

After weight loss, the body may burn less energy and produce stronger hunger signals. These biological changes can last for a long time. Stress, sleep, medicines, food access, and life events can add further difficulty. Regain is common and is not a moral failure.

Do weight-loss injections cure obesity?

No. Injectable medicines can help some people lose weight and improve related conditions while treatment continues. They do not permanently remove the biological tendency toward weight gain, and some weight often returns after treatment stops.

Is bariatric surgery the easy way out?

No. Surgery is a major medical treatment, not a shortcut. It can improve health and reduce weight, but it involves preparation, recovery, possible complications, lasting changes in eating, and lifelong follow-up.

Could one of my medicines be causing weight gain?

Possibly. Some medicines used for diabetes, mental health conditions, seizures, inflammation, or hormonal problems can contribute to weight gain. Do not stop a prescribed medicine suddenly. A clinician can review its benefits and whether an alternative is appropriate.

Sources

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