CONDITION

Overweight

Overweight means having a body weight above the range considered healthiest for your height.

WHAT IT IS
Weight above the usual healthy range for height

BODY SYSTEM
Whole body and metabolism

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

WHAT CAUSES IT
Genetic, environmental, hormonal, medication, and social factors

HOW IT IS DIAGNOSED
BMI calculation, waist measurement, and health assessment

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

CAN IT BE CURED?
Sometimes - weight can return to healthier ranges

IS IT AN EMERGENCY?
No - not by itself

LONG-TERM OUTLOOK
Health risks can improve with sustained weight management

Overview

Overweight means having a body weight above the range generally considered healthiest for your height. It is a condition, not a disease, and it does not always mean that you are unwell.

For most adults, overweight is defined using body mass index, or BMI. BMI compares your weight with your height. An adult BMI from 25 to below 30 is usually placed in the overweight range. A BMI of 30 or higher is usually called obesity.

BMI is a screening tool, not a complete measure of health. It does not directly measure body fat or show where fat is stored. Muscular people may have a high BMI without having excess body fat. Age, ethnicity, pregnancy, fluid retention, and changes in muscle mass can also affect how BMI should be interpreted.

For children and teenagers, BMI is compared with others of the same age and sex. Adult BMI ranges should not be used because children are still growing.

Overweight matters because carrying excess body fat, especially around the waist and internal organs, can raise the chance of certain long-term conditions. These include type 2 diabetes, high blood pressure, heart disease, fatty liver disease, sleep apnoea, and joint problems. Risk is not the same for everyone, and BMI alone cannot predict what will happen to you.

Weight is influenced by biology, health, surroundings, income, stress, sleep, medicines, and access to food and safe places for activity. It is not simply a matter of willpower.

Symptoms

Overweight often causes no symptoms. You may first become aware of it through a routine weight or BMI measurement.

Some people experience effects that may be related to body weight, including:

These symptoms can have many other causes. Their presence does not prove that weight is responsible.

Changes linked to an underlying health problem may include rapid weight gain, swelling of the legs, unusual tiredness, changes in menstrual periods, or feeling unusually cold. These deserve a medical assessment rather than being assumed to result from eating habits.

Weight can also affect emotional well-being. Stigma, teasing, discrimination, or repeated unsuccessful diets may contribute to anxiety, low mood, shame, or avoiding healthcare. These harms come partly from how people are treated, not from body size alone.

- Becoming short of breath more easily during activity
- Pain or stiffness in weight-bearing joints
- Reduced comfort or mobility during everyday tasks
- Snoring, poor sleep, or daytime sleepiness
- Skin irritation where areas of skin rub together

Causes and risk factors

Body weight changes when energy stored by the body increases or decreases over time. However, the processes controlling hunger, fullness, energy use, and fat storage are complex.

Genes can influence appetite, body shape, metabolism, and how the body responds to food or

physical activity. A family tendency toward higher weight may reflect both inherited traits and shared surroundings.

Other factors that may contribute include:

Some medicines can promote weight gain. Examples include certain medicines used for diabetes, epilepsy, mental health conditions, inflammation, or hormonal treatment. Do not stop a prescribed medicine because of weight concerns. A clinician can review its benefits, possible effects, and alternatives.

Less commonly, conditions affecting hormones or fluid balance can cause weight gain. An underactive thyroid may contribute, although it is not a common explanation for large weight changes by itself.

- Easy access to highly processed, energy-dense food
- Limited time, money, cooking facilities, or access to nutritious food
- Work or surroundings that involve long periods of sitting
- Poor sleep, shift work, or ongoing stress
- Pain, disability, or illness that makes movement difficult
- Life stages such as pregnancy, menopause, or ageing
- Depression, binge eating, or other eating difficulties

Diagnosis

Overweight is usually identified by measuring height and weight and calculating BMI. Online calculators can estimate BMI, but the result still needs context.

A healthcare professional may also measure your waist. A larger waist can suggest more fat around the abdominal organs, which is associated with a higher risk of diabetes and heart and circulation problems. Waist measurements are interpreted alongside BMI, ethnicity, sex, and overall health.

Because some ethnic groups develop weight-related conditions at lower BMI levels, a lower BMI may still signal increased health risk. BMI can also be less reliable in people with high muscle mass, frailty, pregnancy, swelling, or certain body proportions.

An assessment may include questions about your weight history, eating patterns, activity, sleep, medicines, emotional health, and any symptoms. Blood pressure and blood tests may be offered to look for related conditions. These tests may check blood sugar, cholesterol, liver health, or thyroid function. They do not confirm overweight; they help assess its causes and

effects.

For children, assessment uses age- and sex-specific BMI charts, growth patterns, family history, and stage of development. A single measurement should not be used to place a child on a restrictive diet.

Treatment and management

Treatment is not necessary solely to change a number on the scale. The aim is usually to improve health, physical function, sleep, or quality of life. Some people may benefit from preventing further weight gain rather than trying to lose a large amount.

A management plan may include changes to food, movement, sleep, and daily routines. Useful changes are usually realistic enough to continue over time. Highly restrictive diets may be hard to maintain and can lead to nutritional gaps or repeated weight loss and regain.

Nutrition support may focus on regular meals, suitable portions, more vegetables and fibre-rich foods, and fewer foods or drinks that provide a lot of energy without much nutrition. Cultural preferences, cost, allergies, medical conditions, and access to food all matter.

Physical activity supports heart health, strength, mood, mobility, and sleep even when weight changes little. The type and amount should fit your health and abilities. If pain, breathlessness, disability, or fear of injury limits activity, a gradual or adapted approach may help.

Behavioural support can help you identify triggers, set practical goals, monitor progress, and manage setbacks. Treatment for binge-eating disorder, depression, trauma, or anxiety may be important when these affect eating or self-care.

Prescription weight-management medicines may be considered for some adults with overweight who also have weight-related health problems. Eligibility, expected benefits, side effects, cost, and monitoring differ by medicine and location. These medicines are used alongside broader support, not as a replacement for it. Weight can return after treatment stops.

Weight-loss surgery is not a usual treatment for overweight alone. It may be considered in selected people with more severe excess weight or particular metabolic conditions after specialist assessment.

Complications

Having overweight does not mean that you will develop complications. Risk tends to rise with

the amount of excess body fat, how long it has been present, where it is stored, and factors such as age, smoking, blood pressure, family history, and activity.

Possible long-term complications include:

Mental and social effects can also be significant. Weight stigma may affect employment, education, relationships, exercise, and access to respectful healthcare.

Repeated rapid weight loss and regain may be physically and emotionally difficult. A stable pattern that supports nutrition, movement, and medical care can still benefit health even if BMI remains in the overweight range.

- Type 2 diabetes
- High blood pressure and unhealthy cholesterol levels
- Heart disease and stroke
- Fat buildup and inflammation in the liver
- Obstructive sleep apnoea, which interrupts breathing during sleep
- Osteoarthritis and reduced mobility
- Fertility or pregnancy-related problems
- Increased risk of some cancers

Prevention

Overweight cannot always be prevented. Genetics, illness, medicines, pregnancy, disability, finances, working conditions, and the local food environment can all affect weight.

Where prevention is possible, it usually involves long-term routines rather than a short diet. Regular meals, adequate sleep, enjoyable movement, and access to filling, nutritious food may help limit gradual weight gain. Monitoring weight or waist size can be useful for some people, but it may be unhelpful if it causes distress or disordered eating.

Medicines linked to weight gain should be reviewed when appropriate, but they should not be stopped without medical advice.

For children, prevention should support healthy growth rather than pursue adult weight-loss targets. Family-wide routines, regular meals, active play, enough sleep, and avoiding shame or teasing are generally more appropriate than singling out a child.

Living with it and what to expect

Weight often changes over months and years. It may increase during periods of stress, illness, reduced activity, pregnancy, menopause, or treatment with certain medicines. Ageing can reduce muscle mass and change where fat is stored.

After weight loss, the body may respond with greater hunger and lower energy use. This can make weight regain common and does not mean that you have failed. Ongoing support and routines may be needed to maintain changes.

Some health markers can improve even with modest, sustained weight loss. Better nutrition, more activity, improved sleep, and treatment of blood pressure or diabetes can also reduce risk without a major change on the scale.

Routine follow-up may include checking weight or waist size, blood pressure, blood sugar, cholesterol, liver health, sleep symptoms, and how treatment affects your daily life. The frequency should reflect your health risks and the treatment being used.

Most people with overweight continue normal work, relationships, travel, and family life. The long-term focus is usually maintaining health and function rather than reaching one "ideal" weight.

When to get medical help

Arrange a routine appointment if you are concerned about your weight, want support with weight management, or have symptoms of a related condition. It is also reasonable to seek help if weight concerns are affecting your mood, eating, mobility, sleep, or willingness to attend healthcare.

Seek prompt medical advice for:

Overweight itself is not an emergency. Call emergency services for chest pressure or pain, severe difficulty breathing, fainting, or signs of stroke such as sudden facial drooping, arm weakness, or trouble speaking. These symptoms need emergency care whatever your weight.

- Rapid or unexplained weight gain
- New swelling in your legs or abdomen
- Loud snoring with choking, gasping, or severe daytime sleepiness
- Excessive thirst, frequent urination, or unexplained blurred vision
- Recurrent binge eating, vomiting, fasting, or misuse of laxatives
- Weight changes after starting a medicine

Common questions

Am I unhealthy if my BMI says I am overweight?

Not necessarily. BMI estimates weight in relation to height, but it does not measure fitness, diet, blood pressure, blood sugar, muscle, or body fat directly. It is most useful when considered with waist size, medical history, tests, and daily function.

How much weight do I need to lose?

There is no single target that suits everyone. Your goals may involve improving blood pressure, sleep, mobility, or blood sugar rather than reaching a particular BMI. Preventing further gain can also be a meaningful goal.

Can I be overweight and physically fit?

Yes. People in the overweight range can have good heart fitness, strength, and normal test results. Regular activity benefits health at any weight. However, fitness does not remove every risk linked to excess body fat, so routine health checks may still matter.

Why am I gaining weight when I have not changed what I eat?

Possible reasons include reduced activity, sleep disruption, ageing, stress, fluid retention, hormonal changes, or medicines. Small changes in intake or energy use can also add up over time. Rapid or unexplained gain should be assessed.

Are weight-loss medicines an option if I am overweight?

Sometimes. They may be considered when overweight is accompanied by a weight-related health problem and when other eligibility requirements are met. Each medicine has different benefits, risks, and monitoring needs.

Should I put my child on a diet if they are overweight?

Not without professional guidance. Children need enough energy and nutrients to grow. Assessment should consider their age, growth pattern, development, and family health. Support usually focuses on healthy family routines rather than blame or strict dieting.

Sources

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