

Obesity in people with disability: The implications for health care expenditures

Sir,

Obesity is a major cause of morbidity and mortality and is associated with high medical expenditures.^[1] Lack of healthy eating habits and lack of regular physical activity are common factors associated with obesity in people with disabilities.^[2] This might be due to a lack of healthy food choices, difficulty with chewing or swallowing food, or taste or texture of food, medication that can contribute to weight gain and changes in appetite, pain, physical limitation, or lack of energy. Obesity can result in significant societal and personal costs.^[2] Today, the relationship between obesity, disability, and health care expenditures is strengthening [Figure 1] and studies have shown that obesity among people with disabilities can reduce opportunities, certain types of community participation such as employment and leisure.^[3,4] Children and adults with mobility limitations and intellectual or learning disabilities are at the greatest risk for obesity. Compared with 15% of children of the same ages without special health-care needs, 20% of children 10-17 years of age are obese.^[5]

Studies indicate that obesity expenditures is higher for people with disabilities compared to people without disabilities, due to mobility limitation, additional monitoring needed, and medical care.^[6] In the United States, annual health care costs of obesity related to disability have been estimated to be approximately \$44 billion.^[7] Andersen *et al.* found that average additional expenditures for obesity among people with disabilities

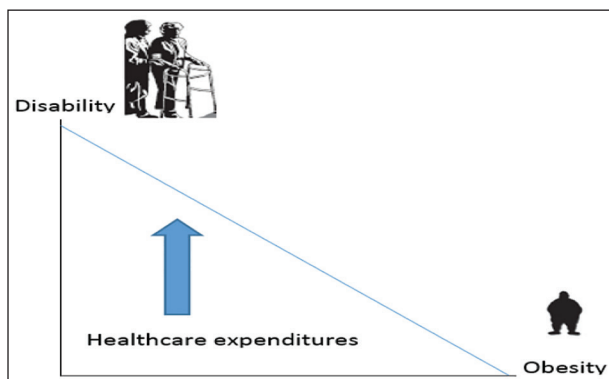


Figure 1: Relationship between disability, obesity, and health care expenditures

were \$2,459 compared to an average additional \$889 for obese people without disabilities.^[8] Additionally, in 2007, the UK's Office for Science Foresight Program 22 reported that the obesity will add £5.5 billion in medical costs to the National Health Service by 2050.^[9]

Unfortunately, there is only one study about obesity in people with disabilities. Yaghubi *et al.*, found that more than half of the samples ($n = 83$) were obese and overweight.^[10] As health care researchers and providers, we should play a leading role in the researches and prevention of obesity among persons with disabilities in Iran. People with disabilities face different problems, and obesity is just one of them. The economic burden of obesity is considerable and health policymakers should pay more attention to this in Iran. The government needs to lead obesity prevention, but so far, few have shown leadership. A comprehensive approach will be needed to address the problem. Different interventions should be applied to change long-term behavioral and dietary habits. Furthermore, people with severe disabilities need more standard technologies and tools for eating foods and for this their needs should be assessed scientifically and correctly.

CONCLUSION

Obesity and its health care costs are increasing in countries of high, middle, and low income. Thus, effective policies and strategies should be developed to reduce the prevalence of obesity.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: www.jmsjournal.net
	DOI: 10.4103/1735-1995.179895

How to cite this article: Moradi F, Sarabandi A, Soltani S. Obesity in people with disability: The implications for health care expenditures. J Res Med Sci 2016;21:26.