

Study finds obesity as top cause of preventable life-years lost

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A team of researchers from Cleveland Clinic and New York University School of Medicine have found that obesity resulted in as much as 47 percent more life-years lost than tobacco, and tobacco caused similar life-

years lost as high blood pressure.

Preliminary work presented by Cleveland Clinic today at the 2017 Society of General Internal Medicine Annual Meeting analyzed the contribution of modifiable behavioral risk factors to causes-of-death in the U.S. [population](#), using 2014 data.

Based on this preliminary work, the team found the greatest number of preventable life-years lost were due to (in order from greatest to least) [obesity](#), diabetes, [tobacco](#) use, [high blood pressure](#) and high cholesterol. However, researchers also noted that some individuals may have needs that are very different than those of the broader U.S. population. For an obese and alcoholic patient, for example, alcohol use may be more important to address than obesity, even though obesity has a greater impact on the population.

Results highlight the clinical and public health achievement of smoking cessation efforts because 15 years ago, tobacco would have topped the list.

"Modifiable [behavioral risk factors](#) pose a substantial mortality burden in the U.S.," said Glen Taksler, Ph.D., [internal medicine](#) researcher from Cleveland Clinic and lead author of the study. "These preliminary results continue to highlight the importance of weight loss, diabetes management and healthy eating in the U.S. population."

A key takeaway is that three (diabetes, hypertension and high cholesterol) of the top five causes of death can be treated, so helping patients understand treatment options and approaches can have a powerful impact on life-years. The results also highlight the importance of preventive care in clinical practice and why it should be a priority for physicians.

To estimate the number of life-years lost to each modifiable risk factor, researchers examined the change in mortality for a series of hypothetical U.S. populations that each eliminated a single risk factor. They compared the results with the change in life-years lost for an "optimal" population that eliminated all modifiable risk factors. Recognizing that some less common factors might place substantial burden on small population subgroups, they also estimated life expectancy gained in individuals with each modifiable risk factor.

"The reality is, while we may know the proximate cause of a patient's death, for example, breast cancer or heart attack, we don't always know the contributing factor(s), such as tobacco use, obesity, alcohol and family history. For each major cause of death, we identified a root cause to understand whether there was a way a person could have lived longer."

Dr. Taksler and colleagues are continuing to conduct research in this area, and analyze and refine results.

More information: Research was presented at The Society of General Internal Medicine 2017 Annual Meeting, "Resilience and Grit: Pursuing Organizational Change & Preventing Burnout in GIM" April 19-22, 2017 in Washington, DC at the Washington Hilton Hotel (1919 Connecticut Avenue, NW Washington, DC 20009).

Provided by Cleveland Clinic

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