

Healthy lifestyle does not entirely offset risks for obesity, study finds

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Adherence to a healthy lifestyle is associated with a lower risk for a wide

range of obesity-related diseases, but this association was modest in adults with obesity, according to a study published online May 26 in *JAMA Network Open*.

Nathalie Rassy, Ph.D., from Hôpital Européen Georges Pompidou in Paris, and colleagues examined the association between healthy lifestyle factors and the incidence of major obesity-related diseases in adults with obesity versus those with normal weight. The analysis included 438,583 U.K. Biobank participants (aged 40 to 73 years) with no major obesity-attributable disease at baseline, followed for 12.8 years. Healthy lifestyle factors included not smoking, exercising regularly, no or [moderate alcohol consumption](#), and eating a [healthy diet](#).

The researchers found that compared with adults with obesity and no healthy lifestyle factors, individuals with obesity who met all four healthy lifestyle factors had a lower risk for hypertension (hazard ratio [HR], 0.84), [ischemic heart disease](#) (HR, 0.72), arrhythmias (HR, 0.71), [heart failure](#) (HR, 0.65), arteriosclerosis (HR, 0.19), kidney failure (HR, 0.73), gout (HR, 0.51), sleep disorders (HR, 0.68), and mood disorders (HR, 0.66). The lowest risks were associated with the following lifestyle profiles: a healthy diet and physical activity and never smoking. Adults with obesity had a higher risk for several outcomes, irrespective of the lifestyle score, with adjusted HRs ranging from 1.41 for arrhythmias to 7.16 for diabetes for adults with obesity and four healthy lifestyle factors compared with adults with normal weight.

"The findings suggest that although a [healthy lifestyle](#) seems to be beneficial, it does not entirely offset the health risks associated with obesity," the authors write.

More information: Nathalie Rassy et al, Association of Healthy Lifestyle Factors and Obesity-Related Diseases in Adults in the UK, *JAMA Network Open* (2023). [DOI](#):

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