Claiming exercise does not solve the obesity crisis is ‘reductionism’ at its worst

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While the editorial listed above contains a number of statements we regard as misleading at best and just plain false at worst, we are also concerned that the authors have potential conflicts of interest, especially around their comments on carbohydrates. However, in this letter we wish to concentrate our reply around the suggestion made by Malholtra et al (2015) that physical activity has little effect on weight loss or obesity.

The root cause of the obesity pandemic is likely multi-dimensional in nature, including increased caloric intake, decreased caloric expenditure, as well as a myriad of socio-cultural determinants. Malholtra et al however, suggest in their editorial that there has been little change in physical activity levels (energy expenditure) in the western population over the last 30 years, and that obesity is solely due to changes in caloric consumption. Such statements ignore a substantial amount of research indicating a reduction in occupational, household and active transport energy expenditure in contemporary societies. Such a drop in physical activity (or more precisely, increased sedentariness) without a subsequent reduction in caloric intake will almost certainly result in in a positive energy balance. Indeed, when modeled, the reduction in occupational energy expenditure over the past 50 years accurately predicts the average increase in body weight in US men and women.

We do not disagree with the statement made by Malholtra et al that a large number of people who are shown to have a normal BMI have metabolic abnormalities typically associated with obesity, however such statements ignore the fact that BMI is not actually measuring ‘fatness’. There is an imperfect association between BMI and body fatness, particularly when lean muscle mass is altered, i.e., as occurs with certain forms of exercise. Moreover, the continued focus on obesity may be obscuring the bigger picture, i.e., cardio-metabolic complications. That is, obesity is a risk factor for cardio-metabolic diseases, not a guarantee. Strong evidence has emerged to suggest that people who are ‘fat’ can still have low cardio-metabolic risk if they are ‘fit’. Such associations indicate just how complex the relationship between fatness and health can be, and how myopic Malholtra and associates’ arguments are.

We do not believe that the general public or the scientific community consider that obesity is entirely due to a lack of physical activity, as suggested in the Malholtra et al editorial. Most health departments in western countries promote a healthy diet in conjunction with regular exercise for maintenance of body weight and good health. Physical activity is actually good for you, something we think Malholtra et al are missing the point on. Regular physical activity, quite apart from its effects on maintaining weight loss, also decreases the risk of cardiovascular disease and diabetes, some cancers, and osteoporosis. Just as important, regular physical activity improves self-esteem, self-confidence, and enhances overall psychological wellbeing.
LETTER

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