



# communicating Food for Health

## Does Being Overweight Decrease the Risk of Dying?

By James J. Kenney, PhD,  
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Back in January 2013, the *Journal of the American Medical Association* published a seriously flawed study in which lead author Dr. Flegal and her associates at the Centers for Disease Control and Prevention (CDC) claimed that overweight people were actually less likely to die than normal weight people. They even claimed that those with stage 1 obesity (BMI of 30 to <35) were no more likely to die than normal weight people (1). Despite the serious flaws in the design and interpretation of this study's purported findings, for the most part the news media proclaimed that the results actually showed that being overweight appeared to reduce mortality and even stage 1 obesity was not associated with premature death compared to normal weight people. No doubt this study and the news media hype of the results were comforting for the ap-

proximately 70% of Americans who are overweight or obese. Certainly the association between BMI (and especially excess adiposity) and life expectancy can be helpful for estimating its public health impact, but this is true only if the impact of BMI is not distorted by the impact of smoking and other causes of ill health that cause weight loss, or even faster aging. It is also important that any statistical association between increased BMI and morbidity and mortality not be distorted by adjusting one's data for other causes of illness and death such as dyslipidemia, elevated blood pressure, and/or insulin resistance and type 2 diabetes. Why? Because it is known that those risk factors and many others are actually caused in part by weight gain and increasing BMI.

Critics of Dr. Flegal's study focused on some of the questionable methods she used in compiling statistics that

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September '16

*Professional Member Edition*

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*Despite the flaws in this study, for the most part the news media proclaimed that being overweight appeared to reduce mortality.*

distorted her results. For example, Dr. Flegal included people too thin to fit what most consider to be normal weight range (BMI 20 to 24.9). It is known that many people with a BMI under 20 were likely already somewhat emaciated by cancer, failing hearts, emphysema, senility, or another serious disease at the time their BMI was measured. She also included smokers, who tend to be thinner but who have a much greater risk of dying from heart disease, emphysema, and cancer than non-smokers. The statistical associations created by this study's inclusion of smokers and people with pre-existing illnesses was likely largely responsible for producing questionable association between being overweight and being at reduced risk of dying.

### **New Much Larger Meta-Analysis Refutes Flegal's Analysis**

The Global BMI Mortality Collaboration published data in *The Lancet* on July 13, 2016 (2). This group's meta-analysis of 239 prospective studies on four continents examined the association between BMI and mortality over an average of 13.7

years. They focused mainly on the results of 189 studies with nearly 4 million non-smoking subjects without chronic diseases at recruitment who survived 5 years, of whom 385,879 died. Unlike Dr. Flegal's study, this far larger and better designed meta-analysis reported all-cause-mortality was actually the lowest in normal weight subjects with a BMI of 20 to <25. The risk of death was significantly greater for people whose initial BMIs put them in the overweight (25 to 29.9) and obese (30 or greater) categories, compared with the normal weight subjects. They also found that the risk of being overweight was greater for men than women. This new study's data did show the risk of dying for those who were very thin (BMI<20) and especially underweight (BMI <18.5) was higher than for the normal weight nonsmokers.

Flegal defended her work by claiming she used standard categories for weight classes and made some statistical adjustments for smokers, but she included data in her meta-analysis from studies that defined "normal weight" of a BMI of less than 20. Dr.

Flegal adjusted her data by eliminating people who were clearly ill at the time their BMI was measured by eliminating those in hospitals and under hospice care. However, not all people who lose weight due to chronic illness are in hospitals or hospices as Dr. Flegal assumed. Far more are in nursing homes and free living and those "thin due to illness" subjects were included in her study. A far better way to statistically correct for illness that is causing poor appetite and weight loss and increasing mortality is to wait several years after BMI is measured to start looking for deaths. The Global BMI Mortality study waited 5 years but Dr. Flegal included all deaths in her analysis, including those that occurred shortly after the subjects' BMIs were recorded. While waiting 5 years after the BMI measurement to start looking at mortality probably eliminates much of the illness-caused weight loss due to ill health that likely lead to earlier deaths, it certainly does not eliminate all illness-related weight loss. Failure to

*(Continued at <https://foodandhealth.com/over-weight-decrease-risk-dying/>).*

## Taking On Athletic Challenges As An Adult:

By Lynn Grieger RDN, CDE, CPT, CWC

We hear about the health benefits of physical activity and exercise every day. With it, you can improve cardiovascular function, decrease blood pressure levels, decrease insulin resistance, reduce body fat, increase muscle mass and strengthen bones. The American College of Sports Medicine's position statement on exercise and the older adult asserts that the benefits of regular exercise contribute to a healthier, more independent lifestyle as we age. Adding exercise into your life gives you the opportunity to make new friends, challenge yourself, and enjoy new experiences.

So why are we still sitting on the couch?

Often we develop a case of the "toos":

- I'm too old to try a new type of physical activity.
- I'm too overweight to go to the gym or walk or run outdoors.
- I'm too busy with work, kids, family, volunteering, and/or social engagements.
- I'm too tired at the end of the day to get off the couch and I'm too tired to get up earlier in the morning.
- I'm too out-of-shape to do any type of physical activity.

We could go on and on and bury ourselves in all of the reasons why we can't challenge ourselves with physical activity.

Or we could stop listening to the excuses and embrace the positives, following the example of people like:

- Ernie Andrus, who was 90 years old when he started his

3-year goal to run across the United States, raising money to restore a WW II era naval landing ship. He'll be 93 years old when he finishes his trip this summer.

- Mirna Valerio, who was profiled in *Runner's World* magazine as an ultramarathoner and trailrunner who just happens to be 5'7" tall and weigh 250 pounds. She doesn't let her weight stop her from challenging herself and enjoying running.
- Ella Mae Colbert, who broke the world record for a 100-year-old woman in the 100-meter dash earlier this year. She fell on her first try, got up and started again.
- 72-year old Maggie, a member of my running group who stays after our 6am workout to do sprint intervals, finished her first half-marathon in...

(Continued at <https://foodandhealth.com/athletic-challenges-as-an-adult/>)

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