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Conclusions

Management of obesity: from scientific approaches to individual experiences

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The honour and duty have been conferred upon me to make an attempt — possibly as someone standing a little both outside the obesity research community and the community of the obese — to determine what conclusions might be drawn from this congress. I have to say that for me it has again provided a learning opportunity.

My first conclusion, without reserve, would be that the conference has succeeded admirably in its main aim: to bring together those two communities, the one doing research on obesity and the other living with it daily, and to bring them into dialogue and sometimes, necessarily, into confrontation. This has proved quite as fruitful as it should and may have increased comprehension on both sides.

One main priority emerging from this encounter will be to ensure that existing scientific knowledge about the condition of obesity is better disseminated. I know that for a long time Miep Bekkers, the moving spirit of this meeting, who as a journalist attended many of the conferences on obesity research, has seen it as her special mission to bring the results of such research to the knowledge of the obese public, especially to those who suffer — often quietly and in hiding — and who do not come out and seek support.

Many feel that the most important problem facing the obese is, as formulated by Professor Stunkard during the Conference, that of removing the stigma from fatness. This may become easier as research progresses, research on those conditions which may predispose some individuals to put down fat more easily than others. I believe we all will watch our poor little friend, the sick and fat yellow experimental mouse, with great interest, as it helps us to probe the secrets of the many — possibly genetically determined — avenues which may lead to excess fat storage. Rather than providing the obese with an easy excuse

this may give them the necessary courage, where they need it, to take up the battle against their condition, much in the same way as the genetically predisposed hypertensives and hypercholesterolaemics may have to wage a battle against theirs. We have been made to understand clearly that obesity is not a simple condition, but one that is precipitated by many causes and which may have many outcomes; what is pathological in one person might not be in another.

Our knowledge not only of the biological determinants but also of the social and psychological conditions predisposing for obesity will be important, and it has probably not been possible to give them the attention they warrant in the course of a single meeting. We do indeed need a better understanding of issues such as addictive behaviour and the environment in which it is fostered.

Better understanding will also help professional groups such as my own, the nutritionists, to accept and try to assist the obese with their problems. In the past we have been prone to dismiss the obese as notorious under-reporters of their true energy intake — which they indeed are, but not because of weakness of character or because they are innate liars, but for reasons beyond their control.

Other professional groups working in the health care system — including psychologists — also need to be informed about the new understanding of the determinants of obesity, to make them better practitioners of health care in general.

Simultaneously, we see that rather than reconciling themselves with mere acceptance of fatness, the obese will on their side demand more respect and understanding of their condition from the public in general but especially, and most vitally, from the professionals whose medical advice they are forced, from time to time, to seek, and whose sometimes condescending attitude is in this day and age entirely unacceptable.

We have to improve our methods for maintenance of weight loss. We have been given some indication of why dietary therapy often fails and how it could be improved.

Realistic, non-moralistic expectations on the part of the patients and therapists alike of the results of treatment of obesity seem to be important. This may mean that people should be content with a weight loss sufficient to relieve pathological symptoms and signs, or the threat to their future health, but with a persistent weight level with which they can live, though it may not be "normal" in the strictest sense. A more relaxed attitude to therapy in general might even make for better overall results.

Unfortunately, it seems as if the group most in need of assistance to prevent and treat obesity, namely middle-aged men, is difficult to reach. Or is it merely so that too little effort has so far been made to reach them?

Finally, but maybe most important, the Antwerp Congress may have inspired the emergence in Europe of something which might be termed a community of the obese, a self-confident group of those individuals who in the past have sometimes been ostracized or ridiculed and who have often had difficulty in getting together in any significant way to further their common interest. An international interest group of the obese — just as we have interest groups of many types of patient — is long overdue, and at this congress, support groups of and for the obese have begun to network among themselves. Finding in this forum that they share experiences, values and problems, they have resolved to continue to support one another beyond national borders, and hopefully they will gain strength in the process.

For strength is indeed needed by obese people, to battle against the walls of intolerance, arrogance and injustice that surround them — especially, I might say, when they are women.

The Congress has gone a long way towards providing that strength. For that, I am certain, we would all like to thank the organizers for all that they have done. There is much remaining to be done, but it has been a great beginning.