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Editorial

Overweight and Obesity; a profound medical and societal crisis

The rising global prevalence of overweight and obesity represents one of the most significant public health challenges of the 21st century. It is a dual epidemic, manifesting not only as a medical pathology demanding clinical expertise but also as a societal crisis rooted in environmental, economic, and cultural determinants. The medical community need to address this challenge with a fundamental shift in perspective, moving beyond individual behavioural approach to a more comprehensive, multi-systems approach.

In this issue of *GMJ,* Kommalage *et al.,* survey and examine the prevalence of overweight and obesity in medical students while looking at their family history of relevant co-morbidities. Wijayasiri and Rushdi report on the use of the CPET (cardiopulmonary exercise test) to assess a problem related to overweight / obesity.

From a *medical perspective*, overweight [body mass index (BMI) > 25 kg/m^2] and obesity [BMI > 30 kg/m^2] are chronic, relapsing conditions with profound results. They do not merely cause a cosmetic concern; but also form the basis of a vast spectrum of non-communicable diseases. It is a major risk factor for type 2 diabetes mellitus, hypertension, dyslipidemia, coronary heart disease, stroke, certain cancers (*e.g.* colorectal, breast, endometrial), non-alcoholic fatty liver disease (NAFLD), and osteoarthritis.

The traditional focus has been solely based on "*eat less, move more"* doctrine, which often fails to address the underlying pathophysiology, which

includes complex interactions of genetics, hormones (*e.g.* leptin, ghrelin), gut microbiome, and neurobiological pathways. Recent advancements in pharmacological agents and metabolic surgery underscore the need to treat obesity as a disease with physiological measures, requiring chronic, intensive intervention and sophisticated, personalised medical strategies. All must advocate for clinical guidelines that reflect this complexity.

From a *societal perspective,* roots of the epidemic extend deep into the foundation of modern society. Socioeconomic factors are critical, with food insecurity, lack of access to affordable nutritious food, and limited safe spaces for physical activity disproportionately affecting low-income populations and marginalised communities. This is a reflection of health inequality.

The prevalent societal issue of weight bias and stigma is so very damaging. It is aggravated by the myth of purely individual responsibility. This stigma is pervasive in the media, workplaces, and regrettably, even in healthcare settings. Stigma leads to psychological distress, delayed seeking of medical care, and contributes to mental health conditions like depression and anxiety.

For healthcare providers, the fight against internalized bias is a professional and ethical necessity. Patient care must be delivered with empathy, non-judgment, and a recognition of the diverse, systemic barriers that individuals face.

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