



Overview and Summary: Obesity on the Rise: What Can Nurses Do?

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If you queried American healthcare professionals to ascertain the most pressing health issues of our time, you will hear resounding agreement and concern about the obesity epidemic. Obesity has been described by many, including the United States (U.S.) Surgeon General, as one of the top healthcare priorities in the US. This assessment is not surprising, given that approximately two-thirds of adult Americans are overweight or obese, and this percentage continues to grow annually. Overweight and obesity cut across gender and age, and all racial and ethnic backgrounds. Obesity contributes to an individual's health status by increasing the risk of stroke, diabetes, coronary heart disease, and cancer. The emotional and psychological burden of obesity can be severe, with many of those afflicted suffering from body image issues, shame, and isolation. Economic costs, estimated at greater than \$117 billion per year in the US, continue to rise from the additive effect of overweight and obesity on the health of the population as well as on the health of patient care providers who may injure themselves while mobilizing obese patients.

Although the obesity epidemic is receiving increased press and attention, we have not formulated a consistent, integrated, and aggressive approach to reverse the trend, especially with our youth. Lifestyle changes can be challenging; incorporating a healthy diet and exercise is frequently viewed as expensive, time consuming, and difficult in our fast-paced society. There has been little successful action to integrate more exercise into school curricula and work environments, decrease television watching and video game playing, decrease the amount of processed food and sugar-sweetened beverages consumed, and improve awareness about lifestyle choices. American youth are given mixed messages. On one hand, the media present the idealized female form with a less than normal body mass index; yet on the other hand, the media continue to promote high-fat and high-caloric food and drink along with activities that promote a sedentary lifestyle. Bargain conscious Americans are getting a lot more than we've bargained for: our super-sized portions are abundant, but we are paying a dear price for this value.

Nurses can take action to become more informed about obesity and to position themselves as role models and educators for their families, communities, and patients. The focus of this issue of OJIN is overweight and obesity; five articles are presented that offer the reader a comprehensive overview of the topic and issues relevant to nursing.

In providing a synopsis of the obesity epidemic, [Camden](#) defines obesity and addresses its persistence in our culture. She explains the concept of body mass index and how it is measured and details the anthropological background and genetic predisposition of obesity in various cultures. She describes the physical and psychological consequences of obesity on the health status of the individual. Offering an overview of nursing practice for the obese patient, Camden uses the goals of providing safe patient care and preventing caregiver injury as overarching guiding principles. She addresses best nursing practices and provides practical information for patient care on a variety of topics, including appropriate skin and wound care, attention to ventilation, assessment of vital signs, drug absorption, mobilizing, and transferring obese patients in a manner that is safe for both the patient and the nurse.

The pediatric obesity epidemic has become increasingly alarming, with about 17% of American children under 18 years of age, already being overweight or obese. Because this places children at greater risk for health problems and makes them more likely to be obese adults, nurses must act and advocate on behalf of their pediatric patients. In addition to describing the prevalence of childhood obesity and its risks, [Berkowitz and Borchard](#) examine it from societal, racial, ethnic, family, and environmental perspectives. Detailing the factors that contribute to childhood obesity, Berkowitz and Borchard complete a thorough review of the literature ranging from maternal nutrition knowledge and feeding practices, along with food and beverage marketing, to racial and ethnic populations, parental pressuring of children to eat, consumption of available food, food insecurity, and sustaining healthy behaviors. They encourage nurses to be advocates and offer them a detailed range of actions that can be taken with children, families, and communities to promote a healthier lifestyle for children. Calling for nurses to become active in policy, with the goal of changing the community, Berkowitz and Borchard suggest practical measures that can be taken in neighborhoods to develop programs that prevent or minimize childhood obesity.

To fully understanding how obesity affects the individual, we must also address the special challenges of the older adult with obesity, especially as it relates to chronic illness. [Newman](#) reviews obesity in older adults and recognizes how it accentuates chronic diseases and illnesses in individuals over 50 years of age. As the aging population continues to grow, so does the percentage of obese older adults as well as the number of chronic conditions and diseases associated with obesity. Newman examines

the nonfatal consequences of obesity in older adults, such as respiratory difficulties, chronic musculoskeletal problems, and skin issues, as well as those classified as life threatening consequences, including cardiovascular disease, type 2 diabetes, certain types of cancers, and gallbladder disease. Newman recommends specific interventions, guides, and tools nurses can use with older obese adults, and promotes strategies that will modify lifestyles while remaining mindful of preserving muscle and bone mass and avoiding musculoskeletal injuries.

In addition to dietary and physical activity modifications, surgical intervention can be a safe and effective means to achieve sustained weight loss for obese patients. [Kaser and Kukla](#) provide an overview of bariatric surgery, including guidelines to determine appropriate candidacy, a description of the preoperative evaluation, and explanations of the various surgical procedure options and postoperative care and complications. Like other major abdominal surgical procedures, bariatric surgery is accompanied by the risk of hemorrhage, surgical site infection, sepsis, atelectasis, and pulmonary embolism. Kaser and Kukla detail the specific risks and complications of bariatric surgery, particularly anastomotic leak, pulmonary embolism, wound dehiscence or infection, and rhabdomyolysis. These complications typically occur while the patient is still hospitalized following the surgical procedure. Kaser and Kukla also describe the complications that may occur post discharge, specific to the type of surgical procedure performed. In addition, they outline proactive nursing care to address pain management, wound and skin care, venous thromboembolism prophylaxis, pulmonary issues, and psychosocial and emotional support. While a thorough assessment is required preoperatively and vigilant nursing care is required postoperatively, bariatric surgery is an excellent tool that offers an alternative for sustainable weight loss, if accompanied with lifestyle changes.

When working with surgical and non-surgical patients with obesity, nurses must be aware of, and facilities must have a clear strategy for a safe patient handling program. [Muir and Archer-Heese](#) explore the challenges related to mobility, bathing and hygiene, skin and wound care, toileting, repositioning in bed, and assisting out of bed. Best practices for safe patient handling are described; and Muir and Archer-Heese review the guidelines and algorithms produced by the U.S. Department of Veterans Affairs, a leading agency in the safe mobilization of larger individuals. Muir and Archer-Heese identify the space and environmental considerations required for bariatric patients and suggest specific equipment to augment safe handling. Explaining skin conditions that are prevalent in the bariatric population, Muir and Archer-Heese encourage nurses to take action to prevent damaging the skin during patient handling and activities. As caregiver staff in all types of settings have the potential to care for bariatric patients, Muir and Archer-Heese recommend that all nurses receive hands-on training that maximizes safety and respect.

The authors of this issue of OJIN all recognize that overweight and obesity are caused by behaviors and genetics. They assert that what people eat and their level of physical activity will contribute to overweight and obesity. Factors that influence dietary and activity behaviors include the individual's personal characteristics, living environment, cultural attitudes and values, and financial status. The authors explore these complexities and the challenges they present for patients and healthcare providers. In addition, the authors agree that genetics and heredity play a large role in determining how susceptible an individual is in becoming overweight or obese. Genes influence how an individual's body stores fat and burns calories for energy. Behaviors and genetics of individuals, families, and communities relate to overweight and obesity; they are topics nurses should fully understand and embrace to improve the health status of their patients. The authors have presented their articles in ways that seek to maximize the ability of nurses to assist their patients through education, sensitivity, and knowledge for best practices in attaining a healthier life style. These suggestions apply to patients across the continuum of care, whether in clinics and outpatient settings, schools and communities, or inpatient areas, as well as to researchers and policy makers.

Most importantly, the authors of this issue recognize the ability of nurses to be agents of change in our collective areas of practice. They call for nurses to advocate for the improved health of our patients and communities by focusing on the overweight and obesity epidemic. Attempts to control this epidemic do not hold much promise if we continue to have scattered and isolated programs and policies that address the issues. We must take a more comprehensive approach, one that is based in evidence and tailored to large segments of our society, to build core education and activities into school curricula and work environments that proactively address overweight and obesity. We must actively participate in the creation of policy and funding decisions that will support a comprehensive plan on both the national and local levels. Our immediate and aggressive actions as nurses are more than just necessary – they will play a critical role in replacing the obesity epidemic with a trend toward wellness. The journal editors invite you to share your response to this OJIN topic addressing Obesity either by writing a Letter to the Editor or by submitting a manuscript which will further the discussion of this topic which has been initiated by these introductory articles.

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