OBESITY

OBESITY—Cost Studies

POB1

OBESITY AND THE RISK OF UPPER RESPIRATORY TRACT INFECTIONS

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OBJECTIVES: High Body Mass Index (BMI) and obesity, prevalent throughout industrialised societies, are known to be associated with many co-morbidities. A possible increase in upper respiratory tract infections (URTI) associated with higher BMI was investigated in this study. METHODS: Cohort study using prospectively recorded patient data within the Full Feature General Practice Research Database (GPRD) which represents approximately 5% of UK population. Study subjects were categorised according to their baseline BMI into five exposure groups: I 18.5–24.9; II 25.0–29.9; III 30.0–34.9; IV 35.0–39.9 and V 40.0 and above. BMI records of 50.0 and over were discarded. Patients were followed from January 1, 1998 until December 31, 2002. Study outcomes were either Ear Nose and Throat (ENT) infections, or Respiratory Tract Infections (RTI). Statistical analysis: For each outcome group, crude incidence rates and incidence rate ratios (IRR) by BMI category were estimated. Poison regression analysis was used to make adjustments for age, gender, asthma, COPD, diabetes, smoking status, GP consultations and sleep apnoea. RESULTS: A total of 244,479 patients were eligible for the cohort. The adjusted IRR for ENT infections and URTI respectively was for BMI group II, 1.13 (1.11, 1.15) and 1.10 (1.08, 1.12), for BMI group III, 1.18 (1.15, 1.21) and 1.21 (1.17, 1.24) BMI group IV, 1.23 (1.17, 1.28) and 1.33 (1.27, 1.39) and for BMI group V 1.29 (1.20, 1.38) and 1.42 (1.32, 1.53). These findings were consistent after stratification by the number of GP consultations in 1997. CONCLUSIONS: This study provides evidence that there is an association between increasing BMI and ENT and upper respiratory tract infection. This association should be taken into consideration in the evaluation of the burden of obesity.

POB2

SOCIAL COST OF OVERWEIGHT AND OBESITY: SPESA STUDY

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OBJECTIVE: In Italy, the most recent report for the National Institute of Statistics (ISTAT) indicate that 1/3 of Italians are overweight an 1/10 obese, making the problem less dramatic than in the UK, Germany or USA. The objectives of this prospective naturalistic study were to describe direct and indirect costs attributable to the management of overweight and obesity and to identify factors associated with costs of management of subjects with overweight and obese. METHODS: The study included subjects between 18–65 years old with a body mass index greater than 25 (BMI, defined as weight in kilograms divided by the square of height in meters). Our estimates of the direct Health Care costs for the Italian National Health Service (I-Nhs) refer to 399 subjects enrolled at 52 centers and show a significant increase in total and I-Nhs monthly costs with increasing BMI. RESULTS: The increase in the average total monthly costs between overweight (82€), mild (189€), moderate (197€) and severe (233€) obese subjects was borderline significant (P = 0.051, Kruskall Wallis test). The increase in the average