

What is the major public health problem: the morbid obesity or bariatric surgery coordinated for health system single? (Part I)

Qual o maior problema de saúde pública: a obesidade mórbida ou a cirurgia bariátrica no Sistema Único de Saúde? (Parte I)

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Today we are witnessing a real pandemic of overweight, morbidly obese (MO) and metabolic syndrome. According to the World Health Organization (WHO), the prevalence of overweight patients is 1.9 billion, and of obese ones, 600 million¹. Currently, MO is the second factor of preventable death in Brazil, surpassed only by smoking. The way of life of our contemporary world certainly has a big share of the blame. We cannot, however, fail to reflect on the health policies and the current model of public management assistance created to reference centers for the treatment of MO in the country. We note that policies and guidelines are much more focused on solving this problem through bureaucratic measures, inefficient and difficult to perform in practice, rather than developing effective preventive and care actions that render the treatment of obesity feasible. We do not underestimate the scale of the problem, which is undoubtedly a major challenge for managers and specialists of our country public health, nor is our intention to point the way to “win” this battle, but we believe that, as doctors, is our duty and commitment to analyze some important mechanisms currently in the system for the comprehensive care of the morbidly obese patient.

According to VIGITEL (Risk and Protective Factors for Chronic Diseases Surveillance Through Telephone), for the first time in Brazil more than half of the population over 18 has a diagnosis of overweight (51%)². Should nothing be done, there are going to be, in 2030, amazing three billion morbidly obese in the world.

Let us stop and think, we are discussing a poorly controlled epidemic, of significant number, which does not distinguish race, economic status, gender, age, ethnicity or level of education. It affects everyone gradually, without mercy, chronically, deleteriously, overwhelmingly and, to make matters worse, there is a complex understanding of the health-disease process. Further compounding the disaster framework, treatment of MO requires qualified staff, adapted infrastructure, high cost and the recognition as an urgent public health matter. The issue is the complexity

involved in the situation of being obese. The lack of adequate information, prejudice, stigma – individual, social and cultural barriers – are undoubtedly the first aspect to face; often the obese patient is seen in a distorted way by the whole society. The population, the media and even some healthcare components do not see the morbidly obese as a sick person, but as a sedentary, gluttonous and undisciplined individual. The result often is a refusal to host these patients in the public hospital. Other barriers add up, this time structural and physical. On the day-to-day of public service, it is common to find the following limiting situations to the attention that an obese patient requires: overcrowded clinics, emergencies and image sectors; lack of adequate facilities; inefficient reference and counter reference; lack of adequate staff; lack of knowledge about the disease; prejudice on the patients’ condition; and ineffective management priorities.

It is interesting to note at this time how the contemporary world we live in is paradoxical, especially Brazil. We exhaustively watched the employment of government policies of “Zero Hunger” while our population reaches record statistics of overweight and obesity in recent years. We live in a culture of sculptural perfection – a body worshipping era – idealizing the perfect “contours”, searching for numerous aesthetic resources, without worrying about the “base” of this iceberg: the metabolic syndrome.

Have not we reached the time to be concerned about the obesity health-disease process?

REFERENCES

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