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LETTER TO THE EDITOR

Weight and cardiometabolic health: new perspectives

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We read the letter by Caleyachetty *et al*.[1] with interest, and are gratified that they agree with us regarding the misguided nature of the Equal Employment Opportunity Commission's (EEOC) proposed ruling. However, we would like to address their assertion that the metabolic health of higher-body mass index (BMI) individuals will inevitably decline with time. Evidence in support of this position is still equivocal. For example, Guo and Garvey[2] found that the metabolic status of higher-BMI individuals remained relatively stable over an average follow-up time of 18.7 years. Even when a decline in metabolic health is observed among higher-BMI individuals, it remains unclear if this is a function of adiposity *per se*. Instead, it is quite plausible that any longitudinal decline in health simply reflects the cumulative effects of weight stigma. Indeed, Meunnig[3] was one of the first scholars to suggest that 'obesity-associated stigma produces obesity-associated medical conditions,' a notion supported by contemporary models of weight stigma and health.[4,5]

We also question the contention that weight loss should remain the primary goal for risk reduction. This position is divorced from both the (a) efficacy and (b) ill effects of a weight-centric approach to public health. Weight loss remains an unsustainable goal for many higher-BMI individuals and is not reliably associated with improvements in health.[6] Those who laud the benefits of weight loss often tout the Diabetes Prevention Program (DPP). However, when this literature is considered on the whole, DPP is the exception rather than the rule. In fact, our meta-analysis showed that the amount of weight lost on diets was unrelated to clinical markers of health such as blood pressure, cholesterol, triglycerides and fasting blood glucose.[6]

This laser focus on weight loss can also backfire. The goal of most weight-loss programs is a 5–10% reduction in body weight, but, as the classic study by Foster *et al*.[7] shows, individuals *want* to lose 32% of their initial weight. Moreover, participants in this study failed to even reach a weight that they considered to be 'disappointing and not successful in any way.'[7] In other words, individuals are not satisfied with their bodies given the modest weight reduction seen in weight-loss trials.[8] This is important as Muennig *et al*.[9] have shown that the 'difference between actual and desired body weight was a stronger predictor than was body mass index (BMI) of mental and physical health.' Similarly, body dissatisfaction is an independent risk factor for the development of Type 2 diabetes.[10]

In sum, although we are in accord with Caleyachetty *et al*.[1] regarding the proposed EEOC rules, we disagree on the inevitability of cardiometabolic decline and the prioritization of weight loss among higher-BMI individuals. Still, we suspect that our underlying positions are not so far apart. As Muennig[3] previously stated, '...there is a need for new research and policy paradigms that emphasize fitness and healthy eating habits alongside social acceptance of heavier members of society.' We could not agree more.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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