Response letter – Companion and Veterinary Record.

Dear Editor

We thank Dr Burns for his perspective on a Companion article¹ highlighting the recent BSAVA position statement on obesity in dogs and cats (available at: https://www.bsava.com/Resources/Veterinary-resources/Position-statements/Obesity). This statement was produced by members of the BSAVA's Scientific Committee and agreed by BSAVA's Council and Board. As well as formally recognising obesity in cats and dogs as a disease, the intention was to encourage veterinary professionals to be proactive in its prevention, treatment and monitoring. Such a position is consistent with the recent recommendation of the Global Pet Obesity Initiative, now endorsed by 25 veterinary associations and allied organisations.²

As Dr Burns highlighted, the Companion article did discuss the impact of genetics on obesity in both humans and pets, but the intention was not to infer that it was the only cause. Rather, evidence that genetic factors are important contradicts arguments that obesity is simply the result of poor lifestyle choices. Advocating simple solutions (such as owner control of food intake or just switching to a different diet) as the only intervention necessary for effective obesity prevention misunderstands the complexity of this multifactorial disease. Further, such arguments, inadvertently or otherwise, assign blame to the individual and are an example of weight stigma, a bias prevalent in society including amongst health care professionals.³ The topic of weight stigma is covered in detail in the Companion article¹ and will not be reiterated, other than to highlight the adverse effects that it has on the health of people with obesity.³ Although weight stigma in the veterinary healthcare field has not yet been researched in detail, there is indirect evidence of its existence. Therefore, the final recommendation of the BSAVA Obesity Position Statement was to "...encourage veterinary surgeons to hold supportive, non-judgemental conversations with owners of pets who have obesity." Despite the difference of opinion over the causes of obesity, we hope that Dr Burns is supportive of such an approach.

Dr Burns also discussed two recent studies of childhood obesity; the first, not yet published, described a mathematical model to identify children at risk of developing obesity, whilst the second was an observational study that identified a recent decrease in the prevalence of childhood obesity in the city of Leeds.⁵ However, since neither study actually tested any interventions to prevent childhood obesity, they cannot be used as evidence of efficacy. The authors of the second study did discuss the use of a parental support programme called HENRY but, since this is a national programme, it is unlikely to be the only explanation for the improvements seen in Leeds. That said, we support the aim of focusing on obesity prevention, a point also highlighted in the recent BSAVA position statement.

Whilst opinions on the various causes and solutions for obesity differ, we hope that the veterinary profession will be willing to support the BSAVA position statement and continue the conversation.

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For and on behalf of the BSAVA Scientific Committee.

Conflicts of interest

IKR does not currently receive any research grants or other financial support from suppliers of pet food within the UK or any direct income from the sale of pet food

AJG is an employee of the University of Liverpool, but his post is financially supported by Royal Canin. The same company also funds much of AJG's research work in comparative obesity biology. Further, he has received financial remuneration and gifts from various sources (including Royal Canin, Hills Petcare, Mars Petcare, Nestle-Purina, Zoetis, Pet Food Manufacturers' Association, the Raw Feeding Veterinary Society, and the Small Animal Medicine Society) for providing educational material, speaking at conferences, and consultancy work in topics related to obesity.

References

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