

We should classify pet obesity as a disease

MANY veterinary organisations, including WSAVA and BSAVA, have recognised canine and feline obesity as a disease,¹ and the BSAVA also published a position statement covering definition, prevention, treatment, and monitoring of obesity.² The scientific rationale has been explained elsewhere.^{1,2} Here, we address arguments made against classifying obesity as a disease³ and consider opportunities the current interest in obesity brings.

One argument against a disease classification is that obesity is a **normal physiological response to excess energy intake**. A wealth of research contradicts this, instead demonstrating a pattern of progression typical of a chronic disease process. Whilst the initial adipose tissue expansion might be 'physiological', continued expansion initiates pathological processes, such as hypoxia developing within the expanded adipose tissue, provoking abnormal release of adipokines. This, in conjunction with fat deposition in other organs, triggers dysregulation of metabolic, hormonal and inflammatory processes, leading to adverse health consequences (eg, functional impairment, comorbidities, shortened lifespan and poor quality of life). A switch from physiological to pathological processes is also seen in other diseases (eg, abnormal triggering of normal immune mechanisms in hypersensitivity diseases, such as atopic dermatitis).

Another concern is that recognising obesity as a disease **could lead to reduced insurance cover for affected animals**. However, this doesn't happen for other diseases; insurance companies do not discriminate against dogs with dental disease or owners that don't clean their dog's teeth. A formal disease classification might actually improve cover for obesity and comorbidities because insurance companies would not be able to exclude claims on grounds of 'irresponsible pet ownership'. Indeed, many contend that classifying human obesity as a disease has improved insurance cover for affected individuals. People also worry that insurance premiums will increase to cover the additional costs of obesity, if classified as a disease. However, it might instead incentivise companies to offer discounted insurance to pet owners who engage in obesity prevention, as for some human health insurance policies. Such an approach could reduce the cost of insurance claims, while improving the quality of life of the animals involved.

It is further argued that a disease classification **could limit veterinary nurse involvement**, given that diagnosing disease is considered an act of 'veterinary surgery', according to the Veterinary Surgeons Act (1966). However, this can readily be addressed by practices adopting a team approach to obesity care: vets making the formal diagnosis (including verifying body condition scores of nurses) and treating comorbidities; nurses overseeing weight management regimens and counselling owners. This works well for other diseases, eg, dental disease, where nurses can inspect a dog's mouth and decide that it needs to see a vet, as well as carry out routine dental hygiene work under the direction of a vet. Further, a greater focus on obesity prevention (discussed below) can actually expand the role of nurses, rather than limit it.

A final concern is that classifying obesity as a disease **could lead to owner abdication of responsibility**. However, although the same argument is made against classifying human

obesity as a disease, there is no convincing evidence that this actually occurs. Furthermore, such concerns are not raised for other veterinary diseases where owner responsibility is important. Few owners clean their pet's teeth, yet nobody suggests that this is because we refer to 'dental disease'. Likewise, no one has ever argued that classifying parvovirus enteritis as a disease makes owners less inclined to vaccinate their pets.

It is plausible that owners might abdicate responsibility if made aware of risk factors beyond their control (eg, genetics). However, it would be wrong for veterinary professionals to withhold established scientific evidence in the hope of improving owner compliance. Also, focusing unduly on 'owner factors' can inadvertently assign blame to owners. Evidence from human healthcare suggests stigmatisation can negatively impact obesity care outcomes. Conversely, by emphasising the complexity of what causes obesity, veterinary professionals can introduce the topic in a less confrontational manner, and this is more likely to gain owner trust, increasing the chances that they will be receptive to weight management advice.

The current debate is important because, whatever their perspective on defining pet obesity as a disease, most veterinary professionals agree more needs to be done to address it. Consensus is emerging for focusing more on obesity prevention. For example, the BSAVA position statement¹ recommends establishing a regular bodyweight monitoring programme, starting during in early life (using growth standards), and continuing at least annually during adulthood. Recording an animal's bodyweight and condition score annually would enable owners to maintain their own records. Such simple steps would facilitate the early identification of at-risk animals and enable corrective measures to be implemented before obesity develops.

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References

1. <https://www.bsava.com/Resources/Veterinary-resources/Position-statements/Obesity>
2. <https://petobesityprevention.org/about/#GPOI>

Further references available on request.