Obesity, Addiction, and all Mental Health Disorders are Chronic Medical Diseases.

Policy Statement and Goals

The recognition of obesity as a disease was in theory established in 1948 by the (World Health Organization (WHO) taking on the International Classification of Diseases but the early highlighting of the potential public health problem was considered irrelevant and ignored by the medical profession until the 1980's and 1990's. The American Medical Association (AMA) formally recognized Obesity as a disease in 2013. In 1956 the AMA declared alcoholism an illness, and in 1987 the AMA and other medical organizations officially termed addiction a disease.

The Obesity Medicine Association defines obesity as "a chronic, relapsing, multifactorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences."

The American Society of Addiction Medicine states "Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences."

The World Health Organization states "A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in key areas of functioning."

Obesity, addiction, and all mental health disorders are chronic diseases related to the function of our brain just as coronary artery disease, diabetes and arthritis are related to our cardiac, endocrine, and musculoskeletal systems, respectively. It has been 10 years since obesity, and more than 35 years since addiction was first recognized by the AMA as chronic medical diseases. Much work has been done to establish parity between payment for and access to mental health, but we

continue to struggle with access to physicians who treat these conditions and access to medications and therapies approved for treatment of these diseases.

Public and private payers should cover evidence-based treatment for these disorders. Governmental and philanthropic institutions should accelerate research funding for prevention and treatment. Policies, both public and private, should mitigate socioeconomic and clinical risk factors leading to the development of these disorders. Education and training of medical students and physicians should have a more dedicated focus on the causes, opportunities for prevention, and varied treatments for these disorders, which are stigmatized and disproportionately affect the most vulnerable and least empowered populations in Arkansas and across the nation.

Goals:

1. Bring attention to the need for recognition, prevention and treatment of these chronic medical diseases.
2. Education of the public and medical professionals, expanding the opportunities for prevention and treatment of these conditions.
3. Advocate for changes in our public and government policies, payment structure and our entire health care structure to address this public health crisis.

Next steps:

1. Bring together experts in the treatment of these conditions to better define the gaps and opportunities.
2. Engage with our public health colleagues and sister medical societies to gain broader support in this effort.
3. Develop a strategy to disseminate this information to the public, the medical community, third-party payers and government leaders and policy makers.