

## Obesity

### Summary of Methods and Data for Estimate of Costs of Illness

1. Estimated Total Economic Cost	\$ 99.2 billion
Estimated Direct Cost	\$ 51.64 billion
Estimated Indirect Cost	\$ 47.56 billion
Reference Year	1995
IC Providing the Estimate	NIDDK
Direct Costs Include: Other related nonhealth costs	No
Indirect Costs Include:	
Mortality costs	Yes
Morbidity costs: Lost workdays of the patient	Yes
Morbidity costs: Reduced productivity of the patient	No
Lost earnings of unpaid care givers	No
Other related nonhealth costs	No
Interest Rate Used to Discount Out-Year Costs	NA
2. Category code(s) from the International Classification of Diseases, 9th Revision, Clinical Modification, (ICD-9-CM) for all diseases whose costs are included in this estimate: <u>278.0.</u>	
3. Estimate Includes Costs:	
Of related conditions beyond primary, strictly coded ICD-9-CM category	Yes
Attributable to the subject disease as a secondary diagnosis	No
Of conditions for which this disease is an underlying cause	Yes
4. Population Base for Cost Estimate (Total U.S. pop or other)	Total U.S. pop.
5. Annual (prevalence model) or Lifetime (incidence model) Cost:	Annual
6. Perspective of Cost Estimate (Total society, Federal budget, or Other)	Total Society
7. Approach to Estimation of Indirect Costs	Human Capital

8. Source of Cost Estimate:

Wolf, AM and Colditz, G.A., "Current Estimates of the Economic Cost of Obesity in the U.S. *Obesity Research* 1998; 6(2):97-106.

9. Other Indicators of Burden of Disease:

Prevalence of obesity in America is now estimated at 33.4% of the U.S. adult population or 58 million Americans.

10. Commentary:

This Wolf and Colditz study of cost-of-illness due to obesity is an update from 1990 to 1995. Because the previous prevalence estimate of obesity in America was taken as 34 million U.S. adults, and the new one is taken as 58 million, the calculated economic costs attributable to obesity have increased substantially.

The data in both of the Wolf/Colditz studies are based on the costs attributable to obesity from

type 2 diabetes, cardiovascular disease (coronary heart disease, hypertension), gallbladder disease, cancer (breast, endometrium, colon), and osteoarthritis. Population-attributable risk percents were estimated from large prospective studies. In addition, indirect costs (excess physician visits, work-lost days, restricted activity, and bed-days attributable to obesity) were derived from the large nationally-representative National Health Interview Survey (NHIS) database. Direct costs include personal health care, hospital care, physician services, allied health services, and medications.