**Physician heal thyself**

Sir,

Having read with interest the research article by Ordinioha,[1] we feel the need to share some of our observations. The paper presents an interesting scenario of hypertension in a select Nigerian population, with prevalence of hypertension in the lower end of national ranges, awareness of blood pressure status exceeding published levels even in Organization for Economic Co-operation and Development countries and with drug/non-drug interventions (chiefly exercise) on board.

The paper however raises concern about the prevalence of overweight and obesity in the study population - over 80% put together! If the “gloomy (hypertension) statistics” are a “call for urgent action,” as the author highlighted,[1] we daresay that the extremely high prevalence of overweight and obesity reported in the study population calls for very urgent action!

Obesity has been described as “one of the largest epidemics in the history of mankind,” and also as “one of the largest public health emergencies of our time.”[2] The World Health Organization reports the highest prevalence of overweight and obesity worldwide in the Americas, with the United States of America taking the lead. The reported prevalence of obesity in the sample of medical school lecturers/clinicians at the University of Port Harcourt and University of Port Harcourt Teaching Hospital mirrors the prevalence of obesity in most states in the United States of America in 2011, where all states had obesity prevalence exceeding 20%.[1]

Exactly when the study by Ordinioha was undertaken was not stated, but it would apparently be about the same time as the 2011 data cited for America, going by the published date of acceptance of the paper. Against this background, and the methodological details provided in the paper, we wonder about the “good health-seeking behavior of the subjects…”[1] Reported in the discussion section of the article.

The author further mentioned the need for Nigerian doctors to be role models, beginning with the medical schools in which they teach.[1] Given the reported prevalence of obesity in this population of lecturers/doctors, would this expressed role-modeling need be easily addressed?

Compared to overweight or obese physicians, normal-weight physicians were significantly more likely to discuss weight loss with their obese patients, according to a study among 500 primary care physicians, undertaken by researchers at the Johns Hopkins Bloomberg School of Public Health.[4]

A recent, highly accessed review article in this journal focused on obesity,[5] highlighting the interplay between diet and physical activity as factors in “exogenous obesity.”[1] The authors of that article also emphasized the association of obesity with other non-communicable diseases, including (but not limited to) atherosclerosis, cardiovascular diseases, certain cancers, diabetes mellitus, gout, hypertension and osteoarthritis.[5] Obesity is also associated with limitations in activities of daily living,[2] the risk of premature mortality increases steeply in obese persons.[2,5]

In discussing the survey findings, Ordinioha implicated affluence and the resultant dietary choices among medical teaching/consultant staff as possible underpinning factors in the extremely high prevalence of overweight and obesity.[1] According to the author, there is “need to properly educate the general public to take action against the escalating obesity epidemic…”[1] This assertion calls to mind the popular saying: “Physician heal thyself!”

Akoria Obahi Aituaje, Arhuidese Isibor James

Department of Geriatrics and Palliative Care, Mount Sinai Hospital/ICAHN School of Medicine, New York, Johns Hopkins Bloomberg School of Public Health, Baltimore, United States of America

Address for correspondence: Dr. Akoria Obahi Aituaje, Department of Geriatrics and Palliative Care, Mount Sinai Hospital/ICAHN School of Medicine, New York, United States of America. E-mail: obakoria@yahoo.com

References


Access this article online

Quick Response Code:

Website: www.njcponline.com

DOI: 10.4103/1119-3077.116876

PMID: ******