

RESOLUTION

Subject: Alternatives to Body Mass Index for Assessing Long-Term Risks of Obesity

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Referred to: Reference Committee

WHEREAS, in 2021, Kentucky was ranked as the 8th state most impacted by obesity and greater than 34% of Kentuckians are considered obese (BMI > 30)¹; and

WHEREAS, there are considerable health risks associated with high Body Mass Index (BMI) and obesity, leading to increased risk for cardiovascular disease, diabetes, cancer mortality, lower quality of life, osteoarthritis, autoimmune diseases, and increased associated costs due to healthcare spending, workplace absenteeism, and disability^{2,3}; and

WHEREAS, BMI is defined as weight divided by height squared, and is a standardized tool that is widely used to group people into “underweight”, “healthy”, “overweight”, or “obese” categories, which is then often extrapolated to try and assess a person’s risk of various diseases or health outcomes⁴; and

WHEREAS, BMI is commonly used in population surveys and primary healthcare screenings because only height and weight is required, but there are limitations when determining the risk of chronic disease and does not directly measure the body’s composition of fat^{2,5}; and

WHEREAS, Pearson’s correlation has demonstrated that BMI, along with either waist circumference or waist-stature ratio, was significantly highly correlated with total percentage of body fat, greater than any metric alone⁵; and

WHEREAS, body fat percentage and waist circumference have been shown to be more statistically significant in predicting mortality than BMI in young adults, as body fat percentage had an adjusted 15-year all-cause mortality hazard ratio of 1.78 (95% CI 1.28-2.47) and waist circumference had an adjusted hazard ratio of 4.01 (95% CI 1.94-8.27), while BMI had no significant relationship with 15-year all-cause mortality⁶; and

WHEREAS, considering the historical harms of BMI, the American Medical Association (AMA) has recognized the limitations of BMI and suggests that BMI be used in conjunction with other measures, such as visceral fat, body composition, waist circumference, and genetic/metabolic factors⁷; now, therefore, be it

RESOLVED, that KMA advocate for the education of physicians on the limitations of Body Mass Index (BMI) alone and support AMA’s suggestion to standardize the use of other metrics to determine body composition along with BMI in clinical practice to better understand the long-term risk factors at the individual level due to obesity.

References:

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