Editorial

Health economics and weight management: evidence and cost

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Increasingly, evidence-based medicine (EBM)[1] and, now, *evidence-based nutrition (EBN),*[2-5,6] are informing practitioners and budget-holders about the way we tackle health problems in the public health and clinical arenas. So far, the focus has been largely on those fields of endeavour where there has been personal altruism, which have provided attractive professional careers, or where there has been sufficient public concern to mobilise the political system. Good examples are cardiovascular disease and cancer.

Obesity, and other weight or *body compositional disorders*, have struggled for recognition within the health care system and budget, even though they now appear in the *international classification of disease* (ICD10).[7] Often, individual sufferers are left to sort out management opportunities in an unregulated and mischievous private sector, with programmes of dubious effectiveness and with unsatisfactory contracts. This state of affairs began to change, *in the hospital sector*, with "Case-Mix" funding and DRGs (Diagnostic Related Groups)[8-10] where obesity management could be funded as a co-morbidity. In the *community and commercial weight management sector*, Australia introduced a voluntary Code of Practice regime (Weight Management Council Australia www.weightcouncil.org) in the early 1990s[11], which worked with ACCC (The Australian Competition and Consumer Commission) to enable legitimate and ethical weight management programmes to be distinguished from unreliable and unscrupulous ones. By and large these initiatives appear to have had a useful impact. The German Government system of evaluation of the value of community interventions, ZOPP (Ziel Orientierte Projekt Planung), has much to offer in the work required to monitor and evaluate these initiatives[12] and more can be done here. There are also opportunities to spread these initiatives, particularly the Weight Management Council Australia approach beyond Australian shores, in the Asia-Pacific Region and elsewhere.

Once the *commercial weight management sector* has credibility and is amenable to public and regulatory authority scrutiny (a representative of all Ministries of Consumer Affairs and/or Fair Trading in Australian jurisdictions regularly participates in Board meetings of the Weight Management Council Australia), it can be regarded as part of the primary health care system and provide a vast resource to deal with an escalating public health problem. For this to happen, however, Ministries of Health, and relevant health care practitioner organisations (for GPs, general medical practitioners; dietitians; pharmacists; nurses; physical educationists; and more) need to establish partnerships with the commercial sector. The "Weight Management Council Australia" believes this moment has arrived and become an imperative. The papers in this special issue of the Asia Pacific Journal of Clinical Nutrition on the "Health Economics of Weight Management" lend support to this position, not only with the current state of evidence of various management programmes,[13-22] but also because of the enormous costs to individuals, the community and the health care system of failing to do so.[23]

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愈來愈多實證營養學鞏固食物、活動及健康政策。儘管還不是很明顯，但是從二十世紀後期，身體組成失調及體重管理就已經開始走上這條路。有更多更好的測量問題及評估結果的方法▪生。消費者要從肆無忌憚的服務供應者得到更多的保護，也就是從業規範。政策制訂者想用金錢衡量。「體重管理的衛生經濟學」報告反映了多重部門的問題的本質及解決的方法。