

Commentary

Underweight in adults: Time for ethnic-specific criteria?

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Dear Editor,

The classification for underweight adults, defined as a body mass index (BMI; $<18.5 \text{ kg/m}^2$) by the World Health Organization (WHO), has been consistent globally with respect to populations. Although the WHO has recognized that body composition and health risks differ according to ethnicity by offering adjusted BMI cut-offs for overweight and obesity ($23\text{--}24.9 \text{ kg/m}^2$ for overweight and $\geq 25 \text{ kg/m}^2$ for obesity) in Asian-populations,¹ the underweight threshold has strangely not been modified. Because there is evidence of unique physiological and metabolic profiles of Asian populations the applicability of this uniformity to Asian populations remains as an important question.

The modified overweight and obesity standards have been influenced by research showing that Asians often have a larger percentage of body fat at a given BMI than their Western counterparts. Nevertheless, the underweight group has not been given any comparable implications. Although research indicates that Asians who are low weight can be at various health risks compared to other ethnic people with the same BMI, yet it is a matter. For example, Asian individuals who are underweight can be susceptible to the lack of sarcopenia which can spoil health issues related to low body mass index.²

In addition, a single global low weight cut-offs affect clinical practices and public health initiatives. In countries like India, where malnutrition is still an important issue, an analogue approach that considers local diet trends, socio-economic inequalities, and health results can be helpful for low weight classification. Due to abortion, the prevalence of malnutrition can be underestimated, which can affect the allocation of resources and the design of interventions.

We recommend that WHO should rethink the BMI cut-off with the same level of overweight and obese classification, using data of large, population-specific studies by reducing this gap which is in line with the goals of global health equity, by ensuring that BMI categories accurately reflect the diverse health profiles of other individuals. We encourage scholars and policy makers to cooperate to develop and synthesize strong evidence to support this necessary amendment.

AUTHOR DISCLOSURES

The authors declare no conflict of interest.

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