To the Editor:

We read with great interest the article entitled “Clinical Assessment and Management of Adult Obesity” by Kushner. As stated by the author, the utility of body mass index (BMI) for diagnosing obesity has been demonstrated in many population studies. It has the advantage that a subject’s height and weight are easy and inexpensive to measure. However, in spite of being widely used, BMI is only a surrogate measure of body fatness and does not provide an accurate measurement of body composition, which has also been recognized by the author. In this sense, we believe that it is of great clinical value to obtain an accurate idea of the body fat percentage (BF) of patients. This is important because the cardiometabolic risk of some patients may be underestimated or even ignored when using BMI, because it cannot always properly discriminate the risk of chronic disease at the individual level. In this sense, our group has recently shown that the determination of BF represents a useful tool for better characterizing individuals who are truly at cardiometabolic risk as a result of excess body fat in spite of exhibiting a normal BMI, thereby identifying those in need of dietary or pharmacological interventions. The misclassification of obesity by using BMI is not trivial, because up to 29% and 80% of lean and overweight white subjects are actually obese according to real BF. This misclassification affects not only patients with an unusual body habitus, body builders or aged patients, as stated by the author, but also affects normal subjects as evidenced studying >6000 subjects. Our data indicate that a relevant number of at-risk patients with excess adiposity are being underdiagnosed and, therefore, opportunities for adequate treatment are being missed. Kushner also notices that accurate methods for assessing body composition are frequently expensive and not available for routine clinical application, and we agree with this observation. Therefore, given this limitation, we aimed to develop an equation for the estimation of BF that is more precise than BMI, taking into account the age and sex of a given individual in addition to weight and height. We have named this equation CUN-BAE, and its clinical usefulness has been recently validated. We suggest that methods for identifying overweight and obesity based on adiposity, such as body composition techniques (or when the possibility of measuring BF is not available, better estimators than BMI) for measuring/estimating BF, should be incorporated to the assessment algorithm to obtain a more realistic view of the potential cardiometabolic risk of a given patient.

Disclosures

None.

Javier Gómez-Ambrosi, PhD
Javier Salvador, MD, PhD
Gema Frühbeck, R Nutr, MD, PhD
CIBERobn Department of Endocrinology and Nutrition
Clínica Universidad de Navarra
Pamplona, Spain

References

Letter by Gómez-Ambrosi et al Regarding Article, "Clinical Assessment and Management of Adult Obesity"
Javier Gómez-Ambrosi, Javier Salvador and Gema Frühbeck

Circulation. 2013;128:e39
doi: 10.1161/CIRCULATIONAHA.112.001400

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/128/3/e39

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org//subscriptions/