**What Are the Implications of Childhood Obesity?**

Obesity can be a devastating problem from both an individual and a societal perspective. Obesity puts children at risk for a number of medical complications, including Type 2 diabetes, hypertension, sleep apnea, and orthopedic problems (Henry J. Kaiser Family Foundation, 2004, p. 1). Researchers Hoppin and Taveras (2004) have noted that obesity is often associated with psychological issues such as depression, anxiety, and binge eating (Table 4).

Obesity also poses serious problems for a society struggling to cope with rising health care costs. The cost of treating obesity currently totals $117 billion per year—a price, according to the surgeon general, “second only to the cost of [treating] tobacco use” (Carmona, 2004). And as the number of children who suffer from obesity grows, long-term costs will only increase.

**Is Medication Effective at Treating Childhood Obesity?**

The widening scope of the obesity problem has prompted medical professionals to rethink old conceptions of the disorder and its causes. As researchers Yanovski and Yanovski (2002) have explained, obesity was once considered “either a moral failing or evidence of underlying psychopathology”

(p. 592). But this view has shifted: Many medical professionals now consider obesity a biomedical rather than a moral condition, influenced by both genetic and environmental factors. Yanovski and Yanovski have further noted that the development of weight-loss medications in the early 1990s showed that “obesity should be treated in the same manner as any other chronic disease . . . through the long-term use of medication” (p. 592).

The search for the right long-term medication has been complicated. Many of the drugs authorized by the Food and Drug Administration (FDA) in the early 1990s proved to be a disappointment. Two of the medications—fenfluramine and dexfenfluramine—were withdrawn from the market because of severe side effects (Yanovski & Yanovski, 2002, p. 592),  and several others were classified by the Drug Enforcement Administration as having the “potential for abuse” (Hoppin & Taveras, 2004, Weight-Loss Drugs section, para. 6). Currently only two medications have been approved by the FDA for long- term treatment of obesity: sibutramine (marketed as Meridia) and orlistat (marketed as Xenical). This section compares studies on the effectiveness of each.