

Sung et al<sup>1</sup> reported their study in local children where percentage body fat (PBF) was measured by bioelectrical impedance. A new set of reference values for PBF in Chinese children and adolescents was provided. The study also compared different models of bioelectrical impedance analysis machines.

It is reassuring that the PBF of our local children was very similar to that reported in children from Beijing and Singapore. However, that 13% of local children were overweight and 3.7% were obese (using the International Obesity Task Force cut-offs of 25-30 kg/m<sup>2</sup> body mass index [BMI] for overweight and >30 kg/m<sup>2</sup> for obese) are quite shocking statistics. Although the figures suggest that our children compare quite favourably with those in the West, the scope of problem should not be underestimated. Evidence nevertheless suggests that children who are overweight or obese are on the increase in Hong Kong.<sup>2</sup>

While different sectors of our society are debating on whether the Government should invest more proactively to combat childhood obesity in Hong Kong, our children are undoubtedly growing bigger and bigger. The financial impact on society due to immediate health care costs is only one of the factors to consider<sup>3</sup>; employment issues also figure substantially as a societal cost, when obese children grow up and become obese adults. For example, obese patients may have various physical disabilities and medical conditions precluding them from certain jobs. Moreover, for various reasons many patients seeking advice at bariatric clinic are not working. Currently available data generated from the local population make a strong case for Government to plan and execute interventions to protect our children.

This issue of the HKMJ also included Wong et al's<sup>4</sup> report on their experience with bariatric surgery at the Prince of Wales Hospital. Contrary to the views of some skeptics that it is associated with exceedingly high risks (particularly if it is laparoscopic), their reported mortality was zero and the morbidity rate was 11%. Such figures are comparable to experience from centres in the western world. Although this group is probably the most experienced locally, they had performed only 94 bariatric procedures over 5 years.

Some may regard bariatric surgery as procedures similar to cosmetic surgery and thus conclude that it should not be supported by public money or performed at all in public hospitals. However, if we study its clinical effectiveness in improving health, bariatric surgery may be one of the many forms of surgery that is highly cost-effective and beneficial to patients.

Notably, not only body weight is reduced after bariatric surgery. Other obesity-related co-morbidities (metabolic syndrome, hypertension, diabetes mellitus, and obstructive sleep apnoea) also showed significant improvement after such procedures, which findings are in agreement with large series from Sweden and the United States.<sup>5,6</sup> Current guidelines suggest that patients who have very high BMI values should contemplate bariatric surgery. However, its potential application for treating patients with less extreme BMIs who have metabolic diseases may well be yet another indication to consider, especially from the perspective of reducing long-term medication use in the future.

Unlike the North America and some European countries, bariatric surgery has a rather short history in Hong Kong. While the American Society for Metabolic and Bariatric Surgery ([www.asbs.org](http://www.asbs.org)) is to have its 26th annual meeting in June 2009, and endorses more than 300 facilities as centres of excellence, bariatric surgery is not a recognised subspecialty of the College of Surgeons of Hong Kong. Although citizens in this metropolitan city may not like to see a huge development in this surgical subspecialty, increasing waves of obese patients will inevitably present with all sorts of clinical problems.

It is common sense to prevent overweight or obesity by controlling one's diet and exercising. Yet it is sometimes difficult even for doctors to practise what they preach. Dear colleagues, have you managed to accomplish your own daily prescription of physical exercise?

**Paul BS Lai**, FRCS(Ed) (Gen), FHKAM (Surgery)  
E-mail: [paullai@surgery.cuhk.edu.hk](mailto:paullai@surgery.cuhk.edu.hk)  
Department of Surgery, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong

## References

1. Sung RY, So HK, Choi KC, Li AM, Yin J, Nelson EA. Body fat measured by bioelectrical impedance in Hong Kong Chinese children. *Hong Kong Med J* 2009;15:110-7.
2. So HK, Nelson EA, Li AM, et al. Secular changes in height, weight and body mass index in Hong Kong Children. *BMC Public Health* 2008;8:320.
3. McCormick B, Stone I; Corporate Analytical Team. Economic costs of obesity and the case for government intervention. *Obes Rev* 2007;8(Suppl 1):161S-164S.
4. Wong SK, Kong AP, Mui WL, et al. Laparoscopic bariatric surgery: a five-year review. *Hong Kong Med J* 2009;15:100-9.
5. Sjöström L, Narbro K, Sjöström CD, et al. Effects of bariatric surgery on mortality in Swedish obese subjects. *N Engl J Med* 2007;357:741-52.
6. Adams TD, Gress RE, Smith SC, et al. Long-term mortality after gastric bypass surgery. *N Engl J Med* 2007;357:753-61.