

January 2002

Overweight: A serious health condition?

by Presley Reed, M.D.

Is being overweight a serious health condition? The answer is that it can be. But does being overweight without other disabling symptoms or concomitant conditions provide employees with the basis for FMLA absence from work? In effect, could the extra 10 pounds I gained during recent holiday feasting get me some time off? Or, do I need to be morbidly obese to qualify for family medical leave? With approximately 50 percent of Americans being overweight or obese, this is an important health condition that individuals administering family medical leave need to better understand.

“Overweight” is a term most of us are familiar with. The differences between “overweight” and “obese” may be less clear. Following is descriptive information on obesity excerpted from the Fourth Edition of *The Medical Disability Advisor* (Reed, 2001) to provide background on the seriousness of this health condition, as well as possible complicating medical conditions.

Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements as the result of an excessive accumulation of fat in the body. Most commonly, obesity occurs when energy intake (calories) exceeds energy use. Obesity can also occur with disturbances in body hormones or as a result of certain genetic conditions. What causes the imbalance between energy intake and energy use remains unclear.

Simple obesity differs from morbid obesity. Morbidly obese individuals have a body weight that accelerates to two, three, or more times the ideal weight and includes the state reached when the degree of obesity begins to interfere with normal physiological functions such as breathing.

Obesity is associated with a number of complications detrimental to health and quality of life. These conditions may also be considered serious health conditions in and of themselves. Included are the individual's continued inability to lose weight, degenerative joint disease, diabetes, high blood pressure, arthritis, predisposition to cancer (type varies for men and women), gum disease, gallstones, reproductive and hormonal problems, lung diseases, stoppage of breathing during sleep (sleep apnea) and other sleep disorders, binge eating and other eating disorders, and emotional and social problems.

Treatment of obesity may be disabling to the employee. Very-low-calorie diets (VLCD) are associated with transient fatigue, hair loss, dizziness, and other symptoms. More serious adverse events associated with periods of severe caloric restriction include the development of gallstones and acute gallbladder disease. The risk for cardiac arrhythmias and death is eliminated with a supplementation diet of high-quality protein, minerals, and electrolytes.

Other disorders that could masquerade as obesity are hormonal disorders such as a deficiency in thyroid activity (hypothyroidism), Cushing's syndrome, and tumors of the adrenal or pituitary glands. Genetic disorders such as Down's syndrome, severe familial obesity, and severe familial high cholesterol (hyperlipidemia) may also have similar symptoms. These, too, may be considered serious health conditions that may be disabling.

Some obese individuals, especially those who are morbidly obese, may no longer be able to perform their duties efficiently since obesity tends to tire them out more easily. Weight-related conditions and diseases may also occur. Accommodations may include the possibility of a more sedentary position or one that incorporates limited exertion. On the other hand, a position that involves walking and moving around may also be beneficial since it engages the individual in exercise while working.

In most cases, morbid obesity may qualify an individual for FMLA leave (or another form of company leave) when the individual's symptomatology supports the statute's definition of a "serious health condition" or when the individual cannot perform the essential functions of the job. Even if the obesity itself does not qualify an employee for FMLA leave, the associated treatments may meet the requirements when they involve inpatient care or continuing treatment. But what about individuals who have an overweight problem, but are not morbidly obese?

Individuals who administer family medical leaves are asked to assess the seriousness of an employee's health condition on the basis of information provided by the employee's healthcare provider. The provider is sometimes challenged with trying to provide customer satisfaction (in this case, the provider's customer is the patient/employee) while bound by medical ethics to state the facts of the case, as illustrated in the following case study of an employee seeking intermittent family medical leave. This individual was not obese, but was overweight.

This individual submitted a request for short-term disability (that would run concurrent with family medical leave). Originally, the leave request was denied on the basis of the employee's failure to return the appropriate medical documentation within 15 days. She was informed of impending disciplinary action because of her AWOL status, and the forms were then returned. The completed disability form stated that her seven-day absence from work was due to a lipid disorder (primary) and menstrual disorder (secondary). The healthcare provider indicated that the employee would be intermittently disabled for two to three days monthly and noted that she took a specific prescription medication (prescribed for weight loss).

With this information in hand, the case manager contacted the provider to clarify why this employee might require two to three days off per month. The provider told the case manager that he had been specifically instructed by his patient not speak to him about her case.

Because the employee did not meet the requirements for leave approval (and because of the ambiguity of the case information provided), an appointment for a second medical opinion was scheduled. The employee was unable to make the appointment and also failed to show up for a subsequently scheduled appointment.

The employee's leave request was denied, and will continue to be denied until the medical specifics and documentation of her case support the designation of "serious health condition" and explain why she could not perform the essential functions of her job, necessitating intermittent family medical leave.

Tip: When assessing the seriousness of an employee's health condition, obtain medical opinions as necessary to ensure that all parties are treated fairly so that no one (including the employer) is disadvantaged.

Dr. Presley Reed is Chairman of Reed Group, an international firm that provides FMLA, absence, and disability management services to employers. Dr. Reed is also Editor-in-Chief of *The Medical Disability Advisor: Workplace Guidelines for Disability Duration* (MDA). The MDA guidelines are in active use by more than 10,000 multi-national employers, insurance carriers, and health care professionals across the US and in 22 other countries. Reed Group solutions include the MDA guidelines books and software, absence/FMLA management software, data analysis services, consulting, education/training, and full-service outsourced absence management services. Additional information about the firm can be found at www.rgl.net. You may also contact Dr. Reed at (800) 347-7443.
