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Kan overvektsepidemien skyldes røykeslutt?

Tromsundersøkelsen 1994-2016

Sameline Grimsgaard - Leder Tromsundersøkelsen, professor UiT



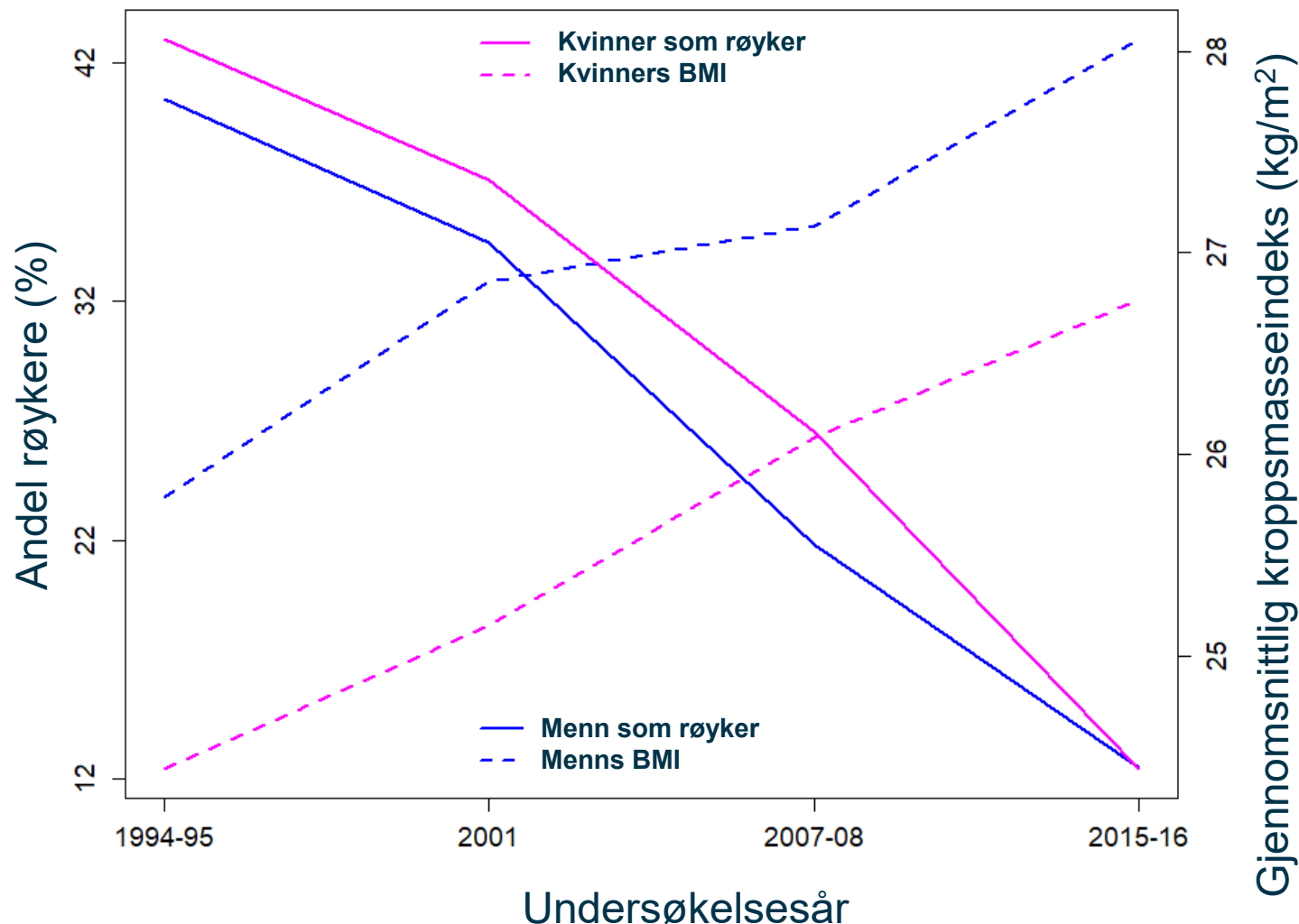
Gjentatte målinger i 49 år



Tromsøundersøkelsen	1974	1979-80	1986-87	1994-95	2001-02	2007-08	2015-16
Oppmøteprosent	74%	78%	75%	72%	79%	66%	65%
Antall deltakere	6595	16 221	21 826	27 158	8 130	12 982	21 083

Vi fant at

- 22% av Tromsøværingene sluttet å røyke mellom 1994-2016
- Kroppsmasseindeks økte hos alle, og mest i gruppen 25-34 år som sluttet å røyke. I gjennomsnitt økte vekta 12 kg (kvinner) og 13 kg (menn)
- Vekta økte mest de første 7-8 årene etter røykeslutt



Oppsummert

- Alle legger på seg, særlig yngre voksne
- De som slutter å røyke er mest utsatt for vektøkning, og mest like etter at de slutter å røyke

Betydning for praksis

- Vi må forebygge vektøkning, særlig ved røykeslutt
- Viktig kunnskap for helsemyndigheter, helsepersonell, folkehelsearbeidere og folk flest



Er du interessert i detaljer?

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Is the ongoing obesity epidemic partly explained by concurrent decline in cigarette smoking? Insights from a longitudinal population study. The Tromsø Study 1994–2016

Ola Løvsletten ^{a,*}, Inger Njølstad ^a, Tom Wilsgaard ^a, Laila A. Hopstock ^a, Bjarne K. Jacobsen ^{a,b}, Kaare H. Bønaa ^c, Anne Elise Eggen ^a, Maja-Lisa Løchen ^a



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Is the ongoing overweight/obesity epidemic partly explained by concurrent decline in cigarette smoking? The Tromsø Study 1994–2016

Inger Njølstad ¹, Kaare H Bønaa ^{1,2}, Anne Elise Eggen ¹, Anne-Sofie Furberg ¹, Sameline Grimsgaard ¹, Laila A. Hopstock ¹, Bjarne K. Jacobsen ¹, Ola Løvsletten ¹, Tom Wilsgaard ¹, Maja-Lisa Løchen ¹

¹Department of Community Medicine, UiT The Arctic University of Norway, Tromsø

²Norwegian University of Technology and Science, Trondheim

Background: The widespread increase in overweight and obesity in Norway coincides with a substantial cigarette smoking decline. Many ex-smokers report unwanted weight gain following smoking cessation. Can the population overweight/obesity epidemic be partly attributed to smoking cessation?

Methods: Data were collected from the Tromsø Study among 10,945 women and men aged 25–54 years who participated in the 1994–95 survey (attendance 72%) and then 22 years later (attendance 65%). We studied changes in mean body mass index (BMI, kg/m²) and weight in subgroups by self-reported cigarette smoking status, 10-year age groups and gender. We included subjects with smoking habits qualifying for the following sub-groups: Smoker (persistent daily smoker), Quitter (daily smoker in the first, but not in the second survey), Ex-smoker (non-smoker in both surveys who reported being a previous smoker), Never-smoker (non-smoker in both surveys who never smoked daily).

Results: Smoking prevalence decreased from 36% to 15% between 1994 and 2016. BMI increased in all subgroups ($p < 0.001$); higher in quitters than in persistent smokers and non-smokers. BMI increased more in women than in men, except among persistent smokers ($p = 0.06$). BMI increase was substantial among the youngest, exemplified by mean (SD) increase of 4.5 (3.6) BMI units in women and 4.2 (2.8) BMI units in men aged 25–34 years who quit smoking between surveys. This is equivalent to a weight gain of 12.2 (10.2) kilograms in women and 13.3 (9.2) kilograms in men.

Conclusions: Over 22 years, mean BMI increased considerably in men and women aged 25–54 years, regardless of smoking status. Weight gain was most prominent among quitters and the youngest. Public health interventions should be targeted at weight loss and weight maintenance, particularly among those who quit smoking.