value of these new definitions. We believe the important finding in our study is that the prevalence of childhood overweight or obesity, however defined, is increasing rapidly. Katzmarzyk points out that when using the method proposed by Cole and colleagues,[13] the magnitude of the problem may be smaller than we reported, but the rate of change of the problem may in fact be larger than we reported. Difficulties in establishing acceptable definitions for childhood overweight and obesity are not new.[14] The findings in Katzmarzyk's letter will facilitate future research in this area.

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[The commentator responds:]

Roland Auer and colleagues assert that when attempting to explain the current increase in the prevalence of obesity, "the exercise factor must pale when compared with the massive caloric intake we 'enjoy' in Canada." Excess energy intake is no doubt a contributing factor to the increasing girth of Canadian youth. However, to contend that the increasing prevalence of obesity is solely due to gluttony may oversimplify this complex problem.[1] For example, Prentice and Jebb reported that the prevalence of obesity doubled from 1980 to 1990 in Britain.[2] During this time, energy intake declined substantially; the implication is that levels of physical activity, and hence energy needs, declined even faster. Interestingly, these authors reported that the changing prevalence of obesity was tightly related to sedentariness, hours of television watched and the number of cars per household; they concluded that inactive lifestyles are at least as important as diet in causing obesity, and possibly represent the dominant factor.[2] Physical inactivity also may be a cue for eating in some children. My colleagues and I recently reported that US children who watch 5 or more hours of television per day consume 175 kcal/d more than those who watch at most 1 hour per day.[3]

Auer and colleagues also note that chronic caloric restriction has been demonstrated to increase longevity in other species. Translating findings in animal models to humans remains problematic. Most people have difficulty maintaining even a moderately restricted diet for any length of time.

Physicians must understand that obesity is caused by a complex interaction of genetics, diet, activity levels and behaviours. Long-term weight management will likely be achieved in overweight patients who learn to set realistic goals, change the behaviours that have led them to become overweight, increase their levels of physical activity and simultaneously engage in sound dietary practices.

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D is for drug addiction –and disability

The *CMAJ* editors deserve praise for their searing editorial on the Ontario government's plan to implement mandatory drug testing for welfare recipients.[1] The editorial states (sarcastically) that "Only those with a gift for illogic would question the extension of the drug testing program to people on disability assistance whose only disability is drug addiction." The Ontario government need not worry. Under the Ontario Disability Support Program Act, 1997, people are not recognized as having a disability if they are addicted and the only substantial reduction in activities of daily living is due to the use of the addictive substance. A diagnosis of a substance-related disorder by a medical practitioner does not constitute a "substantial mental or physical impairment" under the Act. According to the Ontario plan, the government