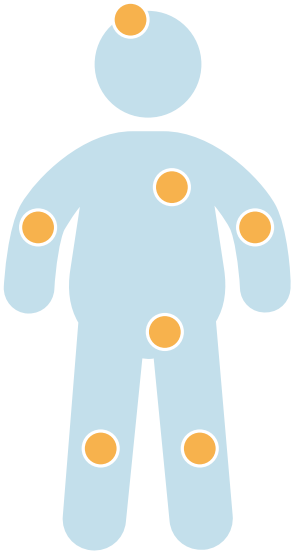
CLINICAL OBESITY

OPEN
Obesity Policy Engagement Network

Obesity is a serious and complex chronic disease with multiple causes, including genetic, physiological, environmental, behavioural and external factors, associated with increased risk of mortality and decreased life expectancy, which requires long-term management.[1,2,3,4,5,6,7,8]

COMPLICATIONS



200+ complications are associated with obesity including:

- Type 2 diabetes
- Heart or cardiovascular disease
- Cancer
- Arthritis
- Urinary incontinence
- Infertility
- Depression
- Anxiety[10]

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health.[9]

Despite this, healthcare systems focus on treating the **complications vs the cause**.

LIFESTYLE AND ENVIRONMENTAL FACTORS

70%-80% of BMI

is due to hereditary factors.[12]

The rise in obesity is exacerbated by factors such as:

- Increasing urbanization
- Easy availability / increased intake of cheap, energy-dense processed foods that are high in fat and sugar
- A decrease in physical activity levels due to the sedentary nature of work.[13]

- Approximately half the population in OECD countries consume an unhealthy diet; even fewer eat sufficient fruit and vegetables.[13]
- On average, half of waking hours are spent in sedentary activities.[13]

MEASUREMENT

BMI 40+

BMI 35-40

BMI 30-35

BMI 25-30

BMI 25 and below

Body mass index (BMI) – based on height and weight – is commonly used to assess if a person's weight is healthy.

- BMI 25 and below: healthy weight
- BMI 25-30: overweight
- BMI 30-35: obese class I
- BMI 35-40: obese class II
- BMI 40+: morbidly obese class III [11]

MANAGEMENT

Physiological responses to weight loss favor weight regain.[14,15]

Despite the multifaceted nature of obesity, strategies tend to focus on lifestyle interventions (diet and exercise) placing responsibility mostly on the individual.[16,17]

Weight loss objectives should be realistic, individualised and aimed at the long-term.[18]

People with obesity who have not been formally diagnosed have a lower chance of reporting weight loss success.[19]

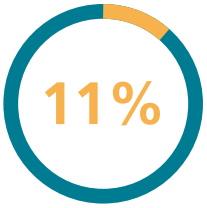
TREATMENT

- Only 24% of European primary care physicians (PCPs) refer patients with obesity to specialists due to lack of education and stigma. [20]
- Pharmacotherapy and/or bariatric surgery, when used in combination with diet and exercise can help patients achieve clinically relevant weight loss and prevent weight regain[21,22,23,24]
- Despite this, European PCPs report that medication as a treatment for obesity is available less widely than dietary advice, counselling for exercise and bariatric surgery.[20]

BARRIERS TO CLINICAL MANAGEMENT

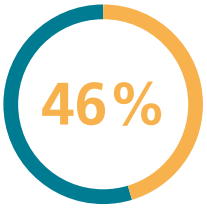
Barriers to clinical management include:

- Lack of disease understanding among healthcare professionals (HCPs)
- Poor patient-HCP communication, limited availability of treatment options, and insufficient reimbursement for obesity management.[25,26,27,28,29,30,31,32]



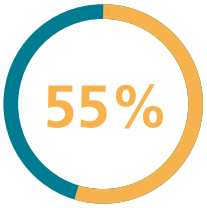
11% of PCPs

never follow up with patients to monitor their progress or only follow up if their patient raises it.[20]



46% of PCPs

say they only follow up occasionally.[20]



Only 55% of people with obesity

receive a diagnosis and access to the evidence-based behavioural, pharmacological and surgical interventions available.[19]

Obesity is a serious and complex chronic disease. Healthcare systems must employ a long-term, holistic approach to sustained weight management to effectively address obesity.[4,6,7,8]

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