CLINICAL OBESITY

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\(^{9}\)

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.\(^{13}\)
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

Physiological responses to weight loss favor weight regain.\textsuperscript{14,15}

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

Weight loss objectives should be realistic, individualised and aimed at the long-term.\textsuperscript{18}

People with obesity who have not been formally diagnosed have a lower chance of reporting weight loss success.\textsuperscript{19}

Only 24% of European primary care physicians (PCPs) refer patients with obesity to specialists due to lack of education and stigma.\textsuperscript{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\textsuperscript{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.\textsuperscript{20}

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.\textsuperscript{25,26,27,28,29,30,31,32}
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.1,4,6,7,8


Only 55% of people with obesity receive a diagnosis and access to the evidence-based behavioural, pharmacological and surgical interventions available.19

46% of PCPs say they only follow up occasionally.20

11% of PCPs never follow up with patients to monitor their progress or only follow up if their patient raises it.20