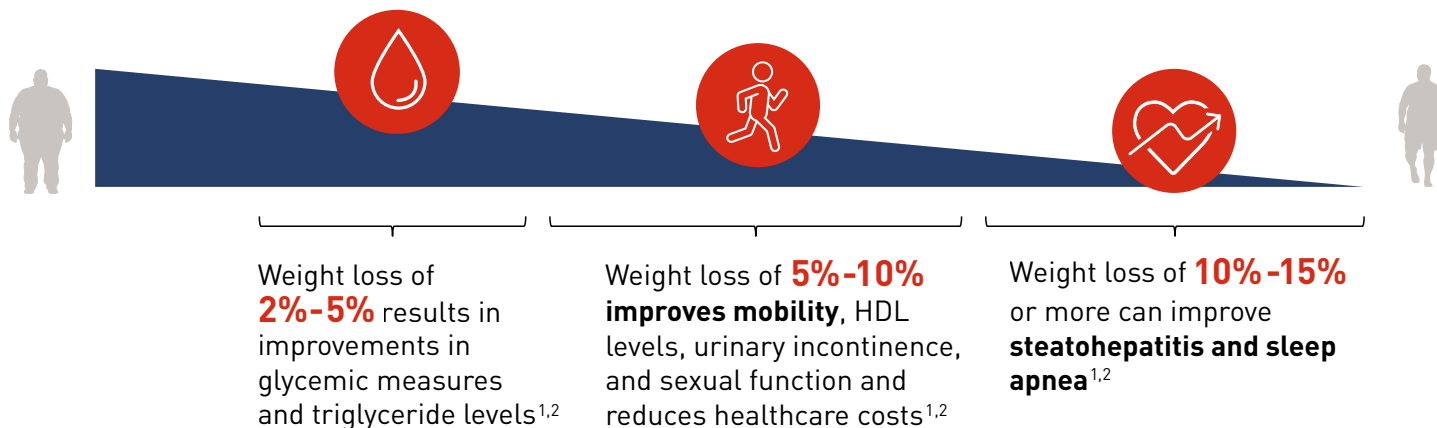


Why Is Obesity Diagnosis Important?

Diagnosis of Obesity May Lead to Improvements in Weight and Other Clinical Outcomes¹⁻⁴



Patients With Obesity May Benefit From a Collaborative Care Approach by an Interdisciplinary Care Team⁵

Patients treated with a **collaborative care** approach were more likely to see a **clinically significant weight loss** ($\geq 5\%$ from initial weight).⁵



An interdisciplinary obesity care team may include the following^{5,6}:

- Obesity medicine specialist
- Dietitian/nutritionist
- Psychologist/counselor
- Other specialists

Adiposity-Based Chronic Disease Is a Diagnostic Term That May Improve Patient Outcomes^{7,8}

Adiposity-based chronic disease is a diagnostic term proposed by the AACE/ACE that⁷:

- Identifies a chronic disease
- Alludes to the pathophysiologic basis of the disease
- Avoids the stigma and confusion associated with the term *obesity*

The AACE/ACE recommends a chronic care model for the treatment of adiposity-based chronic disease.⁸



**Empowered,
activated patient**



Society

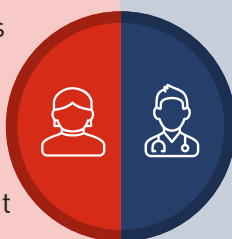


**Prepared
healthcare system**

Patients and Clinicians Face Barriers to Obesity Management⁹⁻¹⁴

PATIENT BARRIERS

- View obesity as a self-modifiable condition that is their own responsibility
- Lack of understanding of obesity as a disease
- Pattern of self-blame/internalized weight bias
- Financial limitations
- Complications and medications that impact weight management
- Healthcare avoidance due to prior experiences of weight bias from clinicians



CLINICIAN BARRIERS

- Challenges with providing a formal diagnosis of obesity
- Low prioritization of weight management discussions
- Lack of follow-up care
- Lack of time
- Perceived lack of efficacy of AOMs
- Limited education or training around obesity management
- Limited access to payer coverage of obesity management treatments, including AOMs

The language that clinicians use to discuss health can alter treatment outcomes, motivation, behavior, and psychosocial well-being.¹⁵



Collaborate with patients: The ways in which clinicians interact with people can encourage engagement and collaboration.



Use nonjudgmental language: Certain words or phrases can unintentionally contribute to biases that can make people feel embarrassment, shame, or judgment.



Empower patients: Person-first, strengths-based, empowering language can improve communication and enhance motivation, health, and well-being.

Key Takeaways

- Diagnosis of obesity may help patients achieve greater weight loss and meet other favorable clinical outcomes^{1,2}
- Both patients and clinicians face barriers to obesity management⁹⁻¹⁴
- Clinicians can help to improve patient outcomes by:
 - Modifying the language used when discussing obesity¹⁵
 - Providing supportive obesity care with an interdisciplinary care team⁵
 - Acknowledging and working to address barriers to obesity management⁹⁻¹⁴

References

1. Ryan DH, Yockey SR. Weight loss and improvement in comorbidity: differences at 5%, 10%, 15%, and over. *Curr Obes Rep*. 2017;6(2):187-194.
2. Bays HE, Golden A, Tondt J. Thirty obesity myths, misunderstandings, and/or oversimplifications: an Obesity Medicine Association (OMA) clinical practice statement (CPS) 2022. *Obesity Pillars*. 2022;3:100034.
3. Yaemsiri S, Slining MM, Agarwal SK. Perceived weight status, overweight diagnosis, and weight control among US adults: the NHANES 2003-2008 study. *Int J Obes (Lond)*. 2011;35(8):1063-1070.
4. Singh S, Somers VK, Clark MM, et al. Physician diagnosis of overweight status predicts attempted and successful weight loss in patients with cardiovascular disease and central obesity. *Am Heart J*. 2010;160(5):934-942.
5. Fitzpatrick SL, Wischenka D, Appelhans BM, et al. An evidence-based guide for obesity treatment in primary care. *Am J Med*. 2016;129(1):115.e1-e7.
6. Sampson K. Obesity management team. Obesity Medicine Association. Accessed November 9, 2023. <https://obesitymedicine.org/blog/obesity-management-team/>
7. Mechanick JL, Hurley DL, Garvey WT. Adiposity-based chronic disease as a new diagnostic term: the American Association of Clinical Endocrinologists and American College of Endocrinology position statement. *Endocr Pract*. 2017;23(3):372-378.
8. Nadolsky K, Addison B, Agarwal M, et al. American Association of Clinical Endocrinology consensus statement: addressing stigma and bias in the diagnosis and management of patients with obesity/adiposity-based chronic disease and assessing bias and stigmatization as determinants of disease severity. *Endocr Pract*. 2023;29(6):417-427.
9. Kaplan LM, Kumar RB, Kahan S, et al. Perspectives of anti-obesity medication use among persons with obesity and health care providers. Poster presented at: ObesityWeek 2021; 1-5 November 2021; virtual.
10. Kaplan LM, Kumar RB, Ahmad NN, et al. Experience and perception of anti-obesity medications among persons with obesity or overweight. Poster presented at: ObesityWeek 2022; 1-4 November 2022; San Diego, California, USA.
11. Kahan S, Kumar RB, Ahmad NN, et al. Healthcare providers' perceptions of anti-obesity medications: results from the OBSERVE study. Poster presented at: AACE Annual Meeting 2023; 4-6 May 2023; Seattle, Washington, USA.
12. Kim TN. Barriers to obesity management: patient and physician factors. *J Obes Metab Syndr*. 2020;29(4):244-247.
13. Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the national ACTION study. *Obesity (Silver Spring)*. 2018;26(1):61-69.
14. Phelan SM, Burgess DJ, Weazel MW, Hellerstedt WL, Griffin HM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obes Rev*. 2015;16(4):319-326.
15. Dickinson JK, Guzman SJ, Maryniuk MD, et al. The use of language in diabetes care and education. *Diabetes Care*. 2017;40(12):1790-1799.