Introduction to Comprehensive Obesity Care

The worldwide prevalence of obesity nearly **tripled** between 1975 and 2016.1



- In 2016¹:
 - 650 million people ≥18 years of age had obesity
 - >340 million people 5-19 years of age had obesity or overweight

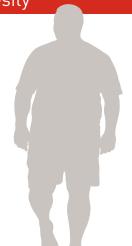
Measuring and Diagnosing Obesity

BMI is a screening tool used to assist in the diagnosis of obesity that is interpreted using categories of weight status (in kg/m²)²:

- Overweight: ≥25.0 to <30.0
 Class 1 obesity: ≥30.0 to <35.0
- Class 2 obesity: ≥35.0 to <40.0
- Class 3 obesity: ≥40.0

Additional adiposity measures may be used:

- Waist circumference³
- Waist-to-height ratio³
- Waist-to-hip ratio³
- Body composition technologies (eg, BIA)⁴



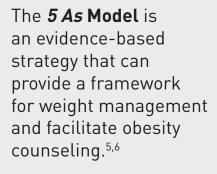
Factors to Consider in Obesity Diagnosis³⁻⁵

- BMI and other indicators of obesity, such as waist circumference
- Individual differences in body composition
 - Associated with age, sex, ethnicity, and physical activity
 - Lean mass vs fat mass
- Weight management journey
- Presence of adiposity-related complications
- Individualized goals

Accepted Screening and Staging Systems

- BMI²
- AACE/ACE stages of obesity⁴
- Edmonton Obesity Severity Scale⁵

Discussing Obesity With Patients





ASK

ASK for permission to discuss weight and explore readiness to change



ASSESS

ASSESS obesity-related risk and root causes of weight gain



ADVISE

ADVISE on health risks and treatment options



AGREE

AGREE on health outcomes and behavioral goals

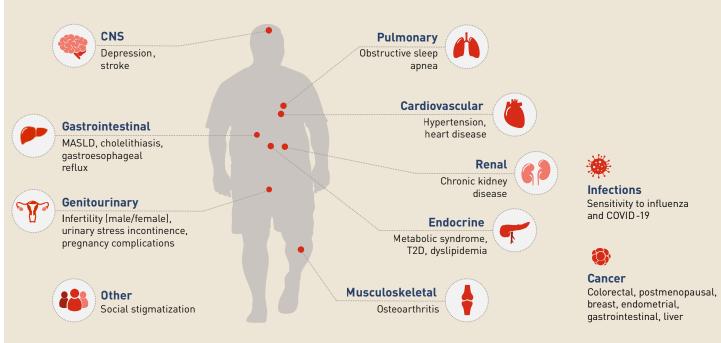


ASSIST

ASSIST in accessing appropriate resources and providers



Obesity Is Associated With Multisystem Complications⁷⁻⁹



Key Takeaways 😊

- Obesity is a complex, multifactorial disease¹⁰
- The diagnosis of obesity can be made through the clinical interpretation of BMI, taking into consideration other indicators of adiposity, as well as the presence of obesity-related complications^{4,5}
- Obesity is associated with multisystem complications⁷⁻⁹
- Identifying and diagnosing obesity can be an important step in a patient's health journey^{10,11}

References

- 1. Obesity and overweight. World Health Organization. Accessed October 26, 2023. https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight
- 2. Defining adult overweight & obesity. Centers for Disease Control and Prevention. Accessed November 7, 2023. https://www.cdc.gov/obesity/basics/adult-defining.html
- 3. Bray GA, Heisel WE, Afshin A, et al. The science of obesity management: an Endocrine Society scientific statement. Endocr Rev. 2018;39(2):79-132.
- 4. Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. Endocr Pract. 2016;22(7):842-884.
- 5. Rueda-Clausen CF, Poddar M, Lear SA, Poirier P, Sharma AM. Canadian adult obesity clinical practice guidelines: assessment of people living with obesity. Obesity Canada. Accessed April 18, 2024. https://obesitycanada.ca/guidelines/assessment
- 6. Vallis M, Piccinini-Vallis H, Sharma AM, Freedhoff Y. Clinical review: modified 5 As: minimal intervention for obesity counseling in primary care. Can Fam Physician. 2013;59(1):27-31.
- 7. Tsai AG, Bessesen DH. Obesity. Ann Intern Med. 2019;170(5):ITC33-ITC48.
- 8. Sarma S, Sockalingam S, Dash S. Obesity as a multisystem disease: trends in obesity rates and obesity-related complications. *Diabetes Obes Metab.* 2021-23(suppl 1):3-16
- 9. Chan W-K, Chuah K-H, Rajaram RB, Lim L-L, Ratnasingam J, Vethakkan SR. Metabolic dysfunction-associated steatotic liver disease (MASLD): a state-of-the-art review. *J Obes Metab Syndr*. 2023;32(3):197-213.
- 10. Bays H, 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.
- 11. 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.

