

Obesity Care: Beyond Weight Loss

Why We Treat Obesity

Patients with obesity often experience many weight-related comorbidities

- Obesity increases the risk for **over 230 medical conditions**, including high blood pressure, heart disease, certain cancers, arthritis, lipid disorders, sleep apnea and type 2 diabetes.

Modest weight loss can result in a decrease of several comorbidities at variable rates

- People experience greater health benefits with greater weight loss: a decrease of 3% can reduce blood sugar, a decrease of 5% can reduce blood pressure, a decrease of 10% can reduce the risk of sleep apnea, and a 15% decrease can lead to a reduction in cardiovascular events

Elevated BMI is a risk factor for increased mortality rates

- Essential obesity increases relative risk of mortality, similar to high blood pressure or cholesterol
- Obesity is the second highest risk factor for increased COVID-19 severity, morbidity and mortality

People with obesity tend to have higher direct and indirect health care costs

- Indirect costs include workers' compensation, disability costs, and costs of presenteeism and medical-related absenteeism

Better management of obesity can yield major health and cost savings for the health care system

Health Equity, Obesity and COVID-19

Health inequities may contribute to both the disproportionate impact of COVID-19 in communities of color and higher obesity rates

- Obesity is more prevalent in communities of color than in non-Hispanic white Americans
 - Obesity is **1.3 times more likely in Black Americans** and **1.2 times more likely in Hispanic Americans**, compared to white Americans
 - **4 out of 5 Black or Hispanic American women** have obesity or overweight
- Communities of color may face systemic challenges to maintaining healthy weight
 - Limited access to healthy food and places to exercise
 - Less access to medical care and/or affordable insurance
 - Higher rates of employment in lower wage jobs

Obesity in Adults

About **42.4% of adults** aged 20 and over had obesity in 2018, based on BMI.

- Severe obesity affects **9.2% of adults**.
- **Adults aged 40-59** had the highest prevalence of obesity compared to other age groups.
- The prevalence of obesity was lowest among non-Hispanic Asian adults (17.4%) and highest among **non-Hispanic Black (49.6%) and Hispanic (44.8%) adults**.
 - Some experts suggest that **in Asian populations, lower BMI cut points** may be useful to more accurately assess obesity and the risk of developing obesity-related conditions.

Definition and Diagnosis of Obesity

Clinical obesity is diagnosed by determining that there is excessive fat accumulation **that impairs health** (generally visceral adipose)

- Body fat can be quantitatively **MEASURED**:
 - Measured directly by imaging (DXA, MRI)
- But body fat is most often **ESTIMATED** by biomarkers:
 - Body mass index (BMI) – weight divided by height
 - Waist circumference
- Obesity as estimated by BMI may be subdivided into categories:
 - Class 1: BMI of 30 to < 35
 - Class 2: BMI of 35 to < 40
 - Class 3: BMI of 40 or higher. Class 3 obesity is sometimes categorized as “severe” obesity.

Obesity Treatment Options

One goal of obesity treatment is clinically significant weight loss: defined as **5 to 10% weight loss** or greater.

- Additional treatment goals include improving metabolic profiles and the effects of obesity-related medical conditions.
- Many struggle with successful disease management through lifestyle changes alone, so a continuum of obesity treatment options should be available to people with obesity.

Intensive Behavioral Therapy

IBT interventions can effectively manage obesity and on average may lead to weight loss of 8.8 to 15.4 pounds.

- In a study of underserved obesity patients, a high-intensity treatment program resulted in more clinically significant weight loss at 24 months (–4.99%) than the usual-care group (–0.48%).
- IBT can improve glucose tolerance, blood pressure and other risk factors for cardiovascular disease.

Anti-Obesity Medications

On average, anti-obesity medications result in 5 to 7% weight loss that can be sustained long-term.

- In one study, weekly medication plus lifestyle intervention was associated with sustained, clinically relevant weight loss: –14.9% in the medication group vs. –2.4% with intervention only.
- In the same study, over 86% of participants in the treatment group sustained 5% weight loss or more.

Metabolic and Bariatric Surgery

- A long-term U.S. study of bariatric surgery found that at five years, adult patients who had Roux-en-Y gastric bypass (RYGB) lost 26% and those who had sleeve gastrectomy (SG) lost 19% of their total weight compared with before surgery.
- Diabetes went away at some point in the five years after surgery for 86% of patients with diabetes who had RYGB and 84% of patients who had SG.

Metabolic and bariatric surgery has been shown to lower a person’s risk of death from any cause by over 40%.

- Surgery may also lower the risk of death from many diseases, including heart disease (40% lower), diabetes (92% lower), and cancer (60% lower).