

KEY OBESITY MANAGEMENT PRINCIPLES

Over the past several years, obesity clinical practice guidelines have evolved to reflect new paradigms in disease management, and a clearer picture of the negative impact that deeply ingrained weight bias and stigma have had on research, knowledge translation, clinical practice and health policy. Most progressive clinicians and NGOs working in obesity, EASO included, now view clinical obesity care rooted in the following principles, regardless of the types of interventions that are available in any given jurisdiction.

The causes of obesity are complex, affected by an interplay between genetics, environment, behaviour and many other factors – it's not just about eating too much and moving too little.



Obesity is characterized by excess or dysfunctional adiposity (body fat) that impairs health.



Obesity is a prevalent, complex, progressive and relapsing chronic disease that requires person-centred, long-term, evidence-based care.



Obesity should be diagnosed using comprehensive medical assessments that go beyond anthropometric measures such as BMI. Anthropometric measures may be useful as screening measures.



Obesity care should be organised based on the principles of chronic disease management.



Obesity is a highly stigmatised disease, and patients face significant barriers to accessing evidence-based obesity care and support. Understanding patients' individual stories and life context is therefore crucial in the management of obesity.



Weight loss is not the sole goal of obesity care; sometimes, it is not the goal at all. There is no "ideal" weight. The objective of treating obesity should be to improve health and quality of life.



Primary care health professionals should refer people living with obesity to multicomponent programs for comprehensive, tailored interdisciplinary treatment, where possible.



Patients and healthcare professionals should work together to achieve a shared understanding of the patient's situation and goals in order to devise a workable plan to meet care goals.

Healthcare professionals must be supportive of their patients:

- Acknowledge the patient's experience and reality.
- Acknowledge the patient's knowledge of his or her own life.
- Establish a long-term therapeutic relationship.
- Provide a genuine sense of hope.

Healthcare professionals should use effective patient communication based on fundamental values of respect, compassion and collaboration.

Because obesity is a highly stigmatised disease and many patients blame themselves for their illness, healthcare professionals can use therapeutic patient education interventions to help patients gain knowledge of their disease, skills and confidence to make evidence-based treatment decisions, and to improve self-management of their disease.

Core evidence-based obesity treatment options include medical nutrition therapy and physical activity in conjunction with adjunctive therapies:

- Psychological and behavioural interventions
- Pharmacotherapy
- Bariatric surgery

Quality clinical practice guidelines can only be produced using established evidence synthesis and assessment processes.



Obesity guidelines should be aspirational, describing and supporting interventions and supports that published evidence and/or clinical consensus suggests represents the current highest standard for care – regardless of whether those interventions and supports are currently available in the jurisdiction. Where treatments are not available (or not available for everyone), the guidelines then become an advocacy tool to nudge decision makers into making them part of the standard of obesity care.

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