Overview of Evidence-Based Approaches to Management of Obesity

This resource gives a high-level overview of evidence-based and interprofessional management of obesity.

At the core of any effective management pathway is **early recognition and diagnosis** of obesity as a chronic disease, with appropriate assessment and staging to establish health status and determine a personalised care plan for each individual. This is set out comprehensively by EASO in their 2024 Framework for the Diagnosis, Staging and Management of Obesity.[1]

Clinical Diagnosis and Staging

- Base the diagnosis of obesity on the recognition of abnormal and/or excessive fat accumulation (anthropometric component) and the analysis of its present and potential effects on health (clinical component)
- Measure waist circumference in any person with a BMI < 35 kg/m2 as a marker of visceral fat accumulation and increased cardiometabolic disease risk.
- Base the recognition of excessive fat accumulation that may confer an increased risk for progressing to medical, functional or psychological impairments or complications in adults of European descent on the presence of BMI ≥ 25 kg/m2 and a waist-to-height ratio > 0.5
- Base the recognition of obesity in adults of European descent on the presence of BMI ≥ 30 kg/m2 and the absence or presence of any medical, functional or psychological impairments or complications
- Include adults of European descent with BMI ≥ 25 kg/m2 , a waist-to-height ratio > 0.5 and the presence of any medical, functional or psychological impairments or complications in the diagnosis of obesity

[1] Busetto *et al.* A new framework for the diagnosis, staging and management of obesity in adults. *Nat Med* **30**, 2395–2399 (2024). https://doi.org/10.1038/s41591-024-03095-3

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Clinical Diagnosis and Staging

- Apply ethnicity-specific cut-offs for BMI
- Consider a determination of body composition and adiposity (percentage body fat) by dual-energy X-ray absorptiometry or, alternatively, bioelectric impedance when BMI and physical examination are ambiguous
- Perform a systematic evaluation of medical, functional and psychological (mental health and eating behavior pathology) status (clinical component) in any person with obesity
- Evaluate the presence of medical complications and metabolic risk factors according to a systematic and cost-effective diagnostic assessment.
- Assess the functional status of the person by clinical interview, questionnaires for obesity-related disabilities, or exercise testing
- Perform a diagnostic assessment (muscle strength, performance, body composition) for sarcopenic obesity in case of clinical symptoms or the presence of risk factors hereof
- Ensure that any person with obesity has regular screening for obesity-related cancers.
- Assess for depressive symptoms and eating behavior disorders. Consider using psychometric tests for the screening of eating behavior disorders
- Stage obesity as a chronic, relapsing disease, according to the severity of its medical, mental and functional complications

Establishing a therapeutic alliance, employing patient-centred and non-judgemental communication and ensuring equity in access to appropriate levels of care are key to evidence-based practice.
This is the responsibility of all health care professionals. The value of an enduring multidisciplinary approach is recognised by EASO

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Principles of Management

- Organise a long-term multidisciplinary management considering obesity as a multifactorial, chronic, relapsing disease

Education, dietary intervention, exercise, physical activity interventions and lifestyle counselling using evidence-based plans and theory-driven behaviour change techniques constitute the foundations to sustained obesity management for all patients. The interdisciplinary team offer unique skills to support the person in a holistic approach and can adapt to each patient's needs.

- Recommend behavioural modifications for all persons with obesity

Pharmacotherapy using a tailored approach is the next line of intervention, with significant advances in recent years. Obesity management medications have been shown to have efficacy in weight loss, lipid reduction, blood pressure control, T2 Diabetes remission, reduced hospitalisation and reduced mortality for those who tolerate the medication regimen.

- Prescribe, according to official labeling, obesity medications, as an adjunct to behavioral modifications in patients with a BMI ≥ 30 kg/m2 or a BMI ≥ 27 kg/m2 with an obesity-related disease or complications
- Consider the use of obesity medications in adults of European descent with BMI ≥ 25 kg/m2 and a waist-to-height ratio > 0.5 and the presence of medical, functional or psychological impairments or complications

Tailoring of the pharmacological, as well as dietary and exercise interventions may be needed where co-morbidities or complications exist.

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- Remember that the pillars of treatment for obesity management in adults are behavioral modifications (including nutritional therapy, physical activity, stress reduction, sleep improvement), psychological therapy, obesity medications, and metabolic/bariatric (surgical and endoscopic) procedures

Then for a select group of people with obesity, there may be a need for surgical intervention where there is severe disease or limitations in medical management.

- Consider metabolic/bariatric procedures in individuals with BMI ≥ 40 kg/m2 or with BMI ≥ 35 kg/m2 with an obesity-related disease or complications or with BMI ≥ 30 kg/m2 and poorly controlled type 2 diabetes despite optimal medical therapy
- Provide long-term multidisciplinary follow-up in all patients treated with bariatric surgery

- Include the management of obesity-related complications as part of the comprehensive management of obesity. Consider the presence of obesity and the effects that treatments may have on body weight, body composition or metabolic status in the selection of the drugs used to treat obesity-related complications or non-obesity-related diseases occurring in a person with obesity. Preferably, prescribe drugs not associated with weight gain whenever possible

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Therapeutic Targets

- Consider that the management and treatment of obesity have wider objectives than weight loss alone and include the prevention, resolution or improvement of obesity-related complications, better quality of life and mental wellbeing, and improvement of physical/social functioning and fitness
- Define personalised therapeutic goals for obesity management in adults, taking into account: (a) Prevention of further weight gain and obesity-related complications. (b) Achievement and maintenance of weight loss sufficient to prevent, resolve or improve obesity-related complications and/or improve quality of life and/or mental wellbeing and/or improve physical/social functioning and fitness
- Set therapeutic goals at the beginning of the treatment, according to the severity and stage of obesity, taking into account available therapeutic options, possible side effects and risks, and patient preferences. Discuss the drivers of obesity and possible barriers to treatment (psychological/mental, mechanical/functional, metabolic, and socioeconomic status-related drivers/barriers) with the patient
- Emphasize long-term, realistic, sustained weight loss to achieve a reduction in health risks and include promotion of weight maintenance and prevention of weight regain. Because obesity is a chronic disease, help persons with obesity understand that lifelong efforts are required to maintain a healthier body weight

Initial Level of Intervention

- Propose the appropriate initial level of intervention (behavioral modifications alone, psychological therapy, obesity medications, metabolic/bariatric procedures) based on the individual therapeutic goals, the clinical severity of obesity and the previous obesity treatments, rather than on anthropometric parameters only
- Discuss and agree with the patient the appropriate initial level of intervention, taking previous therapeutic attempts into account and after careful consideration of all clinically appropriate therapeutic options
- Consider intensification of therapy or add additional therapies if the initial level of intervention is not sufficient to achieve the individual therapeutic goals

The remaining sections of the **PROMINENCE OER** provide detailed evidence-based and physiotherapy-relevant resources for developing and tailoring communication, assessment, interventions, behaviour change and health promotion for people living with obesity.

Weight Bias and Stigma

- Obesity as a Chronic Disease
- Recognising Bias and Stigma in Physiotherapy
- Communication
- Patient Centred Care

Assessment of the Adult with Obesity

- Obesity Diagnosis, Classification and Staging
- History Taking
- Physiotherapy Assessment
- Assessment Models and Tools

Healthcare Interventions: Adult with Obesity

- Overview of Interventions
- Physical Activity and Exercise Prescription
- Obesity Implications in Musculoskeletal and Cardiorespiratory Physiotherapy Practice
- Person with Obesity Rehabilitation - Bariatric Care; Moving/Handling/Mobilisation
- Surgery - Post-bariatric Surgery Care and Rehabilitation
- Diet and Food Approaches
- Pharmacological Approach

Health Promotion for Obesity

- Promoting Health/Primary & Secondary Prevention across Lifespan
- Behaviour Change Models/Theories Overview
- Behaviour Change at Individual Level

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