


**Staying In the Solution:
How Do We Implement
Evidence In Obesity Care?**

Provided by
HME
Supported by an educational grant from Lilly



Pre-test

- Please be sure to scan the QR code at your table to complete the activity pre-test before we begin.



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Faculty

Charles Vega, MD, FAAFP
Health Sciences Clinical Professor
UC Irvine Department of Family Medicine
Director
UCI Program in Medical Education for the
Latino Community
Assistant Dean for Culture and Community
Education
UC Irvine School of Medicine
Irvine, CA

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Learning Objectives

- **Apply** the most recent evidence-based guidelines and emerging data for the diagnosis and management of obesity as a chronic, treatable disease
- **Review** recent efficacy and safety outcomes of clinical trials of available and emerging anti-obesity medications (AOMs) and the implications for real-world practice
- **Employ** holistic care plans for patients with obesity that incorporate education and principles of shared decision-making (SDM) while avoiding the perception of stigma or bias

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Faculty Disclosures

Dr. Vega is a consultant for Boehringer Ingelheim and GlaxoSmithKline.
All of the relevant financial relationships listed for these individuals have been mitigated.

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PART 1

Meeting the Unmet Challenges in Obesity Care

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Obesity: Scope of the Problem

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Obesity Is a Chronic Disease

- Obesity is defined by the World Health Organization (WHO) as *excess abnormal body fat, which may impair health*
- Body mass index (BMI) is a good population measure of body fat and an imperfect measure in individuals

For Europids:

Overweight BMI >25 kg/m²
Obesity BMI >30 kg/m²
Waist circumference: 35 inches
for women & 40 inches for men

Jensen MD, et al. Obesity. 2014;22(S2):S1-S410.

For Asians:

Overweight BMI >23 kg/m²
Obesity BMI >25 kg/m²
Waist circumference: 31.5 inches
for women & 35 inches for men

WHO/IASO/OTF, 2000.
(http://www.idi.org.au/obesity_report.htm)

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Geographical Disparities in the United States



<http://www.cdc.gov/obesity/data/prevalence-maps.html>

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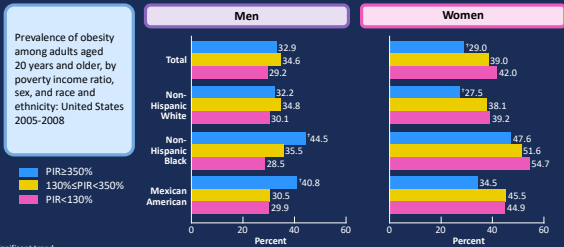
Obesity Rates for Adults in the United States in 2022, By Race/Ethnicity

- Black adults had the highest obesity rates of any race or ethnicity in the United States, followed by American Indians/Alaska Natives, and Hispanics
 - As of that time, approximately 44% of all Black adults had obesity
- Obesity rates for Asian women (14.8%) and men (10.1%) are much lower than the rates for the other racial/ethnic groups

<https://www.statista.com/statistics/207436/overweight-and-obesity-rates-for-adults-by-ethnicity/>

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Obesity and Socioeconomic Status Among U.S. Adults



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Comorbidities of Obesity

Complications associated with obesity include:

- Type 2 diabetes
- Heart/Cardiovascular Disease
- Cancer
- Arthritis
- Urinary incontinence
- Infertility
- Depression
- Anxiety
- Obstructive sleep apnea
- MASLD



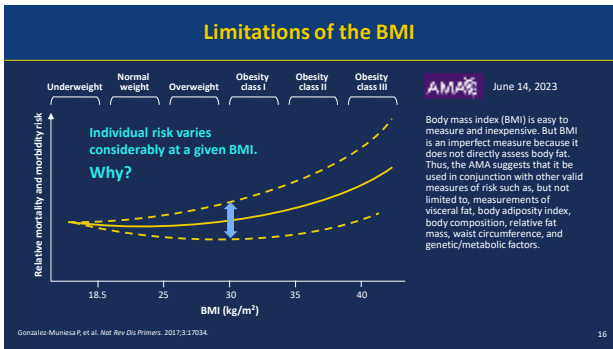
Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health

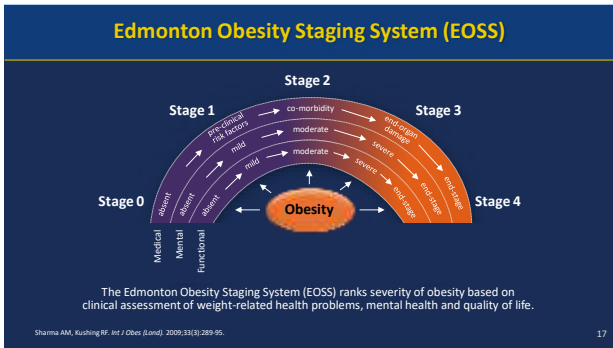
Despite this, healthcare systems focus on treating the complications vs the cause

<https://obesityopen.org/content/uploads/2020/07/Clinical-Obesity.pdf>

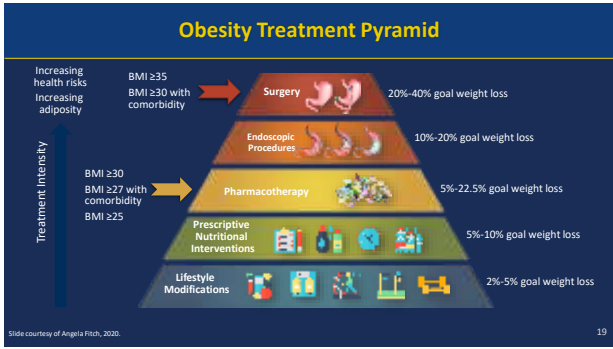
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Diagnosis/Staging






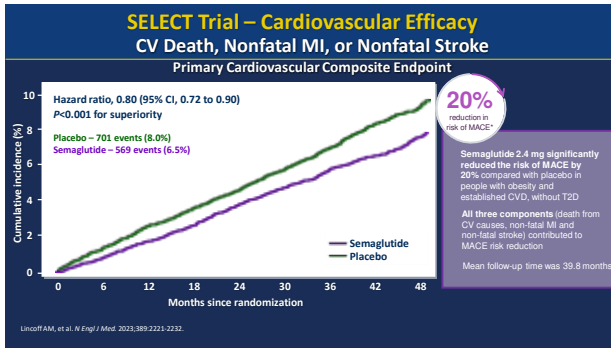
Treatment Strategies



Anti-Obesity Medications FDA Criteria



- For patients with BMI ≥30
- For patients with BMI ≥27 or above at least 1 comorbidity (hypertension, dyslipidemia, CHD, type 2 diabetes, sleep apnea)
- In conjunction with lifestyle interventions
- Semaglutide 2.4 mg indicated in people with overweight or obesity at risk for recurrent cardiovascular event

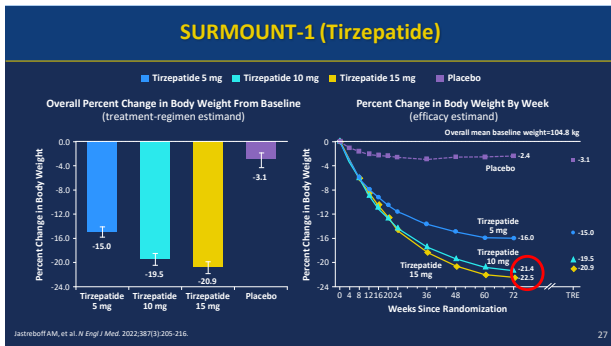


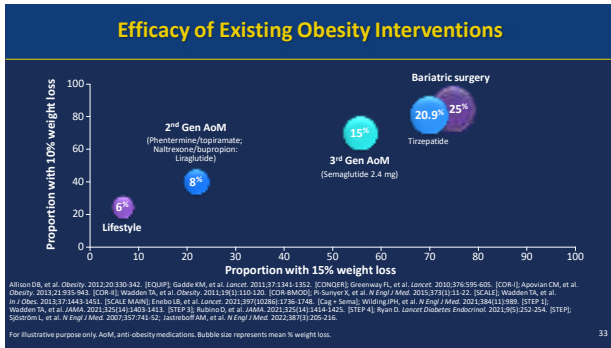
March 2024

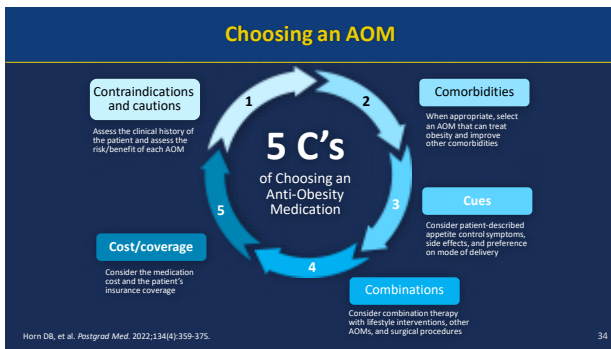
- U.S. Food and Drug Administration approved a new indication for use for semaglutide 2.4 mg injection to reduce the risk of cardiovascular death, heart attack and stroke in adults with cardiovascular disease and either obesity or overweight
 - “... (semaglutide) should be used in addition to a reduced calorie diet and increased physical activity”

https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-reduce-risk-serious-heart-problems-specifically-adults-obesity-or

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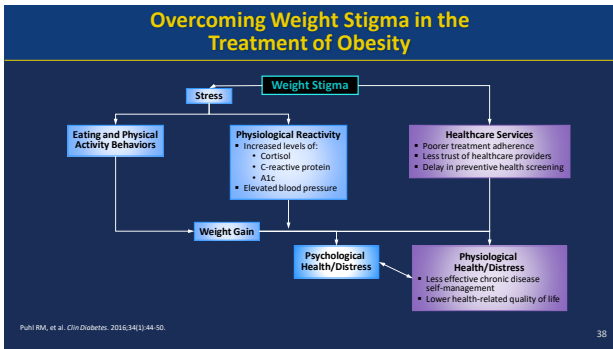




- ### When Is Bariatric Surgery Appropriate?
- Patients with BMI ≥ 40 kg/m² who are unable to lose adequate weight via lifestyle interventions and who have 1 or more weight-related health comorbidities (eg, T2D; hypertension; hyperlipidemia; OSA)
 - HCP/patient dialogue should include discussion of potential long-term side effects (eg, possible need for additional surgery; gallbladder disease; malabsorption)
 - Patients should be referred to high-volume centers with experienced surgeons

Addressing Stigma in Obesity Care

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American Medical Association People-First Language in Obesity

The American Medical Association (AMA):

- encourages the use of person-first language (patients with obesity, patients affected by obesity) in all discussions, resolutions, and reports regarding obesity;
- encourages the use of preferred terms in discussions, resolutions and reports regarding patients affected by obesity including weight and unhealthy weight, and discourages the use of stigmatizing terms including obese, morbidly obese, and fat; and
- will educate healthcare providers on the importance of person-first language for treating patients with obesity; equipping their healthcare facilities with proper-sized furniture, medical equipment, and gowns for patients with obesity; and having patients weighed respectfully

AMA H-440.821, Resolution 402, A-17. Introduced by Dr. Ethan Lazarus on behalf of the Obesity Medicine Association.

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Rudd Center of Food Policy and Obesity— Recommendations for Health Professionals

Consider	Consider patients' previous negative experiences
Recognize	Recognize that having obesity is a product of many factors
Explore	Explore all causes of presenting problems (not just weight)
Recognize	Recognize that many patients have tried to lose weight repeatedly
Emphasize	Emphasize importance of behavior change rather than weight
Acknowledge	Acknowledge the difficulty of making lifestyle changes
Recognize	Recognize that small weight losses can improve health

<https://uconnruddcenter.org/>

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PART 2

Learning Lab: Overcoming Barriers to Optimal Obesity Care

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Learning Lab Question 1

Do you follow expert guidance for obesity care? If so, which guidelines?

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Learning Lab Question 2

How do you feel a diagnosis of obesity impacts patients?

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Learning Lab Question 3

What modifications have you made or will you make to your practice to minimize patient perception of bias?

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Learning Lab Question 4

What barriers do your patients face in accessing obesity treatment? How can these issues be addressed?

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Learning Lab Question 5

How well do you collaborate with other members of the obesity care team? How have these approaches impacted patient outcomes?

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Q&A

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Post test



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