

Lifestyle Medicine in Obesity Management
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NORMAN REGIONAL – SOUTH OKC PRIMARY CARE









HEALTH AT THE WELL – MEDICAL WEIGHT LOSS



DISCLOSURES

 I have no Financial disclosures or conflicts of interest with the presented material in this presentation



OBJECTIVES



Define healthy weight loss and explain the principles of medical supervision, sustainability, balance, and safety. Describe obesity as a chronic disease and discuss the complexities of weight management, including contributing factors and classification methods. Review evidence-based obesity treatments, including behavioral interventions, lifestyle modifications, and pharmacologic options. Explain the role of lifestyle medicine in obesity management, focusing on nutrition, physical activity, stress management, and sleep.

Discuss antiobesity pharmacotherap y, including GLP-I receptor agonists, their clinical trial outcomes (SELECT, FLOW, SURMOUNT-4), and considerations such as sarcopenia and potential ophthalmologic side effects. Address weight stigma in healthcare and explore strategies to improve patient-centered obesity care.

Integrate the four pillars of obesity treatment and the six pillars of lifestyle medicine to develop a holistic, individualized approach to weight management.



WHAT IS HEALTHY WEIGHT LOSS?



Medical Supervision: Weight loss that is monitored by healthcare professionals, ensuring that any underlying medical conditions are managed and that the weight loss plan is appropriate for the individual's health status



Sustainable Weight Loss: Gradual weight reduction that can be maintained over the long term, typically through a balanced diet and regular physical activity, without extreme measures.



Balanced Approach: Weight loss achieved by following a nutritionally balanced diet that includes all food groups in appropriate portions, ensuring the body receives essential nutrients.



Safe Weight Loss: Weight reduction achieved without compromising overall health, typically involving a loss of 1-2 pounds per week, which is considered safe and achievable by most health experts.



Behavioral Modification: Weight loss that incorporates changes in behavior, such as mindful eating, stress management, and developing healthy eating and exercise habits that can be sustained over time..



Holistic Weight Loss: An approach that considers physical, emotional, and psychological factors, aiming for a healthy body weight while also promoting overall wellbeing and a positive relationship with food.



Individualized Plan: A weight loss strategy tailored to an individual's unique needs, preferences, and lifestyle, ensuring it is realistic and achievable for that person.



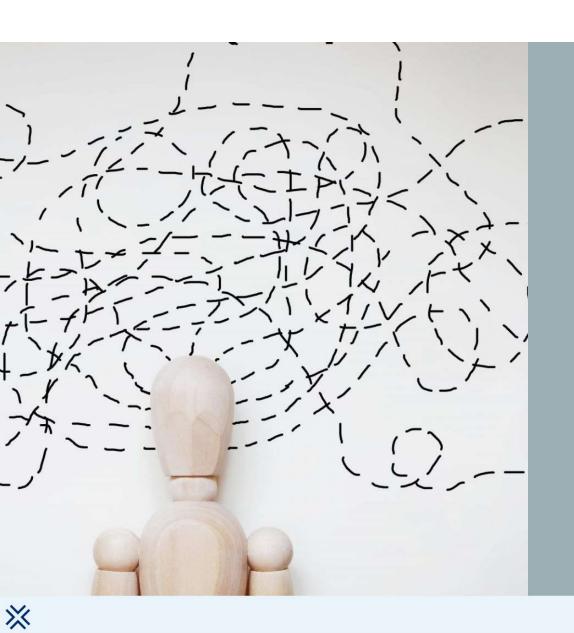
UNDERSTANDING OBESITY



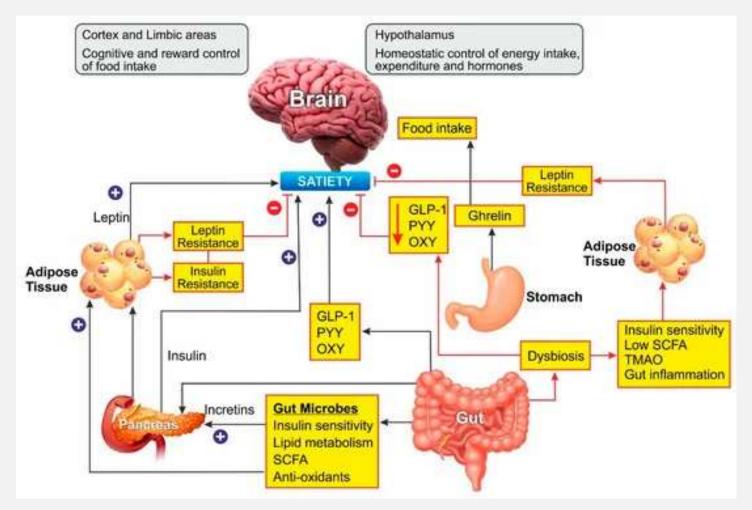


Definition: "Chronic complex disease defined by excessive fat deposits that can impair health."

- More body fat than healthy
- "ABCD" Adiposity-Based Chronic Disease



WEIGHT IS COMPLEX





FACTORS THAT CONTRIBUTE TO YOUR WEIGHT

Diet

Exercise

Family History Sleep Habits

Stress

Disease Conditions

Medications



HOW DO
WE
CLASSIFY
OUR
WEIGHT?







WAIST CIRCUMFERENCE

BODY COMPOSITION

IDEAL BODY FAT PERCENTAGE CHART (American Council on Exercise)						
Description	Men	Women				
Essential fat	2-5%	10-13%				
Athletes	6-13%	14-20%				
Fitness	14-17%	21-24%				
Average	18-24%	25-31%				
Obese	25%+	32%+				





NEW DIAGNOSTIC CATEGORIES





Clinical Obesity: When excess body fat is already causing health problems like heart disease, type 2 diabetes, or sleep apnea.

Pre-Clinical Obesity: When excess fat is present without current health complications, but it poses a high risk for future metabolic diseases.

Weight-Related Complications Caused or Exacerbated by Excess Adiposity² Cardiovascular Hypertension Dyslipidemia Disease **Obstructive Sleep** Diabetes Mellitus Depression Apnea PCOS, Female NAFLD & Asthma & Reactive Nonalcoholic Infertility, & Male Airway Disease Hypogonadism Steatohepatitis

Urinary Stress

Incontinence

Osteoarthritis



GERD

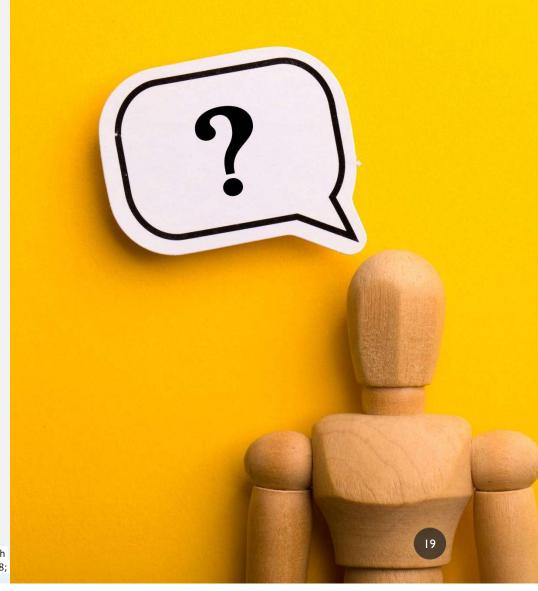
	Adiposity-Related Risk by Waist Circumference Factor		
BMI Classification	Men ≤40 in (102 cm) Women ≤35 in (88 cm)	Men >40 in (102 cm) Women >35 in (88 cm)	
Overweight	Increased	High	
Class I Obesity	High	Very High	
Class II Obesity	Very High	Very High	
Class III Obesity	Extremely High	Extremely High	





WHAT DO WE DO:

- Eradicate Weight Stigma
- Start Treating ABCD as a Chronic Disease
 - "comprehensive, scientific, and individualized approach when treating obesity, which helps patients achieve their health and weight goals"







4 PILLARS OF OBESITY

ANTI-OBESITY PHARMACOTHERAPY

Orlistat

Phentermine

Qysmia

Contrave

Saxenda (Victoza)

Wegovy (Ozempic)

Zepbound (Mounjaro)

Off-Label



SETTING EXPECTATIONS

Efficacy

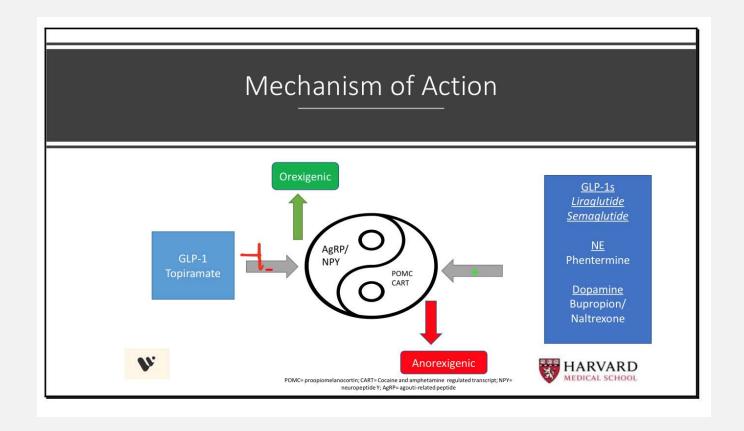
Medications as
Adjunct
Therapy

Medications as
Long Term
Therapy

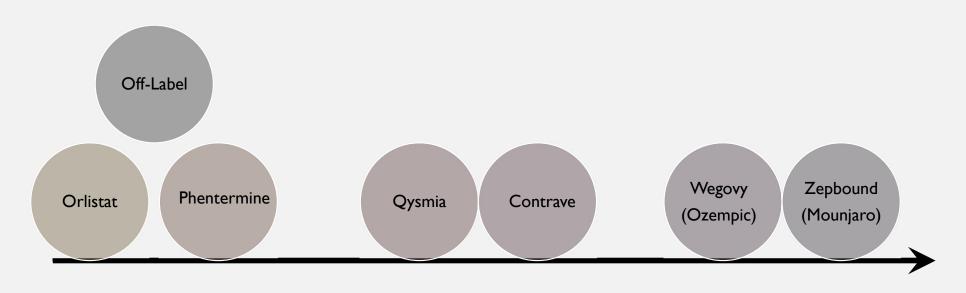
Cost

Insurance Coverage Shared
Decision
Making





ANTI-OBESITY PHARMACOTHERAPY



Cost













GLP-I ANALOGS

SELECT TRIAL

- Large-scale, randomized, double-blind, placebo-controlled trial
- Demonstrated that "once-weekly semaglutide significantly reduces cardiovascular events in patients with overweight or obesity without diabetes, supporting its potential role in secondary prevention of cardiovascular events in this population."
- FDA Approves Wegovy to help prevent serious CV events in BMI > 27 and "history of cardiac events." (3/2024)



FLOW TRIAL

- Double-blind, randomized, placebo-controlled trial
- Effects of semaglutide, focused on patients with type 2 diabetes (T2D) and chronic kidney disease (CKD)
- **Kidney Disease Progression**: Semaglutide reduced the risk of major kidney disease events, including kidney failure, by 24%.
- Cardiovascular and Kidney Mortality: The risk of death from cardiovascular and kidney causes was also reduced by 24%
- All Cause Mortality: 20% reduction in risk of death from any cause
- 18% reduction in MACE (Major Adverse Cardiac Events)



SURMOUNT - 4 TRIAL

- Randomized clinic trial that assessed the maintenance of weight loss with tirzepatide.
- After an open-label lead-in phase:
 - Participants were randomized to continue tirzepatide or switch to placebo.
- The study showed that:
 - Those on tirzepatide maintained significant weight loss (5.5% reduction from week 36 to 88).
- · Those on placebo regained weight.
 - 86.5% gained back an average of 14% of their starting weight.
- Conclusion: Weight gain is expected for more than 85% of those who go off Tirzepatide



SURMOUNT - OSA

- Tested tirzepatide (Zepbound) for moderate-to-severe obstructive sleep apnea (OSA) in people with obesity. AHI Reduction: Significant drop in apnea events per hour (55-63% reduction).
- Weight Loss: 18-20% body weight reduction.
- Disease Resolution: Up to 51.5% achieved near-normal breathing.
- **FDA Approval:** Zepbound is now the **first approved drug for OSA** in obese adults.
- This offers a non-CPAP treatment option, tackling both sleep apnea and obesity-related risks.
- FDA Approves Zepbound for Moderate to Severe OSA for pts who have obesity (BMI > 30). Adjunct to CPAP, or for those who are unable to tolerate (3/25)



STEP-UP

- Semaglutide **7.2 mg** (72 weeks)
 - Pts treated with 7.2 mg achieved superior weight loss ~ 20.7%
 - Compared to ~ 17.5% with Semaglutide 2.4 mg
 - Placebo 2.4%



IN THE PIPELINE

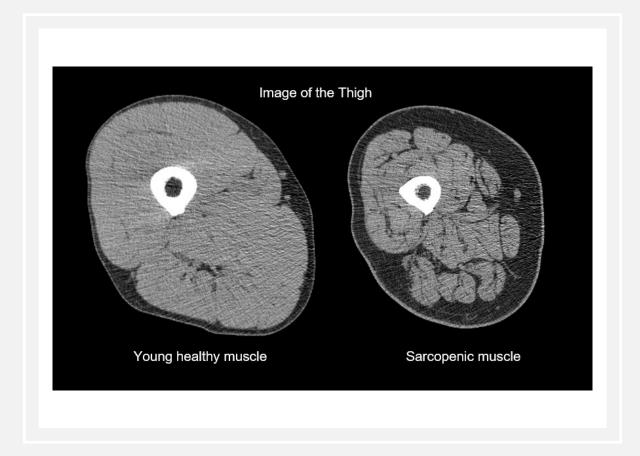
New Anti-Obesity Medications Comparison

	Drug Name	Mechanism	Weight Loss (%)	Unique Feature	Status
1	CagriSema	GLP-1 + Amylin agonist	15-20%	Combines semaglutide & amylin for stronger appetite suppression	Phase III trials (potential 2026 approval)
2	Amycretin	GLP-1 + Amylin agonist (oral)	TBD (early phase)	First oral amylin-based therapy	Phase I trials
3	Retatrutide	GLP-1, GIP, and Glucagon agonist	Up to 24%	Most potent weight loss candidate so far	Phase III trials (potential 2025-2026 approval)
4	CT-388	GLP-1 + GIP receptor agonist	18.8%	Biased GLP-1/GIP signaling for enhanced effect	Phase II trials
5	Danuglipron	Oral GLP-1 agonist	12-15%	Oral version of GLP-1, halted due to high dosing	Development halted (may reformulate)
6	Orforglipron	Oral GLP-1 agonist	12-15%	Oral GLP-1 with once-daily dosing	Phase III trials (potential 2025-2026 approval)
7	ABBV-181	Amylin-based therapy	TBD (early stage)	AbbVie's new amylin-based approach	Early-stage trials (AbbVie licensing deal)



SARCOPENIA

- Progressive loss of skeletal muscle
- Occurs with aging
- Causes = combination of:
 - Reduced physical activity
 - Inadequate nutrition
 - Hormonal changes
 - Chronic inflammation
- Side effect of GLP-1s?





SARCOPENIA

During Weight Reduction:

 Can see 25-50% of lean body mass reduction during weight reduction

Can be mitigated with resistance training and adequate protein intake

STEP I Trial (DXA) with Semaglutide

- Total fat mass reduction 9 kg (20 lbs)
- Lean body mass reduction of 5.4 kg (12 lbs)
- ~40% weight reduction due to changes in lean body mass (i.e, muscle)
- Care with older patients, and patients with sarcopenia and osteopenia



Once-Weekly Semaglutide Induces an Early Improvement in Body Composition in Patients with Type 2 Diabetes: A 26-Week Prospective Real-Life Study

Sara Volpe ¹, Giuseppe Lisco ¹, Davide Racaniello ¹, Margherita Fanelli ¹, Valentina Colaianni ¹, Alfredo Vozza ¹, Vincenzo Triggiani ¹, Carlo Sabbà ¹, Cosimo Tortorella ¹, Giovanni De Pergola ², Giuseppina Piazzolla ¹

"SEMAGLUTIDE PROVIDED SIGNIFICANT WEIGHT LOSS MAINLY DUE TO A REDUCTION IN THE FMI AND VAT, WITH NON-CLINICALLY RELEVANT CHANGES IN THE SMI, THE FFMI, AND MUSCLE STRENGTH. MOST IMPORTANTLY, THE RESULTS WERE OBTAINED AFTER THREE MONTHS OF TREATMENT AND PERSISTED THEREAFTER."



OPHTHALMOLOGIC SIDE EFFECTS?

• An observational study found that patients with diabetes taking semaglutide had more than four times the risk of developing NAION, the second most common form of optic neuropathy, compared with patients not taking a GLP-1 agonist. The study also found that the rate of NAION was higher for people taking semaglutide for weight loss or type 2 diabetes than for those taking other medications.

Risk of Nonarteritic Anterior Ischemic Optic Neuropathy in Patients Prescribed Semaglutide

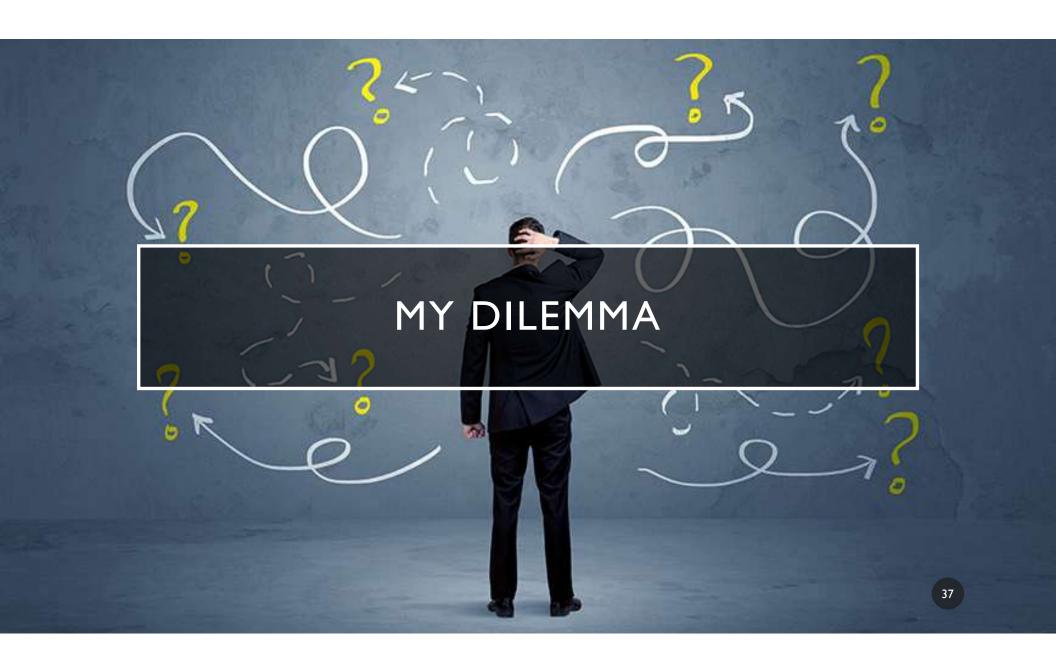
Jimena Tatiana Hathaway, MD, MPH^{1,2,3}; Madhura P. Shah, BS^{2,3}; David B. Hathaway, MD⁴; et al.

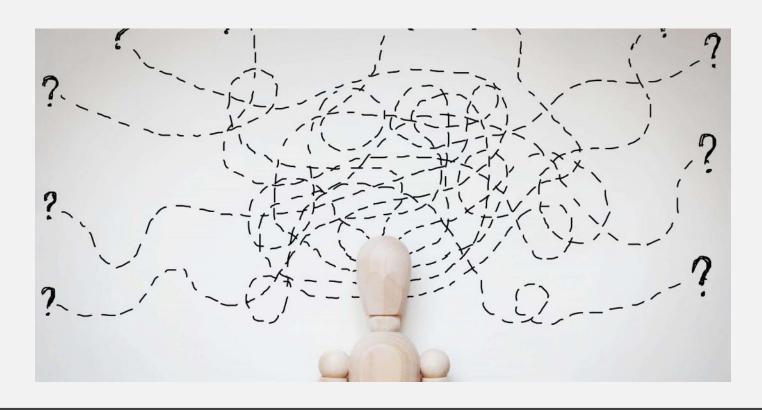




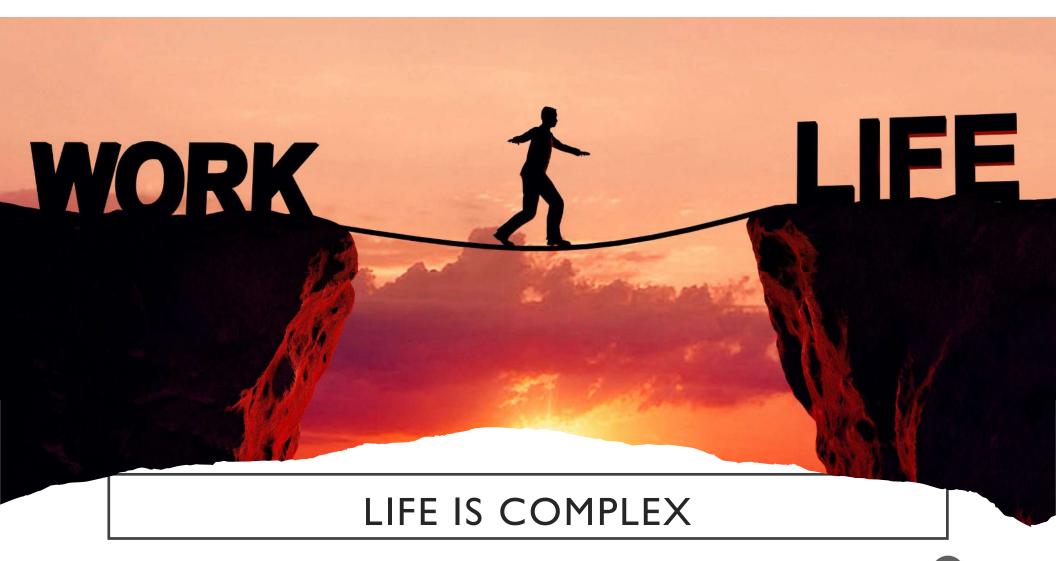
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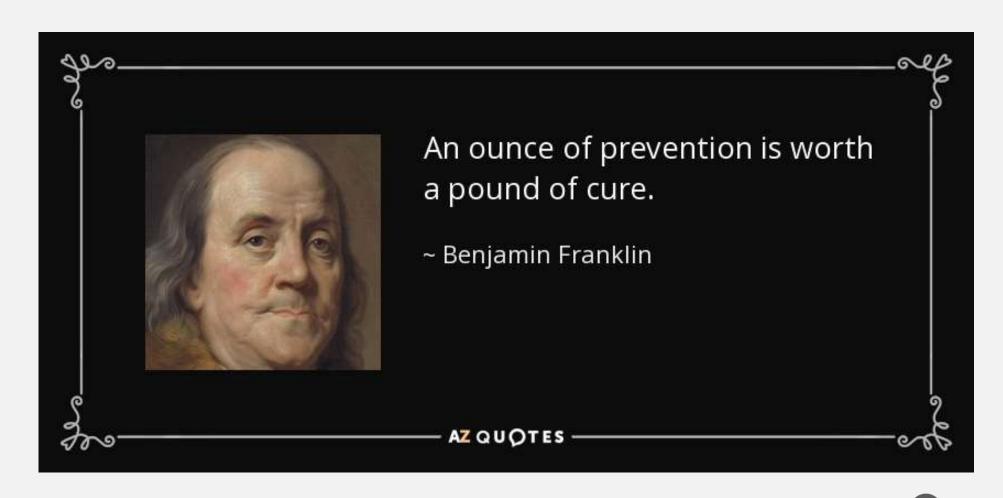
April 3-5, 2025











HERE ARE FEW THINGS I'VE LEARNED...





HEALTHY DIET (WHO)

- Nutrient Dense Foods
 - Vegetables
 - Fruits
 - Herbs and Spices
 - Legumes
 - Whole Grains
 - Nuts
 - Seeds
 - Seafood
 - Low fat or fat free dairy
 - Eggs
 - Lean Meats
- Low in salts, added sugars and trans fats



LEADING CAUSE OF DEATH AND PREMATURE DEATHS (CDC 2021)

- 40% of Premature Deaths attributable to 3 causes
- 1.) Tobacco use (18.1%)
- 2.) Poor diet and physical activity (16.6%)
- 3.) Alcohol consumption (2.5%)

	Cause of Death	# of Deaths Annually	% of All Deaths
1	Heart disease	695,547	20.1%
2	Cancer	605,213	17.5%
3	COVID-19	416,893	12.0%
4	Accidents (unintentional injuries)	224,935	6.5%
5	Stroke (cerebrovascular diseases)	162,890	4.7%
6	Chronic lower respiratory diseases	142,342	4.1%
7	Alzheimer's disease	119,399	3.4%
8	Diabetes	103,294	3.0%
9	Chronic liver disease and cirrhosis	56,585	1.6%
10	Nephritis, nephrotic syndrome, nephrosis	54,358	1.6%

Data from the Centers for Disease Control and Prevention.



DATA FROM BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2021)

- Only 3% had healthy levels of all 4 health behaviors
 - A.) Non-smoking: 86%
 - B.) Healthy weight (BMI < 25): 27%
 - C.) Five fruits and Vegetables per day: 28%
 - D.) Regular physical activity: 23%



Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

"poor diet is the leading risk factor for deaths in the majority of the countries of the world"

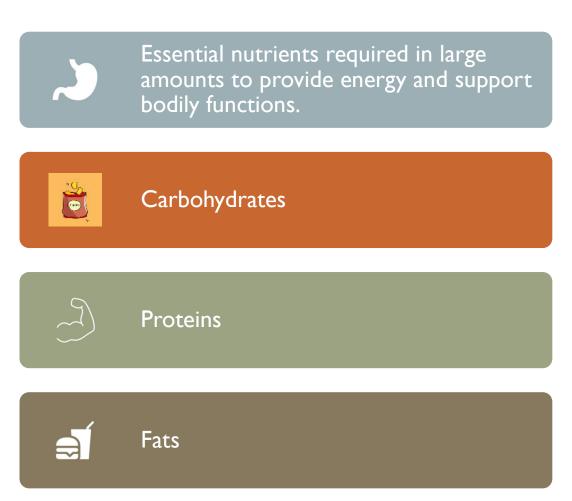
"a larger determinant of ill health than either tobacco or high blood pressure"

4 countries with lowest rates of diet-related diseases: Israel, France, Spain, and Japan

• "Generally, the countries that have a diet close to the Mediterranean diet, which has higher intake of fruits, vegetables, nuts and healthy oils [including olive oil and omega-3 fatty acids from fish] are the countries where we see the lowest number of [diet-related] deaths,"



MACRONUTRIENTS







Function: Primary energy source for the body and brain.



Sources: Whole grains, fruits, vegetables, legumes.



Energy Provided: 4 kcal per gram.



Types: Simple (sugars) vs. Complex (fiberrich, whole foods).



Recommended Daily Intake

~45-65% of daily calories (at least 25-38g of fiber per day)

CARBOHYDRATES



FIBER

- A type of carbohydrate that is not digested, essential for gut / digestive health, blood sugar control, cholesterol management, weight management, and reduction of risk of chronic disease and cancer.
- Sources: Whole grains, legumes, fruits, and vegetables.
- Recommended Intake:

• **Men:** 30-38g per day

• Women: 21-25g per day

• **Children:** 19-25g per day (varies by age)





FIBER



Glycemic Index (GI): A measure of how quickly a carbohydrate-containing food raises blood sugar levels.

Low GI foods (<55): Whole grains, legumes, non-starchy vegetables.

High GI foods (>70): White bread, sugary cereals, processed snacks.



Net Carbohydrates Formula:

Net Carbs = Total Carbohydrates - Fiber

Used to determine the impact of carbs on blood sugar levels, as fiber does not cause a spike in glucose or insulin.



The 5:1 Fiber-to-Carbohydrate Ratio:

A guideline to identify high-quality, fiberrich carbohydrate sources.

Formula: Total Carbohydrates ÷ Dietary Fiber ≈ 5 or less.

Example: A food with 25g of carbohydrates and 5g of fiber has a ratio of 5:1, making it a good choice.

Why It Matters: A lower ratio (closer to 5:1 or lower) indicates a higher fiber content and slower glucose absorption, leading to better blood sugar control and digestion.

PROTEIN



Function: Building and repairing tissues, supporting immune function.



Sources: Lean meats, poultry, fish, eggs, dairy, legumes, nuts, seeds.



Energy Provided: 4 kcal per gram.



Essential Amino Acids:

Must be obtained from diet; complete proteins contain all essential amino acids.



Recommended daily intake

- ~10-35% of daily calories (~0.8-1.6g per kg body weight, depending on activity level)\



FATS

Function: Energy storage, hormone production, cell membrane integrity.

Sources: Healthy fats include avocados, nuts, seeds, olive oil, fatty fish.

Energy Provided: 9 kcal per gram.

Types: Unsaturated (healthy), saturated, and trans fats (limit intake).

Recommended Daily Intake

• ~20-35% of daily calories (with emphasis on unsaturated fats)



Understanding

Food Ingredient Labels



Food labels were designed to help consumers become smarter shoppers when choosing a healthy diet.



Service (FSIS)

The FDA requires manufacturers to list all ingredients on the label of most packaged and/or prepared foods.

FOOD LABELS ARE LISTED

FROM HIGHEST TO LOWEST

the end of the ingredient list - this indicates they are used in very small amounts in the food.

...........

Nutrition Facts

Most food labels are regulated by the FDA,

but meat and poultry labels are regulated

by the USDA Food and Safety Inspection

Amount Per Servi	ng	
Calories 250	Calories from f	at 10
	% Daily V	alue*
Total Fat 4%		4%
Saturated Fat 1	.5%	4%
Trans Fat		
Cholesterol 50m	g	28%
Sodium 150mg		15%
Total Carbohydra	ate 10g	3%
Dietary Fiber 5	g	
Sugars 3g		

BY QUANTITY.

Whole Grain, Canola Oil, Rice Flour, Corn Syrup, Fructose, Salt, Soy Lecithin, Glycerin, Natural Flavors.

Vitamin A 1% • Vitamin C 3% Calcium 2% • Iron 2%

*Percent Daily Values are based on a 2.000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

INGREDIENTS:

Protein 16%

Whole Grain, Canola Oil, Rice Flour, Corn Syrup, Fructose, Salt, Soy Lecithin, Glycerin, Natural Flavors.

ANALYZING FOOD LABELS

- How are ingredients on a Nutrition fact label ordered?
 - Descending order by weight so thing that weighs most in the food is first (most important ingredient)

ANALYZING FOOD LABELS

Common unregulated front package claims

 "Natural" (product can claim natural or all natural but can contain artificial ingredients)
 "low sugar" (no definition of term by FDA. So, food makers using lightly sweetened, slightly sweet, less sweet)

Common regulated front packaged claims

"Good source" - one serving contains 10-19% of daily value

"Excellent source" - one serving contains at least 20% daily value

"Gluten free" - contains < 20 parts per million of gluten

"Certified Organic" - produced without pesticides, herbicides, synthetic fertilizers, sewage sludge, bioengineering, ionizing radiation, not genetically modified"



LABELS TO AVOID WHEN BROWSING GRAIN PRODUCTS

- Multigrain
- Stone ground
- Made with whole grain
- Wheat flour
- Enriched flour



WHAT DO YOU WANT THE FIRST INGREDIENT ON A NUTRITION LABEL TO BE



Real food



legume, fruit, vegetable or whole grain



NUTRIENT DENSE FOODS (TOP FOODS TO CONSUME)

- Ranked from most under consumed
- 1.) Vegetables (includes mushrooms)
 - 2.) Herbs and Spices
 - 3.) Fruits
 - 4.) Legumes
 - 5.) whole grains
 - 6.) Nuts
 - 7.) Seeds



TOP 5 POOR DIETARY PRACTICES CONTRIBUTING TO MOST DISEASE BURDEN

- 1.) Diet high in sodium
 - 2.) Diet low in whole grains
 - 3.) Diet low in fruits
 - 4.) Diet low in nuts and seeds
 - 5.) Diet low in Vegetables / sea-food omega 3 fatty acids



DIET PLAN	DESCRIPTION	PROS	CONS
Low-Calorie Diet (LCD)	1,200–1,800 calories per day. May restrict fat (<30% or <10%) or carbohydrates (<50g/day or 50–150g/day).	Improves fasting glucose and triglycerides, increases HDL, may lower blood pressure.	May lead to carb/fat cravings, challenging for those with CKD.
Very Low-Calorie Diet (VLCD)	<800 calories per day, requires clinical supervision.	Can reduce seizures in patients with epilepsy.	May cause hypotension and hypoglycemia.
Mediterranean Diet	Focuses on whole grains, fruits, vegetables, olive oil, nuts, and fish.	Cardioprotective, reduces inflammation, high adherence rates.	Can be expensive, requires meal prep.
DASH Diet	Designed to lower blood pressure with low sodium and a balanced intake of fruits, vegetables, and low-fat dairy.	Reduces hypertension, improves heart health.	High in carbohydrates, may require major dietary adjustments.
Ketogenic Diet	Very low-carb, high-fat diet with moderate protein.	Rapid initial weight loss, reduces insulin resistance, may lower diastolic BP.	Difficult to maintain long-term, risk of nutrient deficiencies, may increase LDL cholesterol.
Vegetarian/Vegan Diet	Excludes meat (vegetarian) or all animal products (vegan).	Can be heart-healthy, high in fiber.	Risk of nutrient deficiencies (B12, iron, omega-3s) if not well planned.
Intermittent Fasting	Alternates periods of eating and fasting (e.g., 16:8 fasting-to-eating ratio).	Simple to implement, can reduce overall caloric intake.	Not suitable for everyone, especially those with a history of disordered eating.

COMMON NUTRITION PLANS IN OBESITY TREATMENT



BEST DIET IS ONE YOU CAN STICK WITH!



Long-term Sustainable



Lifestyle Change



Consistency



KEY PRINCIPLES OF AN EFFECTIVE NUTRITION PLAN



INDIVIDUALIZATION OF DIET PLANS



CALORIC DEFICIT
WITHOUT
NUTRITIONAL
COMPROMISE

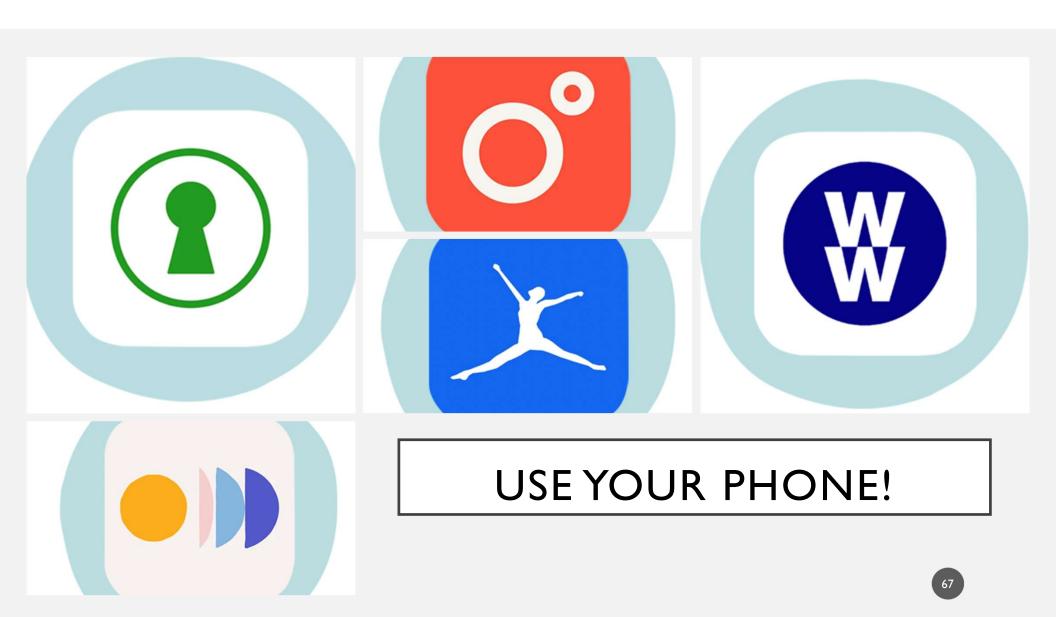


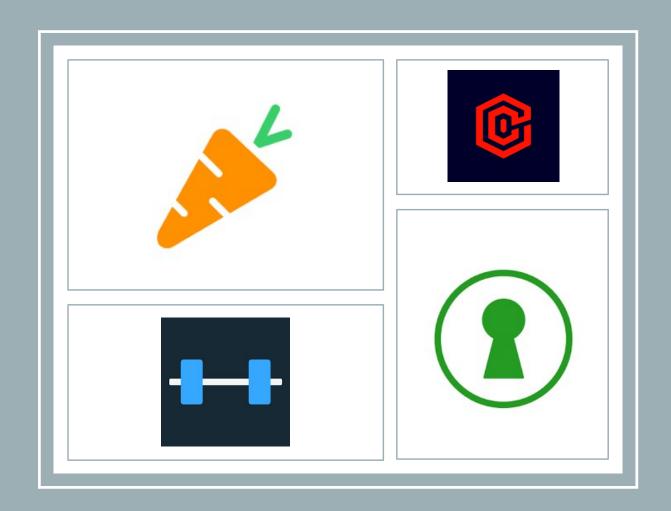
SUSTAINABILITY AND LONG-TERM ADHERENCE



BEHAVIORAL AND PSYCHOSOCIAL SUPPORT







MY PHONE



MY PHONE

PHYSICAL ACTIVITY



Benefits: Reduces the risk of chronic diseases, improves mental health, and enhances overall well-being.



Recommendations:

Adults: At least **150-300 minutes** of moderate-intensity exercise per week OR **75-150 minutes** of vigorous exercise.

Strength training at least twice per week.

Movement throughout the day (reduce sedentary time).



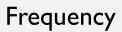
EXERCISE

Age Group	Type of Activity	Duration	Frequency	Intensity
Adults	Aerobic	I 50-300 min/week	Moderate-intensity: 5 days/week or Vigorous-intensity: 3 days/week or a combination	Moderate-intensity or Vigorous-intensity
	Muscle-strengthening	2 days/week	All major muscle groups	Moderate or high intensity
	Flexibility	At least 2-3 days/week	Hold each stretch for 10-30 seconds	To the point of tightness or slight discomfort
	Balance	Regularly, as part of daily activities	N/A	N/A



EXERCISE - FITTE







Intensity



Time or Duration



Туре



Enjoyment





Tobacco & Nicotine:

No safe level of smoking or vaping; quitting improves health at any age. Secondhand smoke exposure increases disease risk.



Alcohol:

Moderate use: Up to I drink/day for women, 2 for men.

Excessive use: Increases risk of liver disease, cancer, mental health disorders.



Other Substances: Avoid recreational drug use; seek professional help if struggling with addiction.

AVOID RISKY SUBSTANCES



STRESS MANAGEMENT



Chronic stress contributes to inflammation, high blood pressure, and mental health disorders.



Effective Strategies:

Mindfulness & meditation
Deep breathing exercises
Regular physical activity
Strong social support
Setting healthy boundaries and prioritizing self-care



BEHAVIOR



BEHAVIOR MODIFICATION PLAYS A CRUCIAL ROLE IN TREATING OBESITY BY FOCUSING ON PSYCHOLOGICAL AND EMOTIONAL NEEDS



INVOLVES IDENTIFYING AND CHANGING HABITS THAT CONTRIBUTE TO OBESITY



TECHNIQUES INCLUDE COGNITIVE-BEHAVIORAL THERAPY, MINDFULLNESS, AND GOAL SETTING

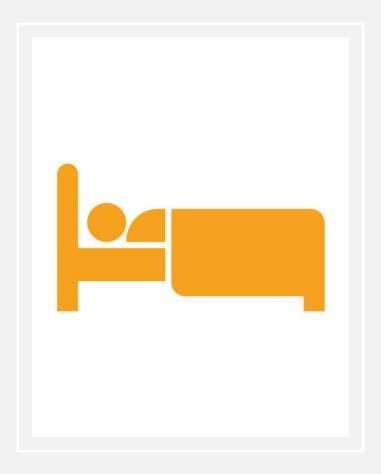


THESE STRATEGIES HELP DEVELOP HEALTHIER HABITS AND SUPPORT LONG-TERM WEIGHT MANAGEMENT



SLEEP

- Adults need 7-9 hours of sleep for optimal cognitive and physical function.
- Tips for Better Sleep:
 - Maintain a consistent sleep schedule.
 - Limit screen time before bed.
 - Create a dark, cool, and quiet sleep environment.
 - Avoid caffeine and heavy meals before bedtime.
- Screen for OSA





HEALTHY RELATIONSHIPS



Strong social ties are linked to lower stress, better heart health, and increased longevity.



Ways to Strengthen Connections:

Prioritize time with family and friends.

Engage in community activities.

Join clubs, support groups, or volunteer.

Foster meaningful in-person and virtual relationships.



WHAT IS HEALTHY WEIGHT LOSS?



Medical Supervision: Weight loss that is monitored by healthcare professionals, ensuring that any underlying medical conditions are managed and that the weight loss plan is appropriate for the individual's health

status



Sustainable

Weight Loss: Gradual weight reduction that can be maintained over the long term, typically through a balanced diet and regular physical activity, without extreme measures.



Balanced
Approach: Weight
loss achieved by
following a
nutritionally balanced
diet that includes all
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appropriate portions,
ensuring the body
receives essential
nutrients.



Safe Weight Loss:
Weight reduction
achieved without
compromising overall
health, typically
involving a loss of 1-2
pounds per week,
which is considered
safe and achievable by
most health experts.



Behavioral

Modification:
Weight loss that
incorporates changes
in behavior, such as
mindful eating, stress
management, and
developing healthy
eating and exercise
habits that can be
sustained over time...

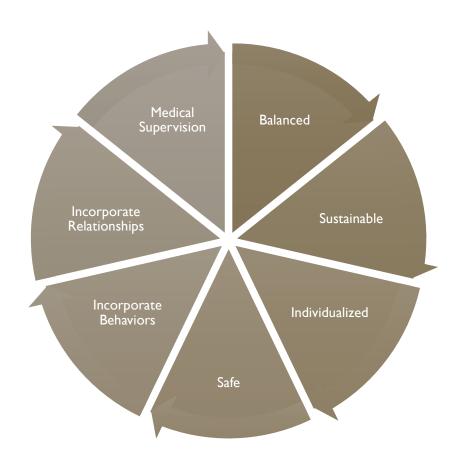


Holistic Weight
Loss: An approach
that considers
physical, emotional,
and psychological
factors, aiming for a
healthy body weight
while also promoting
overall well-being and
a positive relationship
with food.



Individualized Plan:
A weight loss strategy tailored to an individual's unique needs, preferences, and lifestyle, ensuring it is realistic and achievable for that person.





HEALTHY WEIGHT LOSS



SUMMARY

4 Pillars of Obesity Treatment

6 Pillars of Lifestyle Medicine Medical Management has come far Meds are meant to be used Long Term

Meds are NOT replacement for lifestyle

Focus on weight more than just number

Focus should be on overall health



RESOURCES

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QUESTIONS?