# What a Clinician Should Know About Treating Obesity

**1. Prevalence:** US obesity prevalence increased from 30.5% in 1999 to its current rate of 42.4%, and the prevalence of severe obesity increased from 4.7% to 9.2%.

**2. Multifactorial:** Obesity includes factors related to genetics and epigenetics, food and built environment, individual development, physiology, and patient behavior. All factors should be considered in an initial patient evaluation.

**3. Diabesity:** Is the relationship between type 2 diabetes and obesity. The risk of developing type 2 diabetes is 7 to 13 times higher for those with obesity. Weight loss has been associated with a range of positive health outcomes, including improved glycemic control and a reduction in HbA1c levels, an improved lipid profile, better blood pressure control, reduced risk of cardiovascular events, and a positive impact on inflammatory markers.

**4. Readiness:** Lifestyle modifications should be foundational and take a holistic approach, including nutrition, sleep, physical activity, stress, and other behaviors. A clinician should assess readiness to make changes, identify barriers to success, and consider adjunctive therapies when appropriate.

**5. Adjunct TX:** Roughly only 25% of individuals lose and maintain clinically meaningful weight loss with lifestyle modifications alone. When lifestyle modifications alone are not sufficient, pharmacotherapy should be considered. Pharmacotherapy should be considered sooner with significant obesity-related disease complications. The guidelines for medication as an adjunct therapy are: a BMI of 30 and above, or a BMI of 27 and above with weight-related comorbidities.

**6. TX:** Each medication has a specific safety profile, including precautions and contraindications and should be considered by risk versus benefit analysis. The recent high demand of weight loss medications means there are newer agents to keep informed of/provide patient information on.

**7. Surgery:** Bariatric surgery and endoscopic bariatric procedures are increasing. Laparoscopic sleeve gastrectomy comprises 70% of currently performed procedures, followed by laparoscopic gastric bypass (25%), adjustable gastric banding (3%), and duodenal switch (2%).

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