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Major treatment approaches in obesity management

Obesity management is multi-faceted, and should target both weight-related complications and adiposity to improve overall health and quality of life.[1]

Principal goals[2]

- Keep the patient metabolically healthy (if possible)
- Prevent complications
- Treat comorbidities
- Fight stigmatisation
- Restore well-being, positive body image and self-esteem

Broadly, there are 3 major approaches to weight management[3]

Lifestyle therapy **Pharmacotherapy** **Bariatric surgery**

These approaches do not work independently. One, two or all three approaches may be appropriate for your patient. And the approach should be flexible, responding to your patient's changing needs.

To improve the chances of long-term success, treatments should be tailored to your patient's specific needs and capacities.

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Lifestyle therapy underscores the management approach[3]

Modification of different aspects of your patient's lifestyle is key to the successful management of obesity. Lifestyle therapy is always a component of treatment, although different aspects of a patient's lifestyle may be the focus at different times.

Components of lifestyle therapy[4]

- **Reduced-calorie meal plan**
- **Physical activity**
- **Behaviour modification**
- **Mental health**
- **Sleep evaluation**

Lifestyle therapy should be individualised to your patient's personal and cultural preferences, and also take into account economic circumstances and any physical limitations.[4]

Meal Plan[4]	**Physical activity[4]**
Purpose Create an energy deficit	**Purpose** Progressively increase duration and intensity
Goal ~2000–3000 kilojoules/day	**Goal** >150 minutes/week of moderate exercise on 3–5 days/week Incorporate resistance training to promote fat loss
Behaviour modifications Routine weight monitoring Goal setting	**Behaviour modifications** Pair exercise with other interests e.g. use of cardio machine while watching TV[5] Use mobile and wearable activity tracker

Consider using a multidisciplinary team to develop and support behaviour modification.

If your patient does not achieve a 2.5% body weight loss in the first month, behaviour modification and support should be intensified.[4]

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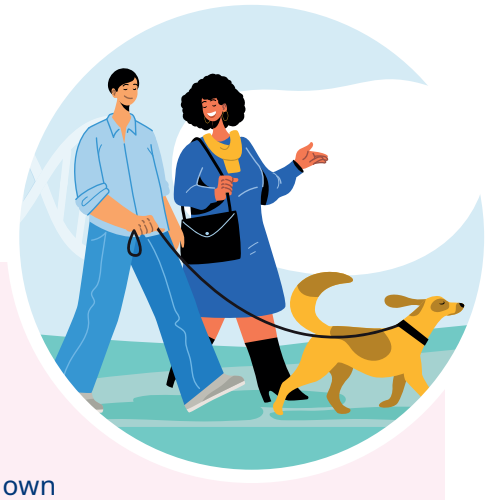

TREATMENT PLANNING

Pharmacotherapy can support lifestyle interventions

Pharmacological therapy may be considered part of a comprehensive strategy of disease management.[1] Anti-obesity medications have been shown to help patients:

- achieve greater weight loss and weight-loss maintenance than lifestyle therapy alone[6–8]
- maintain compliance[1]
- overcome the physiological changes that encourage weight regain[4]
- reduce obesity-related health risks[1,6–8]
- improve quality of life.[1]

When to consider pharmacotherapy for your patient[4]

No weight loss or no improvement in weight-related comorbidities on lifestyle therapy alone

Weight regain following initial weight loss on lifestyle therapy alone

In the presence of ≥1 weight-related comorbidity, particularly if severe

When response to bariatric surgery is incomplete or weight regain occurs

A variety of pharmacotherapies with different modes of action and safety profiles are available. When choosing a pharmacotherapy for your patient, tailor your choice with consideration of medical history, the presence of weight-related comorbidities, efficacy and safety profiles.

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The role of bariatric surgery

Bariatric surgery is intended to manage excess weight that is severe and/or associated with severe weight-related complications.[4]

Consider surgical intervention for your patients with a BMI ≥40 kg/m^2 or BMI ≥35 kg/m^2 + ≥1 obesity-related comorbidities (e.g. type 2 diabetes, hypertension, sleep apnoea and other respiratory disorders, non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, gastrointestinal disorders or heart disease).[3]

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