

# WHAT IS OBESITY MEDICINE?



**OBESITY MEDICINE:**  
THE FIELD OF MEDICINE DEDICATED TO THE  
COMPREHENSIVE CARE OF PATIENTS WITH OBESITY

## HOW DO YOU MEASURE OBESITY?



### BODY MASS INDEX <sup>1,2,3</sup>

Classification (kg/m <sup>2</sup> ):	NORMAL WEIGHT	OVERWEIGHT	CLASS I OBESITY	CLASS II OBESITY	CLASS III OBESITY
♂ ♀	18.5-24.9	25.0-29.9	30.0-34.9	35.0-39.9	≥40

## LOOKING BEYOND BMI:

### % PERCENT BODY FAT <sup>4</sup>

Classification:	ESSENTIAL FAT	ATHLETES	FITNESS	ACCEPTABLE	OBESITY
♂	2-5%	6-13%	14-17%	18-24%	≥25%
♀	10-13%	14-20%	21-24%	25-31%	≥32%



### WAIST CIRCUMFERENCE <sup>5,6,7,8</sup>

Classification:	ABDOMINAL OBESITY	
♂	≥40 inches	≥102 centimeters
♀	≥35 inches	≥88 centimeters



### EDMONTON OBESITY STAGING SYSTEM <sup>9</sup>

#### STAGE 0

No obesity-related risk factors



#### STAGE 1

Pre-clinical risk factors: borderline HTN or DM, minor aches, or psychopathology



#### STAGE 2

Established obesity-related disease: HTN, DM, PCOS, moderate limitations ADL



#### STAGE 3

Established organ damage: MI, CHF, DM comp, significant limitations of ADL



#### STAGE 4

Severe disabilities; end stage and limitations (e.g., wheelchair use)

The Edmonton Obesity Staging System applies a staging system of the medical, mental, and possible functional limitations a patient with obesity may experience, helping clinicians assess risk for that individual and evaluate how their weight affects their health.



### CHRONIC WEIGHT MANAGEMENT REDUCES THE COST OF LIVING BY REDUCING: <sup>10,11,12</sup>

MEDICATIONS	CO-PAYS	TIME OFF WORK AND LOST WAGES	HOSPITALIZATIONS
FOOD COSTS	ACCIDENT PRONENESS	RISK FOR CANCER & OTHER CHRONIC DISEASES	MEDICAL VISITS

### CHRONIC WEIGHT MANAGEMENT ALSO REDUCES DISEASE RISK <sup>13</sup>

Potential impact of 5% average BMI reduction in the U.S. by 2020:

3.6 Million diabetes cases avoided	1.9 Million arthritis cases avoided
3.5 Million hypertension cases avoided	0.3 Million cancer cases avoided
2.9 Million heart disease and stroke cases avoided	

## WHAT DOES COMPREHENSIVE MEDICAL OBESITY TREATMENT INCLUDE?



Nutrition



Physical Activity



Behavior



Medication

References: **1** De Lorenzo A, Soldati L, Sarlo F, Calvani M, Di Lorenzo N, Di Renzo L: New obesity classification criteria as a tool for bariatric surgery indication. *World J Gastroenterol* 2016 22:681-703; **2** Rahman M, Berenson AB: Accuracy of current body mass index obesity classification for white, black, and Hispanic reproductive-age women. *Obstet Gynecol* 2010 115:982-988; **3** Misra A, Shrivastava U: Obesity and dyslipidemia in South Asians. *Nutrients* 2013 5:2708-2733; **4** American Council on Exercise: What are the guidelines for percentage of body fat loss? <http://www.acefitness.org/acefit/healthy-living-article/60/112/what-are-the-guidelines-for-percentage-of-body-fat> (Accessed August 20, 2016); 2009; **5** Jacobson TA IM, Maki KC, Orringer CE, Bays HE, Jones PH, McKenney JM, Grundy SM, Gill EA, Wild RA, Wilson DP, Brown WV: National Lipid Association recommendations for patient-centered management of dyslipidemia: Part 1 - executive summary. *J Clin Lipidol* 2014 8:473-488; **6** Bays H: Central obesity as a clinical marker of adiposopathy: increased visceral adiposity as a surrogate marker for global fat dysfunction. *Curr Opin Endocrinol Diabetes Obes* 2014 21:345-351; **7** Carroll JF, Chiapa AL, Rodriguez M, Phelps DR, Cardarelli KM, Vishwanatha JK, Bae S, Cardarelli R: Visceral fat, waist circumference, and BMI: impact of race/ethnicity. *Obesity* 2008 16:600-607; **8** Wang Z, Ma J, Si D: Optimal cut-off values and population means of waist circumference in different populations. *Nutr Res Rev* 2010 23:191-199; **9** Sharma AM, Kushner RF: *Int J Obes* 2009;33:289-95; **10** Health Management Research Center, University of Michigan, 2001; **11** U.S. Bureau of Labor Statistics, Consumer Expenditures in 2006; **12** Colditz GA: Economic costs of obesity and inactivity. *Med Science Sports Exercise* 1999; **13** Levi et al: F as in fat: how obesity threatens America's future. 2012; **14** Waters H, DeVol R: Weighing down America: The health and economic impact of obesity. Milken Institute 2016.

## ASPECTS OF OBESITY MEDICINE



What Is Obesity Medicine?



Chronic Disease of Obesity



Assessment and Evaluation



Nutrition



Physical Activity



Behavior



Medication



### Clinical Pearls

### What Is Obesity Medicine?

- 1) Obesity medicine is the field of medicine dedicated to the comprehensive care of patients with obesity.
- 2) Obesity medicine clinicians often use measurements other than BMI to diagnose obesity.
- 3) The comprehensive clinical approach to obesity treatment involves nutrition, physical activity, behavior, and medication.
- 4) Even modest (5%) weight loss is clinically meaningful and reduces the cost of living for patients with obesity.
- 5) In 2014, the direct and indirect costs associated with treating obesity and obesity-related conditions totaled \$1.42 trillion.<sup>14</sup>
- 6) Physicians can certify in obesity medicine through the American Board of Obesity Medicine.
- 7) Comprehensive obesity treatment may include intermediary procedures or surgical intervention.



### Continue Your Learning Online

Continue your education about **obesity medicine** on the Obesity Medicine Academy, the premier online learning platform for evidence-based, peer-reviewed clinical obesity education, brought to you by the Obesity Medicine Association.

Visit [www.OMAcademy.org](http://www.OMAcademy.org) and use the search bar to find any of the following presentations that will enhance your knowledge of **obesity medicine**.

#### Suggested Educational Presentations:

- 1) **The Obesity Algorithm**  
Harold Bays, MD, FTOS, FACE, FNLA
- 2) **Eat More, Exercise Less**  
Ethan Lazarus, MD
- 3) **A Complications-based Clinical Staging of Obesity to Guide Treatment**  
Sunil Daniel, MD

Obesity  Medicine  
Academy

### About the Obesity Medicine Association

The Obesity Medicine Association (OMA) is the largest organization of clinicians dedicated to preventing, treating, and reversing the disease of obesity. Members of OMA believe treating obesity requires a scientific and individualized approach comprised of nutrition, physical activity, behavior, and medication. When personalized, this comprehensive approach helps patients achieve their weight and health goals.

Visit [www.obesitymedicine.org](http://www.obesitymedicine.org) to learn more.

### About the Obesity Treatment Foundation

The Obesity Treatment Foundation is a 501(c)(3) charitable organization developed to elevate awareness among health care professionals that obesity is a chronic disease warranting comprehensive medical management by qualified professionals and amplify the quantity and quality of clinician-driven, practice-based obesity treatment research.

Visit [www.obesitytreatmentfoundation.org](http://www.obesitytreatmentfoundation.org) to learn more.

Clinician Information