



**Managing weight with the help of a medical professional can be a useful tool in treating obesity. Weight management can greatly improve overall health and lessen the impact of the diseases and conditions that can accompany obesity.**

Medical weight management options are available for individuals living with excess weight and obesity and have proven results following modest to moderate weight-loss:

- Effective treatment can be provided in primary care settings, weight management clinics, community-based programs, by a dietitian, web-based programs or through commercial programs that are evidence-based.<sup>1</sup>
- Overall lifestyle modifications generally result in a weight-loss of 5-10% of excess body weight.<sup>2</sup>
- Individuals participating in weight management programs tend to lose 3-5% more weight than those following self-directed programs.<sup>3</sup>
- To achieve the greatest rate of success, lifestyle modifications should have manageable goals and include eating habits, physical activity and overall behavior modifications. They may also include prescription medications for continued weight management.<sup>4</sup>
- Medications approved for long-term obesity treatment, when used with lifestyle modifications, lead to greater weight-loss and increased likelihood of meaningful 1-year weight outcomes.<sup>2</sup>
- Some of the medications used for long-term weight management have been proven to achieve weight-loss of 5-15%.<sup>5</sup> Results of the use of medication for the treatment of obesity may vary.

Medical weight management reduces effects of chronic diseases:

- Nearly 32% of U.S. adults have hypertension, also known as high blood pressure. Modest weight-loss, as small as 10 pounds, can lower one's blood pressure.<sup>6</sup>
- The CDC reports that 9.4% of Americans have diabetes, with an additional 84.1 million people diagnosed with prediabetes. <sup>7</sup> A landmark National Diabetes Prevention Program (DPP) study found that the progression from prediabetes to type 2 diabetes is reduced by 59% when lifestyle modifications are made.<sup>8</sup>
- Sleep apnea may lead to additional chronic diseases including type 2 diabetes<sup>9</sup> and cardiovascular diseases.<sup>10</sup> Medical weight management can reduce the severity of sleep apnea.<sup>11</sup>
- Medical weight management can decrease inflammatory markers, which are predictors of chronic disease.<sup>12</sup>

## Medical weight management provided by an obesity medicine physician is a resource for patients affected by excess weight or obesity:

Obesity medicine physicians are committed to providing evidence-based treatments for obesity through a comprehensive approach including lifestyle modifications. These modifications include healthy eating, physical activity, prescription medicines and surgical treatment options.<sup>13</sup>

Working with an obesity medicine physician can significantly improve the patient experience. It can also increase results through continued counseling and a range of treatment options including referrals to dietitians, exercise physiologists, physiologists and bariatric surgeons.<sup>12, 14</sup>

## Minorities and middle-aged adults suffer from higher rates of obesity:

Non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%).<sup>15</sup>

Obesity is higher among middle-aged adults (age 40-59 years; 40.2%) and older adults (age 60 and over; 37.0%) than among younger adults (age 20-39; 32.3%).<sup>15</sup>

## The costs and health effects of being overweight and living with obesity are high:

Just over 70% of Americans are currently overweight, with nearly 40% having obesity.<sup>16,17</sup>

Excess weight is associated with the development of additional chronic diseases such as: type 2 diabetes, high blood pressure, high cholesterol, heart disease, stroke, gallbladder disease, sleep apnea and osteoarthritis. The risk for developing these diseases can increase as an individual's weight increases. And the overall risk of developing diabetes can double for people with obesity rather than excess weight.<sup>18</sup>

Around 75% of people with severe obesity have at least one other health-related condition (type 2 diabetes, hypertension, sleep apnea, etc.) which can increase the risk of premature death.<sup>19</sup>

The National Institutes of Health (NIH) reports that adults dealing with severe obesity are most likely to die from cancer, diabetes or heart disease, and that years of lost life could be as high as 14 when compared to a healthy adult of the same age.<sup>20</sup>

A substantial and rising percentage of healthcare costs are associated with the treatment of obesity. In 2015, 7.91% of health spending went toward obesity-related illness and spending on obesity-related illness increased 29% between 2001 and 2015.<sup>21</sup>

## Insurance coverage for medical weight management is not sufficient. Many individuals affected by excess weight and obesity do not have access to specialized care. This places an economic burden on the healthcare system as costs increase with disease progression:

Offering medical treatment for obesity makes economic sense as these individuals are at risk for developing additional and costlier chronic diseases.<sup>18</sup>

State and individual spending on obesity-related medical care varies by state. For example, in New York 10.9% of Medicaid spending was for obesity-related illness while Kentucky and Wisconsin each spent 20%.<sup>21</sup>

In 2008 the total amount spent on medical costs associated with obesity was \$147 billion. That equates to an individual increase in health care costs of \$1,429 each year compared to an individual without obesity.<sup>22</sup>

## REFERENCES:

1. Carvajal R, Wadden TA, Tsai AG, Peck K, Moran CH. Managing obesity in primary care practice: a narrative review. *Ann N Y Acad Sci*. 2013;1281:191-206.
2. Yanovski, S. L., M. D., Yanovski, J. A., M. D., PhD. (2014). Long-term Drug Treatment for Obesity: A Systematic and Clinical Review. *JAMA* 1;311(1):74-86. doi: 10.1001/jama.2013.281361.
3. Johns Hopkins Medicine. (2015, April 6). Few Commercial Weight-Loss Programs Show Reliable Evidence of Effectiveness, Johns Hopkins Reports [Press release]. Retrieved from [https://www.hopkinsmedicine.org/news/media/releases/few\\_commercial\\_weight\\_loss\\_programs\\_show\\_reliable\\_evidence\\_of\\_effectiveness\\_johns\\_hopkins\\_reports](https://www.hopkinsmedicine.org/news/media/releases/few_commercial_weight_loss_programs_show_reliable_evidence_of_effectiveness_johns_hopkins_reports)
4. Marion J. Franz, MS, RD; Jeffrey J. VanWormer, MS, A. et al. Weight-Loss Outcomes: A Systematic Review and Meta-Analysis of Weight-Loss Clinical Trials with a Minimum 1-Year Follow-Up. *Journal of the American Dietetic Association*, Volume 107, Issue 10, October 2007, Pages 1755–1767.
5. W Timothy Garvey, Donna H Ryan, Michelle Look, Kishore M Gadde, et.al. Two-year sustained weight loss and metabolic benefits with controlled release phentermine/topiramate in obese and overweight adults (SEQUEL): a randomized, placebo-controlled, phase 3 extension study 1-3. *Am J Clin Nutr* 2012;95:297-308.
6. Department of Health and Human Services. (2003). Your Guide to Lowering Blood Pressure [Brochure]. Washington, DC. [https://www.nhlbi.nih.gov/files/docs/public/heart/hbp\\_low.pdf](https://www.nhlbi.nih.gov/files/docs/public/heart/hbp_low.pdf)
7. Centers for Disease Control. (2017, July 18). New CDC report: More than 100 million Americans have diabetes or prediabetes [Press release]. Retrieved from <https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html>
8. Diabetes Prevention Program Research group. Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. *The New England Journal of Medicine*. 2002, Vol. 346, No. 6.
9. Knutson KL, Ryden AM, Mander VA, Van Cauter E. Role of sleep duration and quality in the risk and severity of type 2 diabetes mellitus. *Arch Intern Med* 2006;166:1768–1764.
10. Kasasbeh E, Chi DS, Krishnaswamy G. Inflammatory aspects of sleep apnea and their cardiovascular consequences. *South Med J* 2006;99:58–67.
11. Samuel T. Kuna, MD; David M. Reboussin, PhD; Kelley E. Borradaile, PhD; Mark H. Sanders, MD; et al. Sleep AHEAD Research Group of the Look AHEAD Research Group. Long-Term Effect of Weight Loss on Obstructive Sleep Apnea Severity in Obese Patients with Type 2 Diabetes. *SLEEP* 2013;36(5):641-649.
12. Katherine Esposito, MD, Alessandro Pontillo, MD, Carmen Di Palo, Giovanni Giugliano, MD, et al. Effect of weight loss and lifestyle changes on inflammatory markers in obese women. A randomized trial. *JAMA*, April 9, 2003, Vol. 289, No. 14.
13. B. (Ed.). (2014, March 26). The Role of the Obesity Medicine Physician. *Bariatric Times*. <http://bariatrictimes.com/the-role-of-the-obesity-medicine-physician/>
14. (2014, April 28). Retrieved from <http://www.abom.org/>. Home Page
15. Alison F. Field, ScD; Eugenie H. Coakley; Aviva Must, PhD; Jennifer L. Spadano, MA; et al. Impact of Overweight on the Risk of Developing Common Chronic Diseases During a 10-Year Period. *Arch Intern Med*. 2001;161:1581-1586.
16. National Center for Health Statistics. (2017, May 03). Retrieved from <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>
17. Kaplan, L. M., Golden, A., Jinnett, K., Kolotkin, R. L., Kyle, T. K., Look, M., Dhurandhar, N. V. (2017). Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study. *Obesity*, 26(1), 61-69. doi:10.1002/oby.22054
18. Must A, Spadano J, Coakley EH, Field E, et al. The Disease Burden Associated with Overweight and Obesity. *JAMA*, 1999;282:1523-1529.
19. National Institutes of Health, NCI Press Office. (2014, July 8). NIH study finds extreme obesity may shorten life expectancy up to 14 years [Press release]. National Institutes of Health. Retrieved from <https://www.nih.gov/news-events/news-releases/nih-study-finds-extreme-obesity-may-shorten-life-expectancy-14-years>
20. Biener, A., Cawley, J., & Meyerhoefer, C. (2017). The Impact of Obesity on Medical Care Costs and Labor Market Outcomes in the US. *Clinical Chemistry*, 64(1), 108-117. doi:10.1373/clinchem.2017.272450
21. Odgen, C. L., PhD, Carroll, M. D., MSPH, & Kit, B. K., MD, MPH. (2014). Prevalence of Obesity in the United States. *Jama*, 312(2), 188. doi:10.1001/jama.2014.6225
22. Centers for Disease Control Data and Statistics. (2018, March 05). Retrieved from <https://www.cdc.gov/obesity/data/adult.html>