THE 5 PRINCIPLES OF OBESITY

PRINCIPLE 1
It is undeniable that obesity is a chronic disease.

- Obesity is a chronic, progressive and relapsing disease, characterized by the presence of abnormal or excess adiposity that impairs health and social well-being.
- Obesity increases the risk for a range of health conditions such as type 2 diabetes, high blood pressure, cardiovascular disease, types of cancer, mental health conditions, sleep apnea, degenerative joint disease, fertility or fatty liver disease.
- BMI is useful as a screening tool for risk assessment but should not be used as the sole criteria for obesity. Obesity is a diagnosis that should be made by a qualified HCP based on a comprehensive medical assessment.

PRINCIPLE 2
Obesity is driven by powerful underlying biology, not choice.

- Obesity is a chronic condition resulting from a combination of genetic, environmental, behavioral, social and other factors. Obesity therefore should not be considered a personal failure or as arising from a lack of willpower.
- Obesity is a complex, heterogeneous disease requiring comprehensive evaluation and a personalized treatment plan.
- Body weight is not a sole indicator of obesity. When someone loses weight, the presence of obesity still exists.
- With weight-loss the body recruits a range of biological responses in appetite and energy expenditure that promote weight regain.

PRINCIPLE 3
The many health effects of excess weight can start early.

- Adverse health effects of excess body fat can start early in life.
- Preventing excess weight gain likely has health benefits.
- Healthy lifestyle habits that are advocated for weight-loss are also beneficial to prevent weight gain.
- Movement and healthy behaviors are beneficial for all individuals.
- It is difficult to prevent obesity because biological, environmental, social and behavioral factors influence what and how much we eat.
People living with obesity face substantial bias and stigma in employment, social situations and medical care. People living with obesity may internalize this bias and stigma leading to adverse effects on self-esteem and access to health care. People living with obesity deserve respect, support and appropriate treatment. Limited access to obesity treatment denies people living with obesity the chance for improved health. Not all people living in larger bodies have obesity. The choice to treat, or not to treat obesity is an individual preference.

There are a range of treatments available that have strong scientific support. The focus of treatment is to benefit health, not just reduce weight. Obesity treatment is lifelong and chronic. There are health benefits to 3–5% weight-loss, and more weight-loss generally has greater benefits. Responses to obesity treatments are highly variable from person to person. There is no one nutritional strategy that is the best for health or weight. Consuming healthful, nutritious foods is beneficial to health. There are a number of anti-obesity medications (AOMs) that are government approved and are appropriate for use in people with obesity. Metabolic surgery is currently the most effective treatment leading to 25–30% weight-loss, remission of diabetes, evidence of reduced mortality.

Information provided by the International Obesity Collaborative (IOC).