

International Obesity Collaborative **CONSENSUS STATEMENT**

Obesity Care vs. Weight Loss



Obesity care and weight loss are not the same.

Obesity care delivered by qualified clinicians consists of evidence-based options that address comorbidities of obesity (diabetes, hypertension, hyperlipidemia, etc.) and improve well-being. Obesity care is about health, not weight. Weight loss is just one outcome of obesity care.

Obesity is a serious, relapsing chronic disease that requires long term care, just like any other chronic disease. Safe and effective evidence-based obesity treatments that improve patient health are available.

Evidence-based treatments for obesity and severe obesity may include: nutrition and behavior modification, physical activity, medications, approved devices, and metabolic/bariatric surgery. In decisions shared with patients, clinicians utilize one or more of these modalities to treat obesity.

Globally, medical coverage limits access to effective obesity care, to the detriment of patient health. National statutes and medical insurance coverage have not kept pace with evidence and advances in clinical science. Like other serious chronic diseases, support for obesity care must be incorporated into national public health strategies and include standard benefits and coverage for obesity across the lifespan.

People with obesity deserve care, free from stigma and shame.

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Body Mass Index (BMI)



Body mass index (BMI) is a measure used to screen for obesity that neither defines the disease nor replaces clinical judgment. Social determinants, race, ethnicity, and age can modify the risk associated with a given BMI. Successful obesity management should be measured by the health and quality-of-life goals established through shared decision making by the patient and their healthcare provider rather than changes in BMI alone.

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CONSENSUS STATEMENT:

Drug Compounding & the Imperative for Safe Obesity Care



People living with the disease of obesity must be able to access safe and effective obesity treatments.

- For individuals living with obesity, the safety of treatments and care to manage one's disease and improve quality of life is paramount.
- Obesity medications, like GLP-1 (glucagon-like peptide-1)-based therapies, have proven efficacy and a growing list of secondary health benefits. The approval of these treatments by government regulators has increased optimism within the obesity community, where people with the disease seek safe and effective obesity care.
- Supply and affordability barriers, however, inhibit people living with obesity from accessing evidence-based approved products.
- Our groups do not recommend the use of compounded GLP-1 alternative products as they lack the same level of safety and efficacy testing of approved medications and potentially pose serious health risks due to impurities or other additives.

People living with obesity have a right to approved medications and should not be subject to sub-standard healthcare. Policy reform to address ongoing supply shortages and affordability barriers is critical to improve equitable access to safe, effective obesity care for all people living with obesity.

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CONSENSUS STATEMENT:

Health Equity in Obesity Care



People living with the disease of obesity deserve equitable access to safe, effective, and compassionate care.

- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.
- Factors such as socioeconomic status, race and ethnicity, immigration and citizenship status, education, geography, and culture influence people's ability to access healthcare, including obesity care, and the quality of the care they receive.
- Additional considerations such as access to healthy food, safe places to be physically active, and healthcare, as well as stress, bias, income, and environmental conditions can influence a person's opportunity to prevent, manage, or treat obesity.
- Governments, researchers, public healthcare professionals, healthcare clinicians, and industry must prioritize health equity as they design evidence-based obesity prevention strategies and deliver obesity care, including by:
 - Recognizing obesity as a complex, chronic disease;
 - Expanding access to care, coverage, and standard of care policies;
 - Improving representation of obesity in clinical trials;
 - Addressing weight bias in policy and among policymakers; and
 - Prioritizing education and training of clinicians.

By prioritizing policy action to improve social determinants and economic conditions, communities can better support their most underserved members. All people living with obesity deserve a fair opportunity to manage their symptoms, and safely and effectively attain optimal health.

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