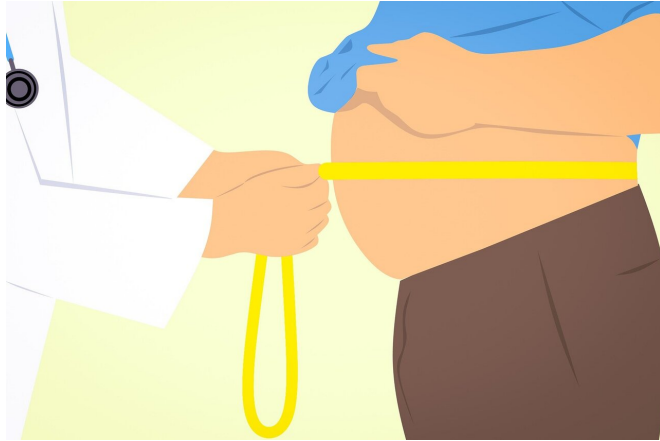


New obesity guideline: Address root causes as foundation of obesity management

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Obesity management should focus on outcomes that patients consider to be important, not weight loss alone, and include a holistic approach that addresses the root causes of obesity, according to a new clinical practice guideline published in *CMAJ* (*Canadian Medical Association Journal*).

"People with [obesity](#) experience [weight](#) bias and stigma, which contribute to increased complications and mortality, independent of weight or BMI," says Dr. Sean Wharton, co-lead of the guideline and adjunct professor at McMaster University, Hamilton, Ontario. "The first step to [obesity management](#) is to recognize your own bias. If you see people living with obesity as lacking willpower, or as noncompliant, then you likely have weight bias. Obesity needs to be managed with a focus on giving unbiased care to patients, showing compassion and empathy and using evidence-based interventions with an emphasis on patient-centred outcomes."

The comprehensive guideline, developed by Obesity Canada and the Canadian Association of Bariatric Physicians and Surgeons, is based on the

latest evidence, which reflects substantial advances in the epidemiology, determinants, assessment, treatment and prevention of obesity. An update to the 2006 guideline, the new guidance incorporates the perspectives of people with lived experience of obesity as well as experts in the management of obesity.

Over the past 30 years, the prevalence of obesity has increased substantially around the globe, with a threefold increase in Canada. The prevalence of severe obesity has increased even further, with more than 1.9 million Canadian adults affected.

The new guideline targets primary health care professionals, [policy-makers](#), people living with obesity and their families.

Key recommendations:

1. Ask permission to discuss weight: Health care practitioners must recognize obesity as a chronic disease with stigma and should not assume all patients with obesity are prepared to address it. This step helps to manage bias against people living with obesity.
2. Assess their story: Discuss the patient's history to understand the root causes of obesity, combined with physical examination, calculation of body mass index (BMI) and other investigations.
3. Advise on management: Discuss treatment options, such as nutrition and exercise, psychological interventions, medications to achieve and maintain weight loss, and bariatric surgery.
4. Agree on goals: Collaborate on a personalized, sustainable long-term action plan with realistic expectations.
5. Assist with barriers and drivers of weight gain: Barriers include lack of access to [health care providers](#) with expertise in obesity, lack of coverage

of obesity medications by drug plans in Canada and long wait times for [bariatric surgery](#).

"Working with people to understand their context and culture, integrating their root causes, which include biology, genetics, social determinants of health, trauma and [mental health issues](#), are essential to developing personalized plans," says Dr. David Lau, co-lead of the guideline and professor at the University of Calgary. "These plans can become part of a long-term therapeutic relationship with follow-up of obesity-related [chronic diseases](#)."

More information: *Canadian Medical Association Journal* (2020).
www.cmaj.ca/lookup/doi/10.1503/cmaj.191707

Podcast:
soundcloud.com/cmajpodcasts/191707-guide

Provided by Canadian Medical Association
Journal

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