

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/world-obesity-day-call-to-action/32837/>

Released: 03/04/2025

Valid until: 12/31/2025

Time needed to complete: 1h 29m

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

World Obesity Day: Call to Action

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Ryan:

This is CME on ReachMD, and I'm Dr. Donna Ryan. Here with me today is Dr. Ricardo Cohen. March 4th is World Obesity Day, and we're discussing the call to action on obesity treatment and diagnosis and management.

Ricardo, tell us where you're from and what the obesity rates are like in your country?

Dr. Cohen:

Hi Donna. I am Ricardo Cohen, a bariatric and metabolic surgeon from Brazil, and I'm currently the President of IFSO, the International Federation for the Surgery of Obesity. So I have, besides a regional perspective, a global perspective of the problem that we face: obesity.

Dr. Ryan:

Yeah. In the United States, we have very high rates of obesity. And in fact, almost three-fourths of the population is overweight, and more than 40% has obesity.

What's it like in your country?

Dr. Cohen:

Well, here in my country, in Brazil, we have around 32% to 35% of people with overweight and obesity. So it's a real challenge to face this. The public health authorities, the private insurers, are struggling to control this pandemic.

Dr. Ryan:

Yeah. Around the world, no country is exempt from obesity. And in fact, there are over 1 billion adults and children with obesity across the globe. It's really a staggering phenomenon. But you know, Ricardo, is not really about body size. It's about body health. It's about how obesity affects our health. I understand you were recently on the Lancet Commission. Tell us a little bit about that experience and what the Lancet committee found.

Dr. Cohen:

Exactly. We, the commissioners, were 56 commissioners involved for the past 4 years in trying to define obesity as a standalone disease, so I don't need another disease to make the diagnosis of obesity. So we could define, the new definition of obesity, like clinical obesity and preclinical obesity, away from BMI itself, because we don't have to define a disease by the corpulence of the person, through what the disease brings to their health and to their daily life activities. So this was the main, in 30 seconds, the main goals of the Lancet Commission, to prioritize treatment to people who need it most by defining what's clinical obesity and what's preclinical obesity.

Dr. Ryan:

Well, you certainly got everybody talking about this. And it's a very good thing that we recognize that BMI, which is a measure of body size, is not a measure of body fat. It doesn't tell us where that body fat is located. And what we're really trying to do in addressing obesity is address body health. So there are many complications of obesity driven by excess, abnormal body fat, and that's that clinical obesity. So I think, kudos to you, and congratulations to the Lancet Commission getting this before us all.

Dr. Cohen:

Donna, we are living an exciting time for treating obesity with the new hormonal analogs: the GLP-1 receptor analogs, dual receptors, and soon to come, the triple- receptor agonists. What are your thoughts about this new revolution on obesity treatment and its complications? Because we have several different outcomes on the trials that are very exciting. Please, Donna.

Dr. Ryan:

Oh, thank you for that question, Ricardo. This is the golden age of medicating to help patients lose weight to get greater health benefits. So what's going on is that our understanding of the biologic regulation of food intake has increased to the point where we have really defined some great targets for medications. And the GLP-1 receptor agonists, along with targeting other similar receptors, GIP, glucagon, amylin, these targets have transformed weight loss.

I think the patients are very, very encouraged about the amount of weight loss that we can get with these medications. Most patients can lose enough weight to get clinical benefit. And the medicines that are coming in the pipeline are producing more and more weight loss. So that's wonderful.

But Ricardo, one of the most important things about these medications is that they have disease-modifying characteristics. Yeah, what that means is that it's not just about weight loss. These medications have other effects not mediated through weight loss necessarily, but they improve glycemia, reduce blood pressure. They can reduce cardiovascular events, heart attack and stroke and sudden cardiovascular death. They can prevent the progression of kidney failure. They can treat obstructive sleep apnea. Wow. Improve osteoarthritis. These are all things we've proven about these medications.

Now, I want to give you credit, bariatric surgery has shown these very same things. What this means for the medications is that people who don't qualify for bariatric surgery can still have the benefits of weight loss.

Dr. Cohen:

Exactly.

Dr. Ryan:

Yeah. And even more important, it's likely to change the treatment landscape of the chronic diseases. The real public health challenge globally are the noncommunicable diseases, the chronic diseases. These are the diseases that are affecting the health of the world. So it's cardiovascular disease, it's cancer, it's diabetes and other metabolic diseases, it's kidney failure, it's liver disease. Many of these can be improved—improved outcomes with these medications.

So it's both the weight loss and the disease-modifying properties. It's a one-two punch.

Dr. Cohen:

Yes, very exciting news. And I think this is a life-changing medication, regardless of the single or triple agonist, hormonal agonist. So I think we are living the golden age of treating obesity and all the diseases that come with it.

Dr. Ryan:

And Ricardo, we cannot just rest on our laurels. We've got a lot of work to do. We need a trained workforce in how to prescribe these medications. And we need to make these medications accessible to our patients. We've got work to do.

Dr. Cohen:

Yeah, a lot of work. But working together, we go further.

Dr. Ryan:

Yeah, fantastic. I think the good thing about World Obesity Day is it makes everybody focus on this disease. So this is a campaign that's sponsored by every obesity society. I know IFSO is involved in promoting World Obesity Day. And just to remind everybody that is March 4th. March 4th. And so the World Obesity Federation coordinates it, and that is a great organization. It has a wonderful website with an observatory on it. And what I mean by that is it has the data for the obesity prevalence and impact on the chronic diseases and on cost for all the countries across the globe. I know IFSO participates in some of WOFs activities. Can you describe a few more things that WOF brings to us?

Dr. Cohen:

Oh, yes. WOF and IFSO are partners. So we co-chair SCOPE Schools to teach general practitioners and our healthcare providers on the landscape of obesity, how to treat them, how to approach the patient, and how to avoid stigmatizing the patient with obesity. So obesity is not a lack of willpower; it's not a voluntary thing; it's not a mental disorder. It is a disease that deserves attention and treatment. So partnering IFSO and WOF makes our mission easier because they're 2 large federations with several different societies under the umbrella of the federations to drive all the efforts against obesity stigma and treating patients according to what they deserve.

Dr. Ryan:

I think that is the one point I want to bring up about World Obesity Day: It really brings attention to obesity as a disease, not a moral failure. And I think it helps destigmatize obesity. People around the world feel judged for their body weight when this is largely not under their control. Obesity is a disease. It is not a choice. It's not a matter of willpower.

So I'm going to let you finish up, Ricardo, with giving us a call to action for World Obesity Day.

Dr. Cohen:

The call to action is clinical obesity is a disease by itself. We don't need other diseases to make the diagnosis of clinical obesity. However, we understand that obesity brings other diseases that walk hand by hand, like type 2 diabetes, like sleep apnea, like every other chronic disease is linked to obesity and even cancer. Obesity is a big risk factor for cancer. So the call to action is treat the patient accordingly. Do not stigmatize him or her. Bring him the idea that it's not a lack of willpower; it's not their fault. Take out the fault over their shoulder because it's a treatable disease. And again, it's a very excellent time, because we have different options to treat those patients, again, with the new pharmacotherapy, even the

traditional pharmacotherapy, bariatric surgery, and the combined strategies. So the call to action is bring your patient, treat him well, remove the guilt from his shoulders, and let's treat it. And let's face this pandemic and fight it.

Dr. Ryan:

Well said. Thank you very much.

This is CME on ReachMD, and I'm Dr. Donna Ryan along with Ricardo Cohen. Thank you for listening to us about World Obesity Day, March 4th, 2025.

Announcer:

You have been listening to CME on ReachMD. This activity is provided by Prova Education and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/Prova. Thank you for listening.