

Formally diagnosing obesity may be the first step you can take to help your patients with weight management¹

Obesity is a chronic disease that has a considerable impact on a patient's health²







In adults ages 20 to 39 years with a BMI of \geq 35 kg/m², life expectancy may be decreased by up to 8 years³

Obesity is associated with a reduced life expectancy



Patients with obesity experience cardiovascular disease events at an earlier age, live with cardiovascular disease longer, and have shorter lifespans than those with normal weight^{4†}

*Calculated years of life lost in men and women with a BMI of 30 to <35 kg/m² compared with those with ideal body weight, defined as a BMI of 18.5 to <25 kg/m². Data are based on cardiometabolic risk factors in US adults in the National Health and Nutrition Examination Survey data from 2003 to 2010.³ [†]Population-based study with pooled individual-level data from adults (baseline age 20-39, 40-59, and 60-79 years) free from clinical cardiovascular disease at baseline across 10 large US prospective cohorts, with 3.2 million person-years of follow-up from 1964 to 2015 (n=190,672).⁴ BMI, body mass index; US, United States.







The prevalence of obesity has increased significantly, emerging as a heightened societal burden⁵

Obesity is a well-known risk factor for leading causes of premature mortality





Adapted from de Cosio.

*Rate per 100,000.

[†]Association varies between populations and causes of death.

Source: Mortality trends constructed from the US Mortality Database 1999–2017. Population obtained from the CDC WONDER database platform.

There is an increasing mortality trend associated with obesity in the United States*

Your patients could be at risk

obesity are associated with increased risk of mortality from cardiovascular disease, type 2 diabetes, and certain cancers, among other noncommunicable



Obesity impacts almost every system of the body, with more than 60 weight-related comorbidities⁶⁻⁸



Nonalcoholic fatty liver disease

Weight loss can help improve some of your patients' weight-related comorbidities^{6,8}

Overweight and obesity result in adverse metabolic, biomechanical, and psychosocial health outcomes⁷

Obesity is associated with multiple comorbidities, some of which are⁷:







Despite its prevalence, obesity remains underdiagnosed and undertreated¹

Only 55% of people with obesity receive a formal diagnosis and even fewer receive ongoing weight management²

⊘ A small minority of patients with obesity receive clinically proven lifestyle, pharmacological, and/or surgical interventions²

AACE/ACE diagnosis for patients with obesity⁸

Evaluation

- ⊘ Medical history
- Physical examination
- ⊘ Clinical laboratory testing
- Review of systems, emphasizing weight-related comorbidities
- Obesity history

Anthropometric diagnosis

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- ✓ Confirm that elevated BMI represents excess adiposity
- ⊘ Measure waist circumference to evaluate cardiometabolic disease risk



Clinical diagnosis

✓ Normal weight: <25 kg/m² or <23 kg/m² in certain ethnicities with waist circumference below regional/ethnic cutoffs

Overweight: 25-29.9 kg/m²

 \bigcirc Obesity: ≥30 kg/m²

Actor portrayals.

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Diagnosing obesity is a crucial first step in managing care for these high-risk patients^{1,5}

Clinical benefits of managing obesity:

- Documenting a diagnosis of obesity may help to engage patients to lose weight¹
- ✓ Weight loss in patients with obesity may help reduce premature mortality⁷
- Medically managed weight reduction along with lifestyle changes in patients with obesity often improves certain weight-related comorbidities⁷





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Clinicians play a crucial role in the evaluation and management of obesity in their patients¹⁰

Weight loss in patients with obesity may help reduce premature mortality⁷

Actor portrayals.

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