REEXAMINING OBESITY
beyond your patients' weight

Obesity is associated with a number of comorbidities[1]

A comprehensive examination of your patients with obesity may be in order. They may present with:

- **Type 2 diabetes**
- **Diabetes risk (prediabetes)**
- **Dyslipidemia**
- **Hypertension**
- **NAFLD/nonalcoholic steatohepatitis**
- **Female infertility (including PCOS)**
- **Cardiovascular disease and cardiovascular disease mortality**
- **Male hypogonadism**
- **OSA**
- **Asthma/reactive airway disease**
- **Osteoarthritis**
- **Urinary stress incontinence**
- **Depression**
- **GERD**

GERD, gastroesophageal reflux disease; NAFLD, nonalcoholic fatty liver disease; OSA, obstructive sleep apnea; PCOS, polycystic ovary syndrome.

Patients who are provided behavioral weight-loss intervention strategies may achieve and sustain clinically significant weight loss.[2]

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YOUR SUPPORT
can make all the difference

Without intervention, your patients' health may continue to be impacted by their chronic weight problems.

Jeannine, 44
Human resources manager at a local construction company

5'4" and 184 lb/BMI 31.6 kg/m^2	***Obesity is defined as a BMI >30 kg/m^2. What strategies are available to reduce her weight?***
Other than her lunch time walk, she is sedentary for much of the workday	***What strategies would you suggest to get Jeannine moving more during the day?***
Hypertension and dyslipidemia currently managed with prescriptions	***While these are currently controlled, could weight loss help as well?***
Recent weight high/low: 204 lb/151 lb	***Do her struggles in losing weight and keeping it off indicate a need to consider pharmacotherapy?***

BMI, body mass index; HCP, health care provider.

In one study, it was shown that patients **lost ~5x more weight** with counseling from their HCP than with a self-directed program.[2]

STUDY DESIGN: A randomized, controlled study of 415 patients with obesity showed that patients lost more weight with HCP counseling, weight-loss coaches, and web-based support (5.2% weight loss) when compared with a self-directed program (1.1% weight loss) at 24 months. A meta-analysis of survey data indicated that weight-loss advice from HCPs has a positive effect on a patient's attempt at behavior change and on weight-loss efforts.[2]

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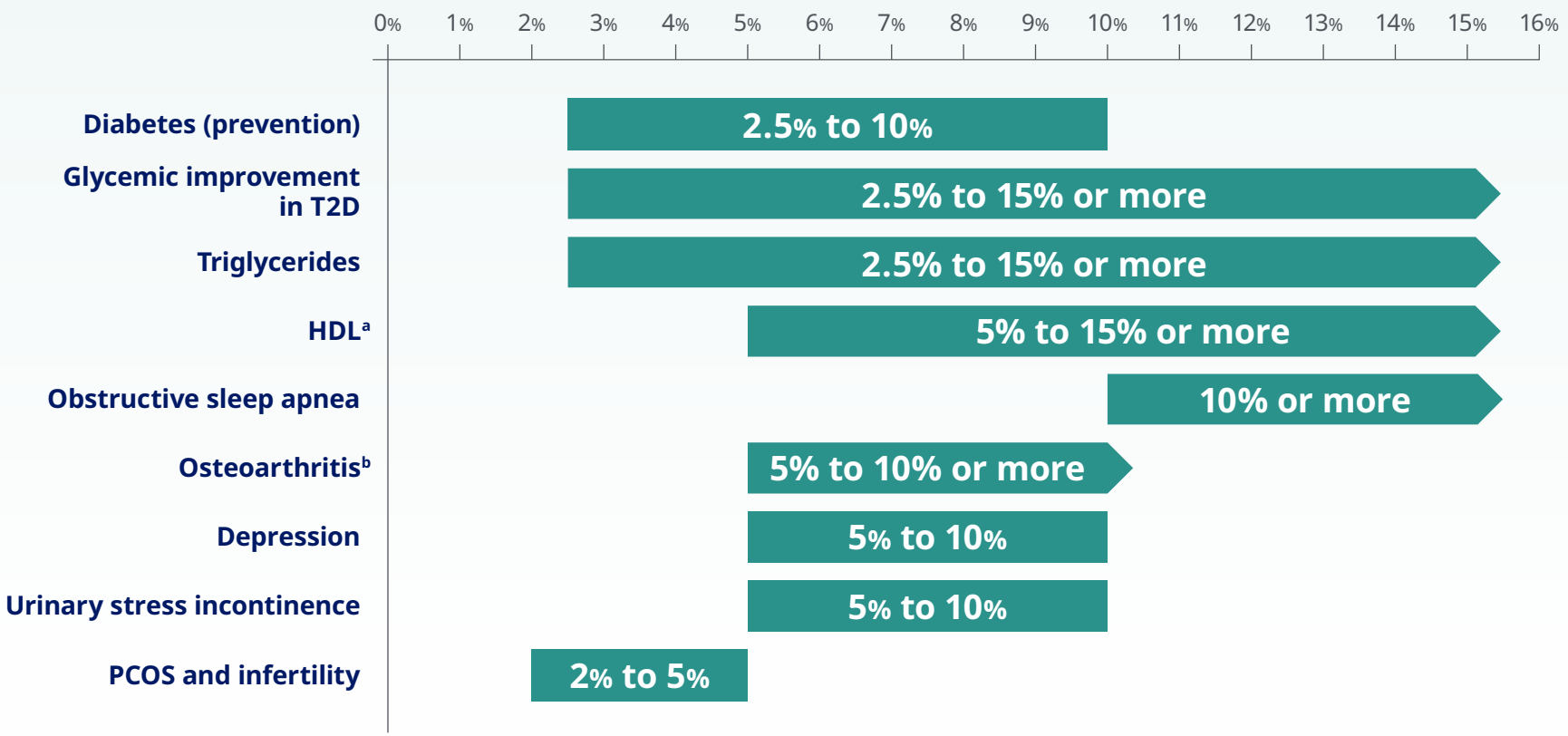
Weight loss can lead to
IMPROVEMENT IN CERTAIN COMORBIDITIES

For certain conditions, greater weight loss may be associated with greater improvements.[3,4]

Weight loss may provide a clinical benefit[3,4]



[a]Not true for BMI >40 kg/m^2.

[b]While weight loss of 5% or more may provide a clinical benefit to the signs and symptoms of osteoarthritis, no change is evident in knee MRIs or X-rays.

HDL, high-density lipoprotein; MRI, magnetic resonance imaging; PCOS, polycystic ovary syndrome; T2D, type 2 diabetes.

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What are **YOUR NEXT STEPS?**

Obesity may shorten life expectancy by up to 8 years in adults aged 20 to 39 with a BMI ≥30 kg/m².[5]

Years of life lost due to obesity (US survey of adults, 2003 to 2010)

	Aged 20-39 yrs		Aged 40-59 yrs		Aged 60-79 yrs	
	Males	Females	Males	Females	Males	Females
BMI: 30-<35	5.9	5.6	1.7	3.0	0.8	1.6
BMI: ≥35	8.4	6.1	3.7	5.3	0.9	0.9

BMI, body mass index (kg/m²)

STUDY DESIGN
Calculated years of life lost in men and women with BMI of 30 to <35 kg/m², compared to 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 Examinations and Nutrition Survey data from 2003 to 2010.[5]

For your patients with these weight-related comorbidities, it may be time to consider pharmacotherapy. Learn more at www.**rethinkobesity**.com

References: 1. Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract*. 2016;22(suppl 3):1-203. **2.** Appel LJ, Clark JM, Yeh H-C, et al. Comparative effectiveness of weight-loss interventions in clinical practice. *N Engl J Med*. 2011;365(21):1959-1968. **3.** Ryan DH, Yockey SR. Weight loss and improvement in comorbidity: differences at 5%, 10%, 15%, and over. *Curr Obes Rep*. 2017;6(2):187-194. **4.** Wing RR, Lang W, Wadden TA, et al; Look AHEAD Research Group. Benefits of modest weight loss in improving cardiovascular risk factors in overweight and obese individuals with type 2 diabetes. *Diabetes Care*. 2011;34(7):1481-1486. **5.** Grover SA, Kaouache M, Rempel P, et al. Years of life lost and healthy life years lost from diabetes and cardiovascular disease in overweight and obese people: a modelling study. *Lancet Diabetes Endocrinol*. 2015;3(2);114-122.

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