

## Disclosures

- Novo Nordisk Speaker's Bureau

## Disclaimer

- Most of this talk is based on expert opinion...*mine*.

Category	Metric	Target	Q1	Q2
Quality	Percentage of patients with <b>&gt;5%</b> weight lost at 6 months beyond initial visit	70%	72%	72%
Quality	Percentage of patients with <b>&gt;10%</b> weight lost at 6 months beyond initial visit	25%	54.415%	53.83%

All active patients at 6 months



## Premise

The most effective interventions for obesity should use *medical* and *surgical* bariatric modalities collaboratively.



# In The Exam Room...

## Where are the Average Patients?!

“There is no such thing as an average person.”

-Daniel Tammet, English writer and savant



## There Are No Average Patients!



Evidence is Great...

...Improved Outcomes is *Better*



## What is it We Are Treating Anyway?

- At its root, most obesity is a \_\_\_\_\_ problem?
  - A. Weight
  - B. Fat
  - C. Brain
  - D. Metabolism



## Philosophically, is obesity really a disease?

“First, although obesity as understood in clinical medicine meets the criteria to be considered a disease, obesity as defined by BMI does not. Second, adequately addressing this disease requires us to distinguish it clearly and unambiguously from high BMI.”

Steele, M. et.al. Obesity Reviews. Volume24, Issue 8 August 2023



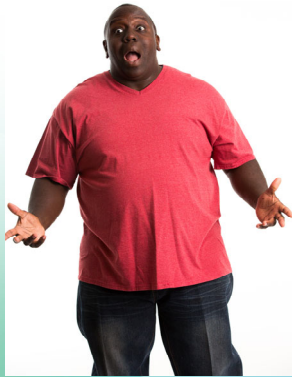
## What is it We Are Treating Anyway?

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## So, How Do You Propose We Fix That?

Generally, we can't!...



...But we can make the monster less dangerous...



## How Do We Do That?



The same way we learn to play this, sort of...

*...consistent, repetitive practice fosters CHANGE.*



# Brain (life) Retraining

(or how to change a flat tire)



No matter the make, model, or size, to improve this...

...the car MUST be lifted...



...so the tire can be changed



# Lifting the Car



The driver cannot lift the car...

(except for maybe the 2023 Mitsubishi Mirage at 151.4 inches and 2,095lbs)



...but the jack cannot change the tire.



# Will Power vs. “The Itch”

## Will Power?

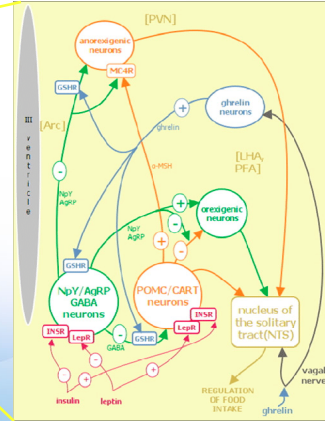
Does this patient need  
more will power to  
avoid scratching?...



...or less ITCH?!

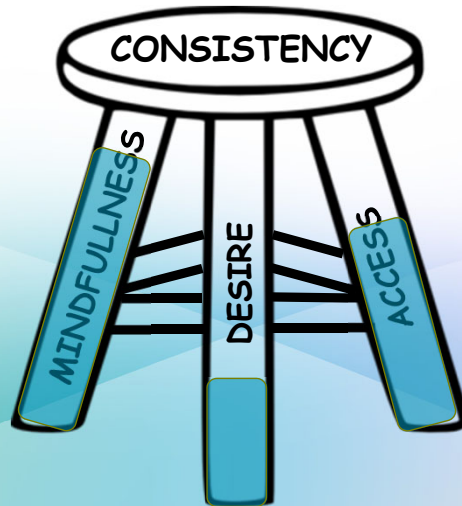


# How about this patient?

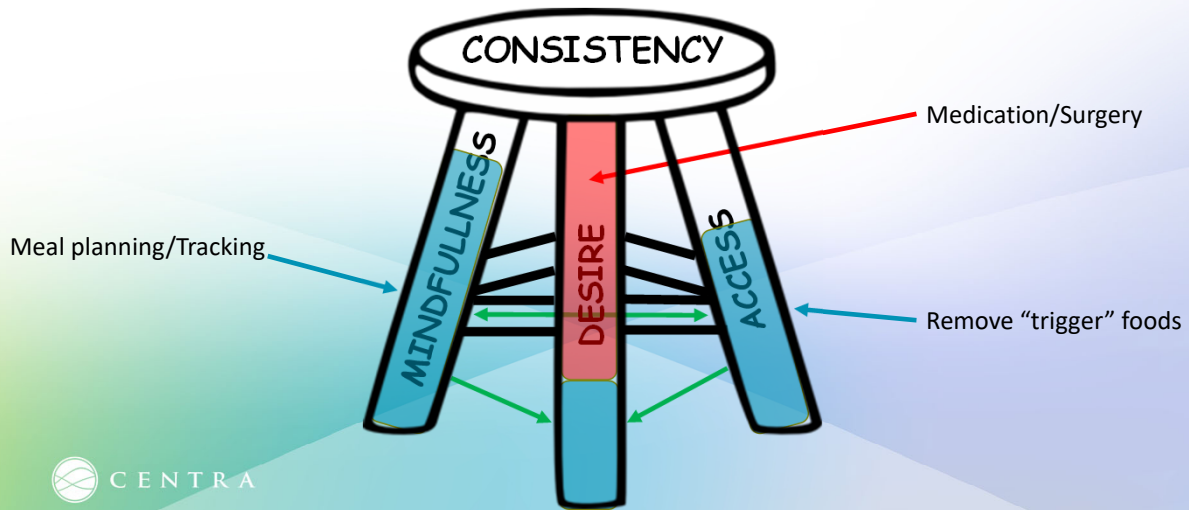


# The Stool of Brain Retraining

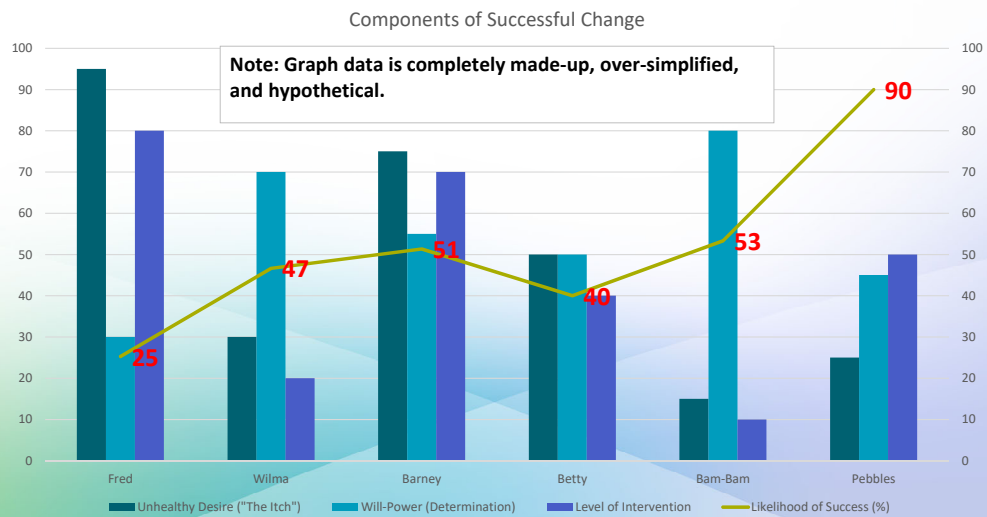
Until we learn how to “fix the brain”



# The Stool of Brain Retraining



# Experience-Based Thought Experiment



## Summary

1. There are no *average* patients, therefore...
  - We can use evidence on a population level but must also incorporate clinical experience and strategies with our patients individually.
2. Obesity is a brain problem (among other resulting concerns), therefore...
  - Brain/life retraining must be the heart of obesity treatment.
3. Brain/life retraining requires repetitive consistency, so...
  - Interventions must help our patients eliminate/minimize barriers to consistent “practice”.

To this end...



## Conclusions/Propositions

1. We must help patients control the “itch”, “lift the car”, and promote consistency.
2. When needed, medical *and* surgical treatment of obesity should not be viewed as “either/or”, but rather a “both/and” set of tools in our toolbox.

