

Through the Lens of the Bariatrician

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Disclosures

No financial disclosures





Objectives

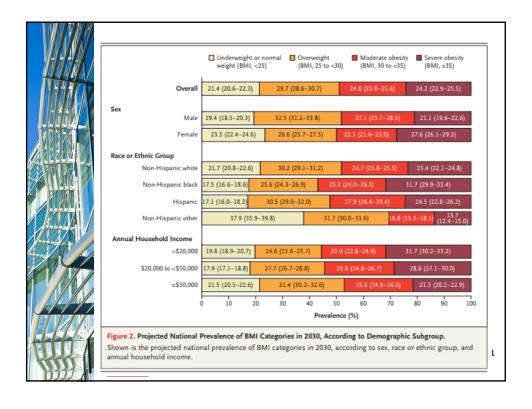
- Briefly explore projected rates of obesity within the US and globally.
- Develop an understanding of the landscape of medical bariatrics pertaining to:
 - Defining the Disease
 - Treatment Options
 - Cultural Influences





"Every system is perfectly designed to get the results that it gets."



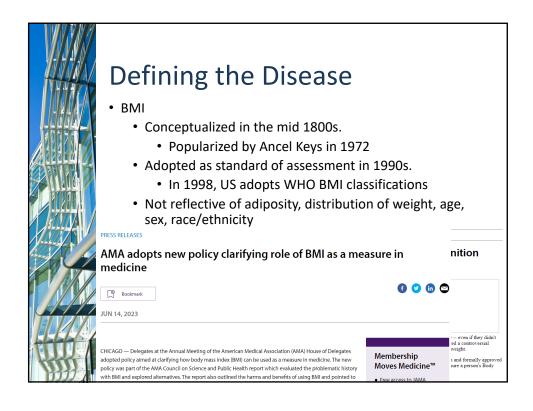




So what's the plan?

- What are the barriers within our system that must be addressed in order to adequately treat patients with obesity?
- Where do we start?





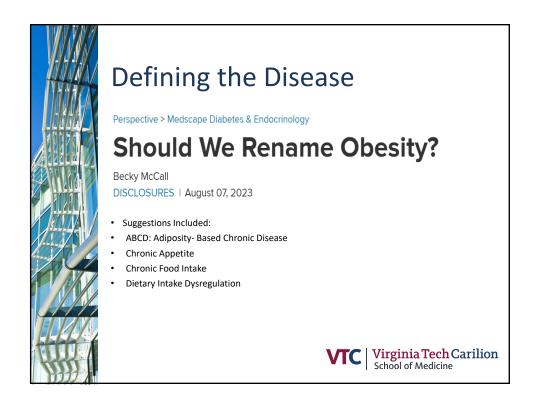


Defining the Disease

- Should we seek alternative ways to establish diagnosis?
 - Methods of body composition assessment
 - Should we focus more on fat distribution? Percent body fat?
 - Should conversation be geared towards body composition with additional emphasis on skeletal muscle mass?
 - Will alternative assessments be readily available for use?
- How will technology change our understanding and practice?
 - CGMs, Step Trackers, Calorie Trackers









Treatment

- Multi-modality Treatments
 - Shortages
 - · Obesity-Trained Professionals
 - \sim 5000 physicians board certified in obesity medicine
 - Not currently recognized by the ABMS as boarded specialty
 - Mental Health Providers
 - · Inadequate medical training for obesity
 - 10 hours of training in medical school
 https://www.npr.org/sections/health-shots/2023/01/31/1152491639/scant-obesity-training-in-medical-school-leaves-docs-ill-prepared-to-lete-leaves-inforced-instructions-in-device-instructions-in-device-in-device-index-ind
- Underutilization of Care
 - 2.4% of population with obesity receiving pharmacotherapy.
 - 1% of eligible patients undergo bariatric surgery each year.





Treatment

- Lack of Access to Care
 - Health and socioeconomic inequities
 - · Lack of insurance coverage
 - No standardization of care or coverage
 - · Prior authorization barriers
 - 45 PA per physician per week https://nymag.com/intelligencer/2023/07/how-prior-authorization-makes-health-care-a-nightmare.html
 - High cost of medications
 - Inadequate medication supply

Who pays for obesity drugs?

1%
Other

25%
Private

2%
Medicare

4%
Me



https://www.gao.gov/products/gao-19-577



Treatment

- · What is defined as successful treatment?
 - 5-10% TBW loss?
 - · Control or resolution of co-morbid conditions?
 - Based on patient preference? Ideal weight versus desired weight?
 - Does weight regain imply failure?





Cultural Perceptions

- How are we helping patient develop healthy goals and realistic expectations?
- The average patient desires to lose 20-40% of total body weight (TBW) without surgical intervention.
- Average recommended weight loss from PCPs is 21% of TBW
 - · How do we help manage expectation?
- Only 20-30% of patients taking anti-obesity medications continue these medications beyond 1 year.
 - Would compliance change within obesity medicine specialist practices?

Exclusive: Most patients using weightloss drugs like Wegovy stop within a year, data show





Cultural Perceptions

- Is our messaging about obesity and its risks clear to the general population?
- Gallup Poll from 2017-2021:
 - 55% of adults want to lose weight.
 - 26% of Americans are actively trying to lose weight. https://news.gallup.com/poll/388460/percentage-americans-consider-themselves-overweight.asp
- 2018 Cleveland Clinic survey:
 - 74% of Americans are concerned about their weight.
 - 44% intend to seek care from their physician.
 - 28% have discussed their desire to lose weight with their doctor.
 - >50% of Americans do not correlate obesity with co-morbid conditions such as stroke, cancer, heart disease, or atrial fibrillation.
 https://newsroom.develandclinic.org/2019/01/31/americans-concerned-about-their-weight-but-dont-understand-link-to-heart-conditions_and-unerall-based-and-uneral
- Many Americans have stopped trying to lose weight due to lack of sustainability. Half KD, et al. Med Clin North Am. 2018 Jan; 102(1):183-197.
 - Have we failed to educate on weight loss maintenance?





Original Article
CLINICAL TRIALS AND INVESTIGATIONS

Obesity

Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study

Lee M. Kaplan ^{©1}, Angela Golden ^{©2}, Kimberly Jinnett³, Ronette L. Kolotkin⁴, Theodore K. Kyle⁵, Michelle Look⁶, Joseph Nadglowski⁷, Patrick M. O'Neil ^{©8}, Thomas Parry³, Kenneth J. Tomaszewski⁹, Boris Stevenin¹⁰, Søren Kruse Lilleøre¹¹, and Nikhil V. Dhurandhar¹²

Objective: ACTION (Awareness, Care, and Treatment in Obesity maNagement) examined obesity-related perceptions, attitudes, and behaviors among people with obesity (PwO), health care providers (HCPs), and employer representatives (ERs).

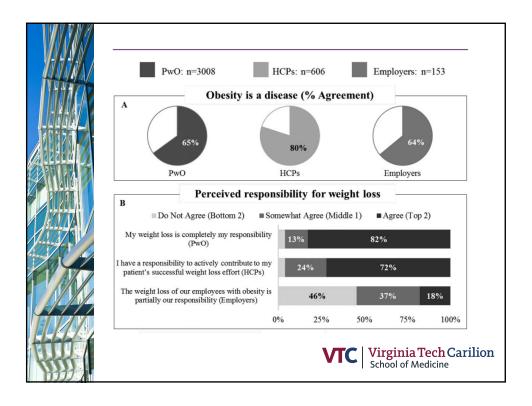
Methods: A total of 3,008 adult PvO (BMI≥30 by self-reported height and weight), 606 HCPs, and 153 ERs completed surveys in a cross-sectional design.

Results: Despite several weight loss (WL) attempts, only 23% of PwO reported 10% WL during the previous 3 years. Many PwO (65%) recognized obesity as a disease, but only 54% worried their weight may affect future health. Most PwO (82%) felt "completely" responsible for WL; 72% of HCPs felt responsible for contributing to WL efforts; few ERs (18%) felt even partially responsible. Only 50% of PwO saw themselves as "obese," and 55% reported receiving a formal diagnosis of obesity. Despite HCPs' reported comfort with weight-related conversations, time constraints deprioritized these efforts. Only 24% of PwO had a scheduled follow-up to initial weight-related conversations. Few PwO (17%) perceived employer-sponsored wellness offerings as helpful in supporting WL.

Conclusions: Although generally perceived as a disease, obesity is not commonly treated as such. Divergence in perceptions and attitudes potentially hinders better management. This study highlights inconsistent understanding of the impact of obesity and need for both self-directed and medical management.

Obesity (2018) 26, 61-69. doi:10.1002/oby.22054







Final Thoughts

Further medical education on obesity and treatment options

Provide consistent messaging regarding disease and treatment

A multi-modality treatment approach

Increased access to care, particularly to obesity-medicine specialist.

Further advancement of obesity medicine specialty with recognition by the ABMS

