WELCOME to the *Obesity Care in All Ages ECHO*

Session 1, Why Obesity is a Disease, May 13, 2025

This ECHO is supported by the Walter and Carole Young Center for Digestive Health

Series Learning Objectives

- Describe obesity as a chronic disease, including evidence-based methods for evaluation and treatment
- Effectively communicate with patients about the health implications of obesity and its available treatment options
- Cultivate skills to effectively assess and treat patients with obesity in various care settings
- Identify when and how to refer patients to appropriate specialized obesity care services

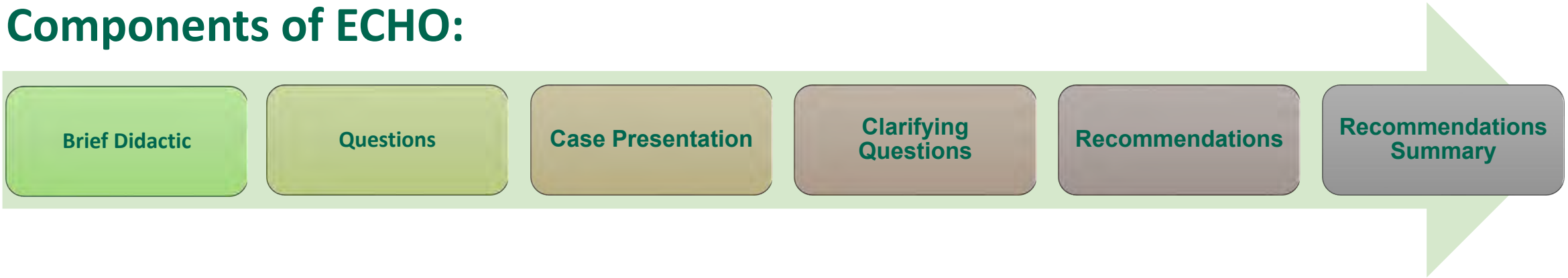
Series Sessions

Date	Session Title
5/13/2025	Why Obesity is a Disease
6/10/2025	Approach to the Patient with Obesity
7/8/2025	Optimizing the Use of Lifestyle-based Obesity Care
8/12/2025	How to Use Anti-Obesity Medications Effectively (GLP-1 agonist)
9/9/2025	How to Use Anti-Obesity Medications Effectively (Non GLP-1 agonist)
9/23/2025	Approach to the Pediatric Patient with Obesity – AAP Clinical Practice Guidelines
10/7/2025	How to Use Endoscopic Therapy Effectively
10/21/2025	Pediatric Anti-Obesity Medications and Bariatric Surgery
11/4/2025	Metabolic-Bariatric Surgery: Who, When, Why, and Which One
11/18/2025	Improving Equitable Access to Obesity Care

Project ECHO (Extension for Community Healthcare Outcomes)

- All teach, all learn.
- ECHO is a telementoring model that uses virtual technology to support case-based learning and to engage the wisdom and experience of all attending.
- Highly Interactive.

Components of ECHO:



Today's Program

- Brief housekeeping
- Didactic: Why Obesity is a Disease – Elizabeth Honigsberg, MD, MPH
- Role Play: Sarah Finn, MD and Abbey Berge-Clogston
- Discussion
- Summary
- Up Next

Housekeeping Notes

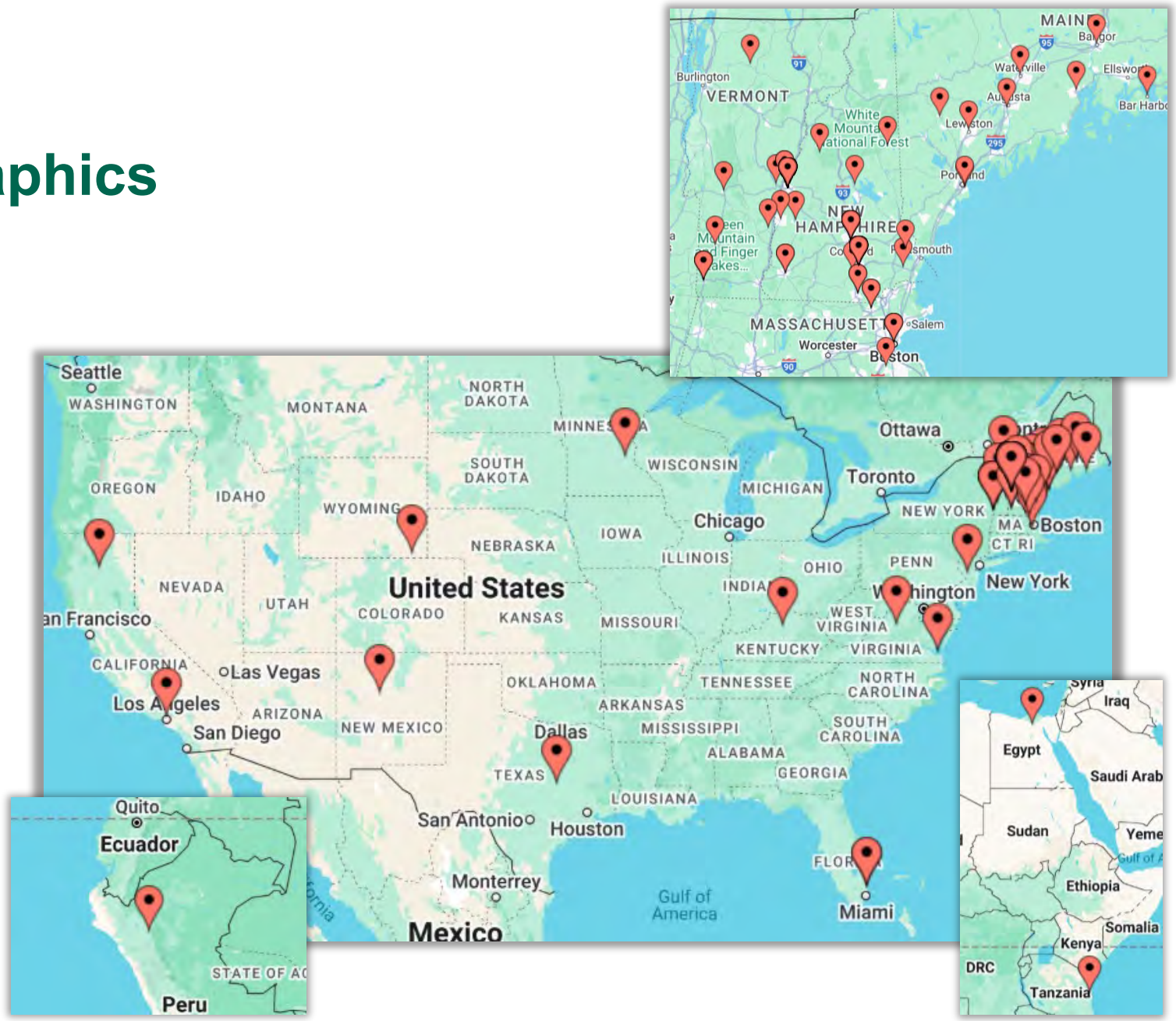
- Pre course survey: https://redcap.hitchcock.org/redcap/surveys/?s=EA47L8LEDJ43JTDN
- Raise virtual hand or enter comments in chat at any time. We will call on you when it works. Please mute otherwise.
- To protect individual privacy, please use non-identifying information when discussing cases.
- We will be recording the didactic part of these sessions. *Participating in these session is understood as consent to be recorded. Thank you!*
- Closed Captioning will be enabled during sessions
- Questions to ECHO Tech Support thru personal CHAT or ECHO@hitchcock.org

CME/CNE

- One hour of free CME/CNE is available for every session attended, up to 10 sessions.
- Track participation via DH iECHO site
- A link will be provided at the end of the course to submit your attendance and claim your CME/CNE

ECHO Participant Demographics
Total Registrants: 130

Professional Identities	
Nurse	39
Physician	37
Dietitians and Nutritionists	15
Administrator	7
Behavioral Health Professional	5
Physician Assistant/Medical Assistant	5
Other healthcare professional	4
Pharmacist	3
Patient navigator/healthcare educator	3
Child Development	2



Core Panel

- Abigail Berge-Clogston – Program Manager
- Amanda Boyd, MPH – Health Coach, Certified Personal Trainer
- Auden McClure, MD, MPH – Staff Physician, Pediatric Weight Center
- Charles Brackett, MD, MPH – Staff Physician, General Internal Medicine
- Elaine Banerjee, MD, MPH – Staff Physician, DH Weight Center
- Elizabeth Honigsberg, MD, MPH – Staff Physician, DH Weight Center
- Hannah Brilling, RDN, LD – Clinical Dietician
- Kimberly Dovin, MD – Staff Physician, DH Weight Center
- Kristin Wheeler, RN – Nurse, Weight Center
- Sarah Finn, MD – Interim Section Chief, DH Weight Center

Echo Session 1
Why Obesity is a Disease.

Elizabeth Honigsberg MD MPH FACS DABOM

May 13th, 2025

I have no financial interests or relationships to disclose.

There are four main objectives for today's discussion.

ASSESS	The current state of the obesity pandemic worldwide
UNDERSTAND	Obesity as a neurobiological/neuroendocrine disease
APPRECIATE	The multitude of factors that lead to the development of obesity
REVIEW	The various criteria for diagnosing the disease of obesity

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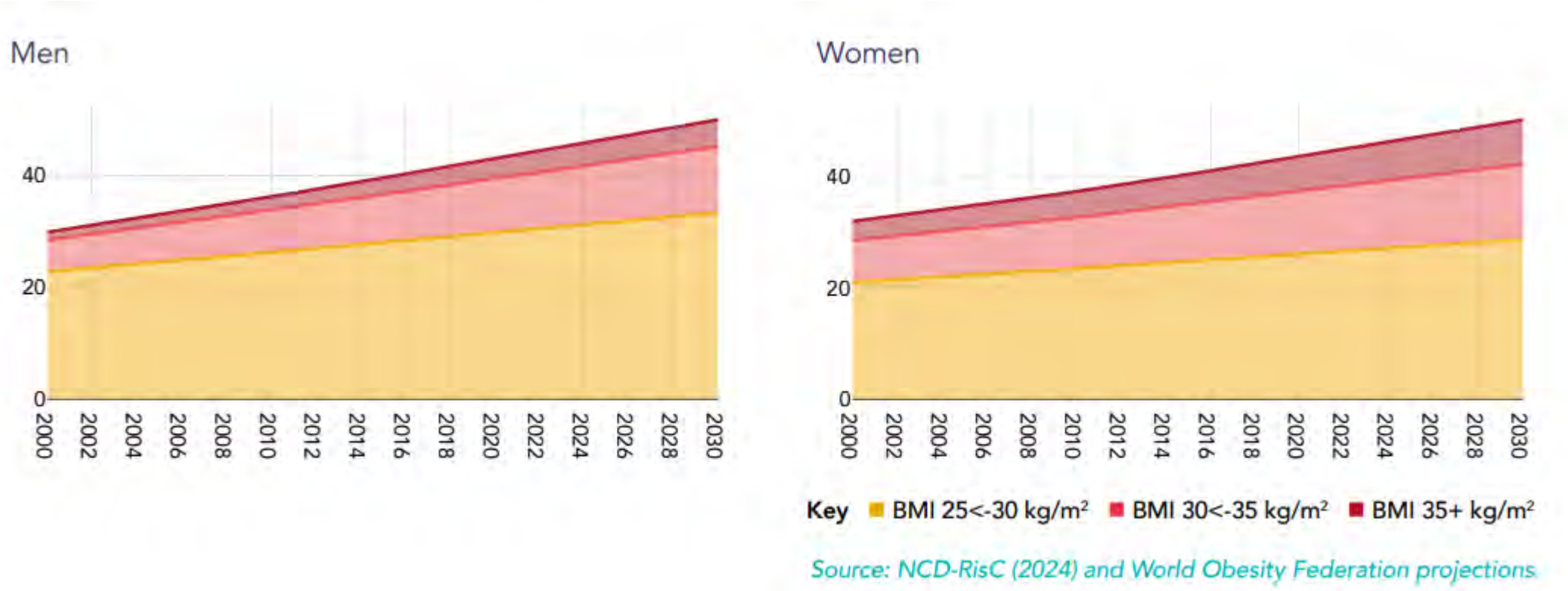
The current state of obesity worldwide.

Rates of men and women (20 years +) living with “high BMI” are increasing worldwide.



World Obesity Atlas 2025

By 2030, THREE BILLION adults will have “high BMI”, with 17% of men and 22% of women estimated to have BMI > 30 kg/m^2 (*and the world is NOT prepared*).

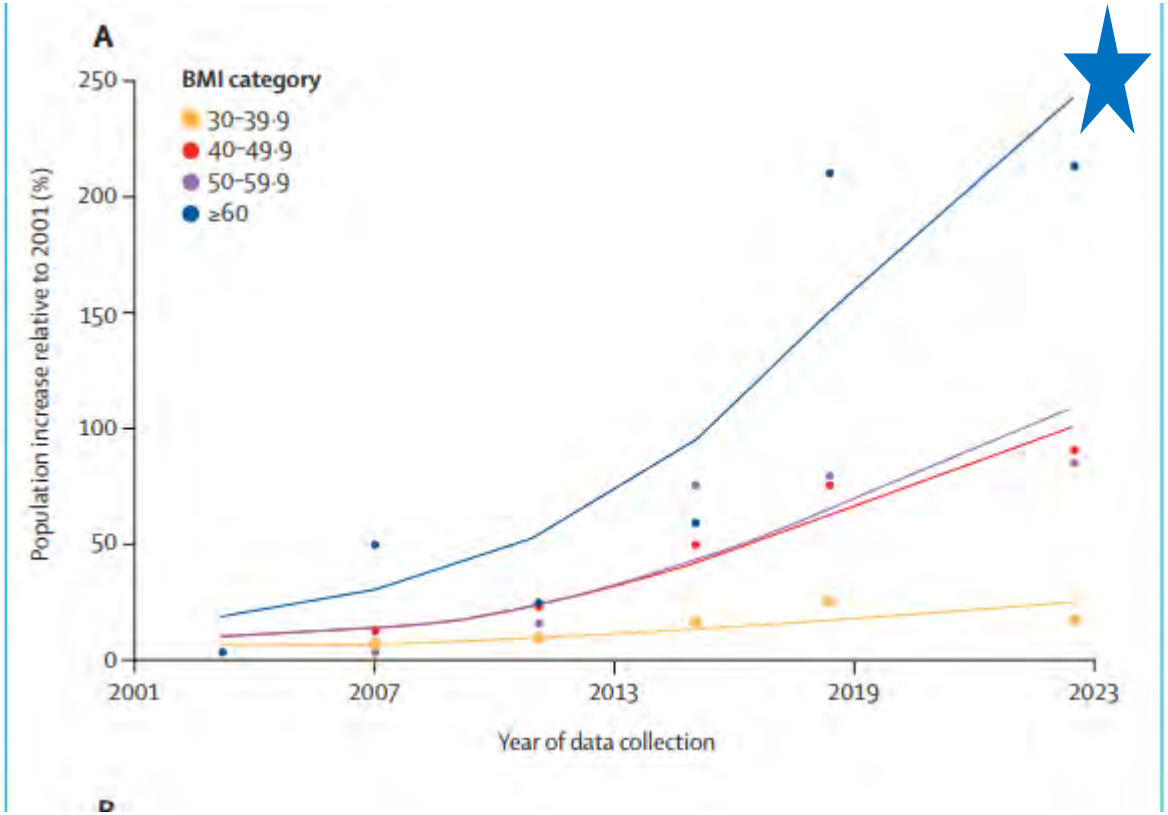
Yearly: 5 million/41 million adult deaths due to NCDs related to high BMIs.

4 million deaths from T2DM, CVA, CAD, CA.

Obesity rates are doubling across the globe, TRIPLING in low-income countries.

World Obesity Atlas 2024,2025

In the United States, the prevalence of “normal” weight and overweight has declined since 2001, while all obesity categories have increased over this timeframe.



The largest relative increase of > 200%!

Kachmar M et al. *The Lancet Diabetes Endocrinol 2025;* online April 24

This global systemic failure to slow the obesity pandemic must end.

- To do so, we must end:
  - The misunderstanding
  - The underinvestment
  - The fragmentation
  - The stigmatization

State of Obesity 2024: Better Policies for A Healthier America

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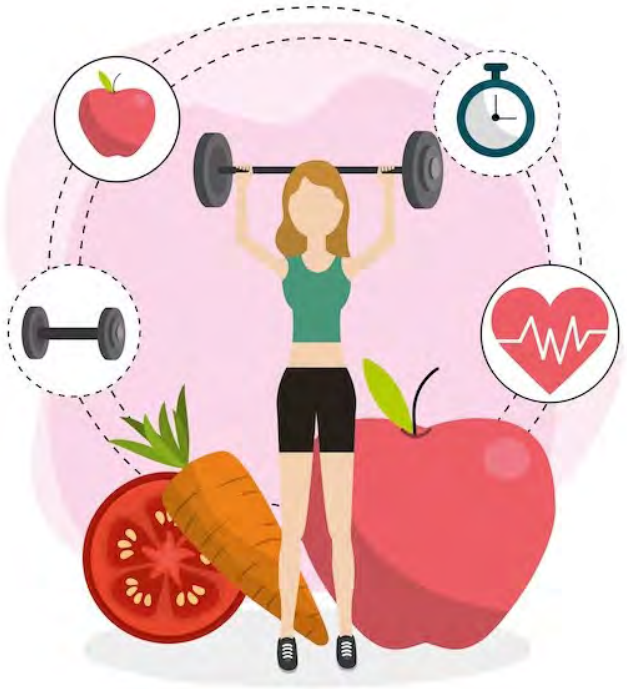
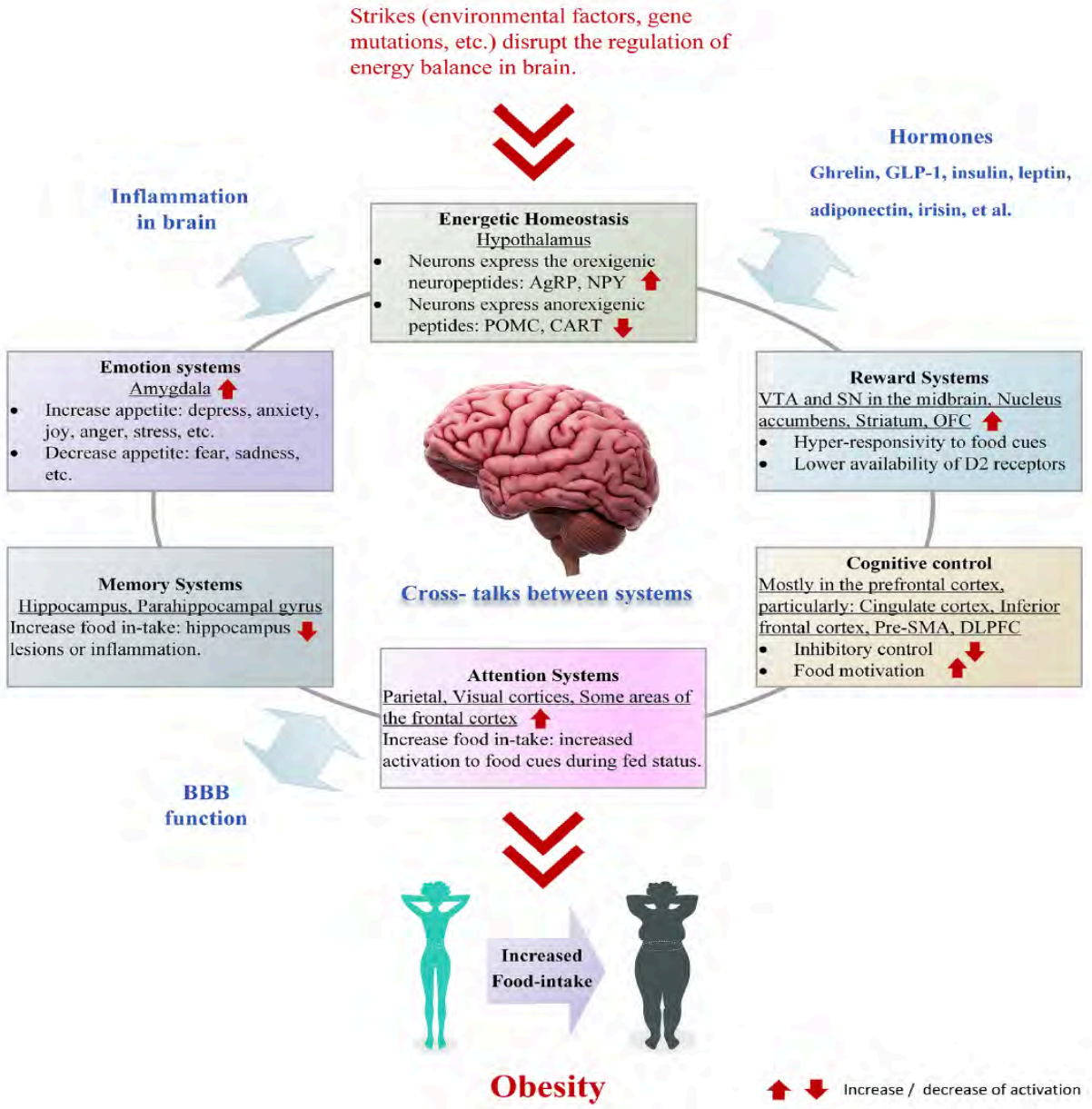
There is a fundamental misunderstanding about obesity…

THIS DOES NOT CAUSE OBESITY



THIS DOES NOT TREAT OBESITY

Both food intake and fat mass/set point are highly regulated by the brain.



Qu et al. *Obesity Surgery*. 2020; 30:1988–2002.

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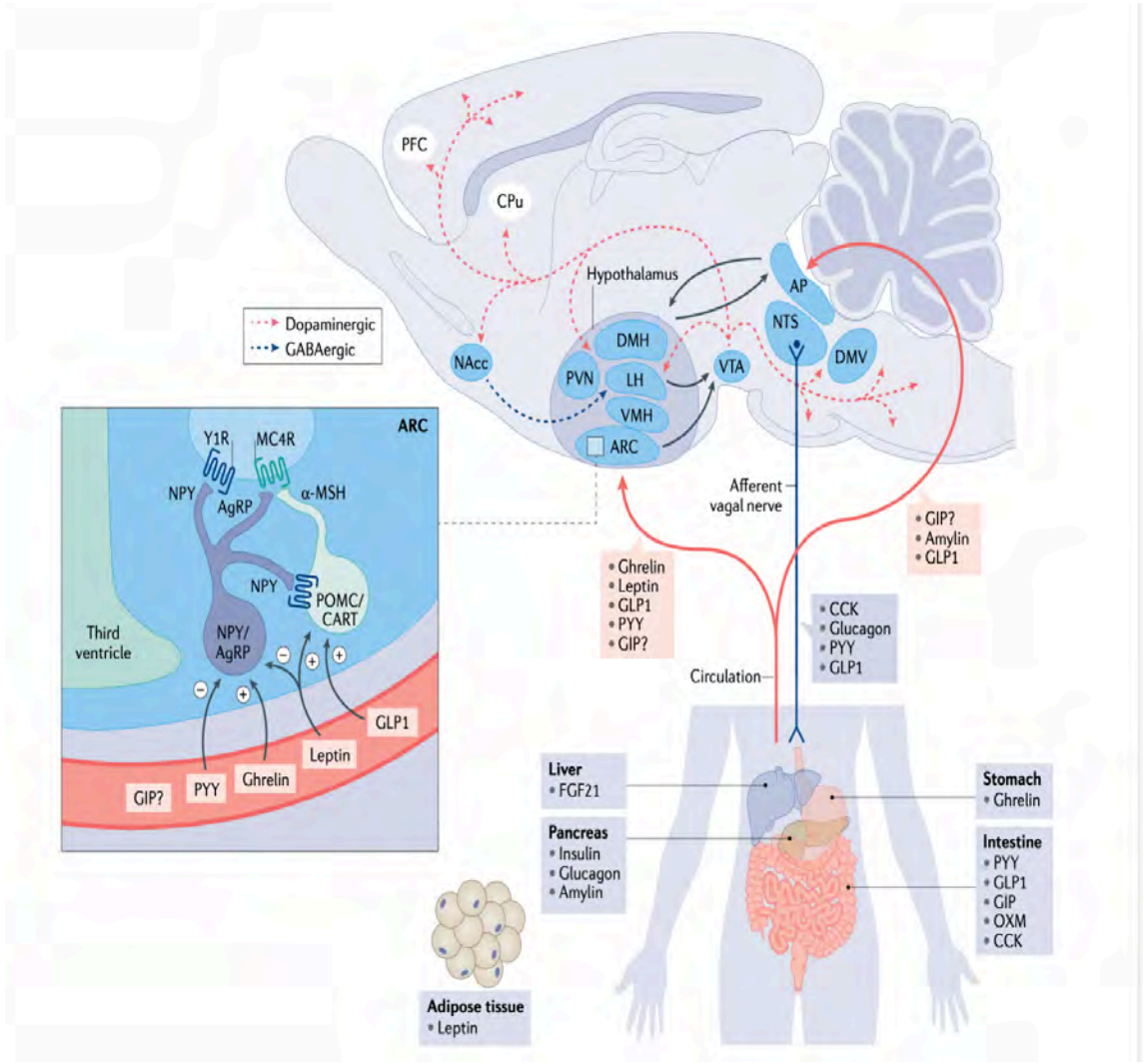
Various hunger and satiety hormones signal to the brain to affect food intake.



Muller et al. *Nature Reviews* 2022; 21:201-223

The brain sets AND defends a fat mass (set point) for everyone.

Genetics

Obesogenic medications

Sedentary lifestyle

Circadian disruption/sleep disruption

Chronic stress

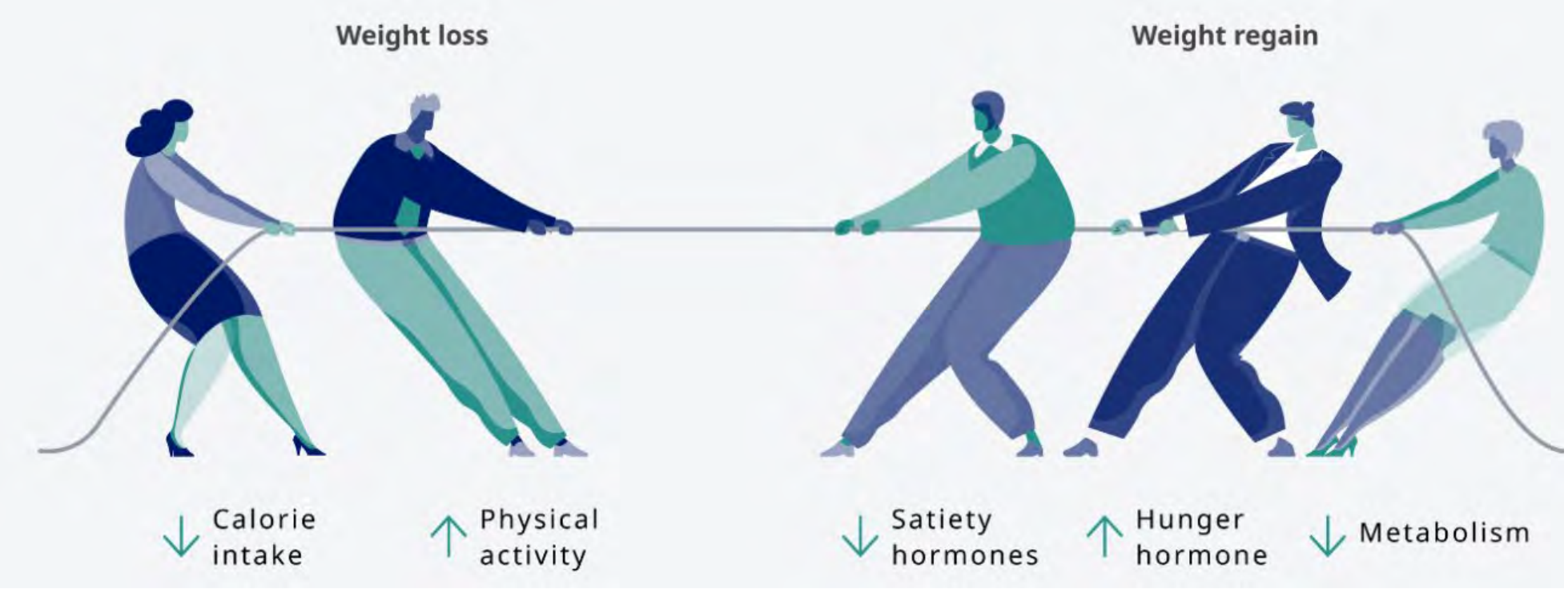
Social determinants of health

Altered food supply

In obesity, that fat mass/set point is abnormally high.

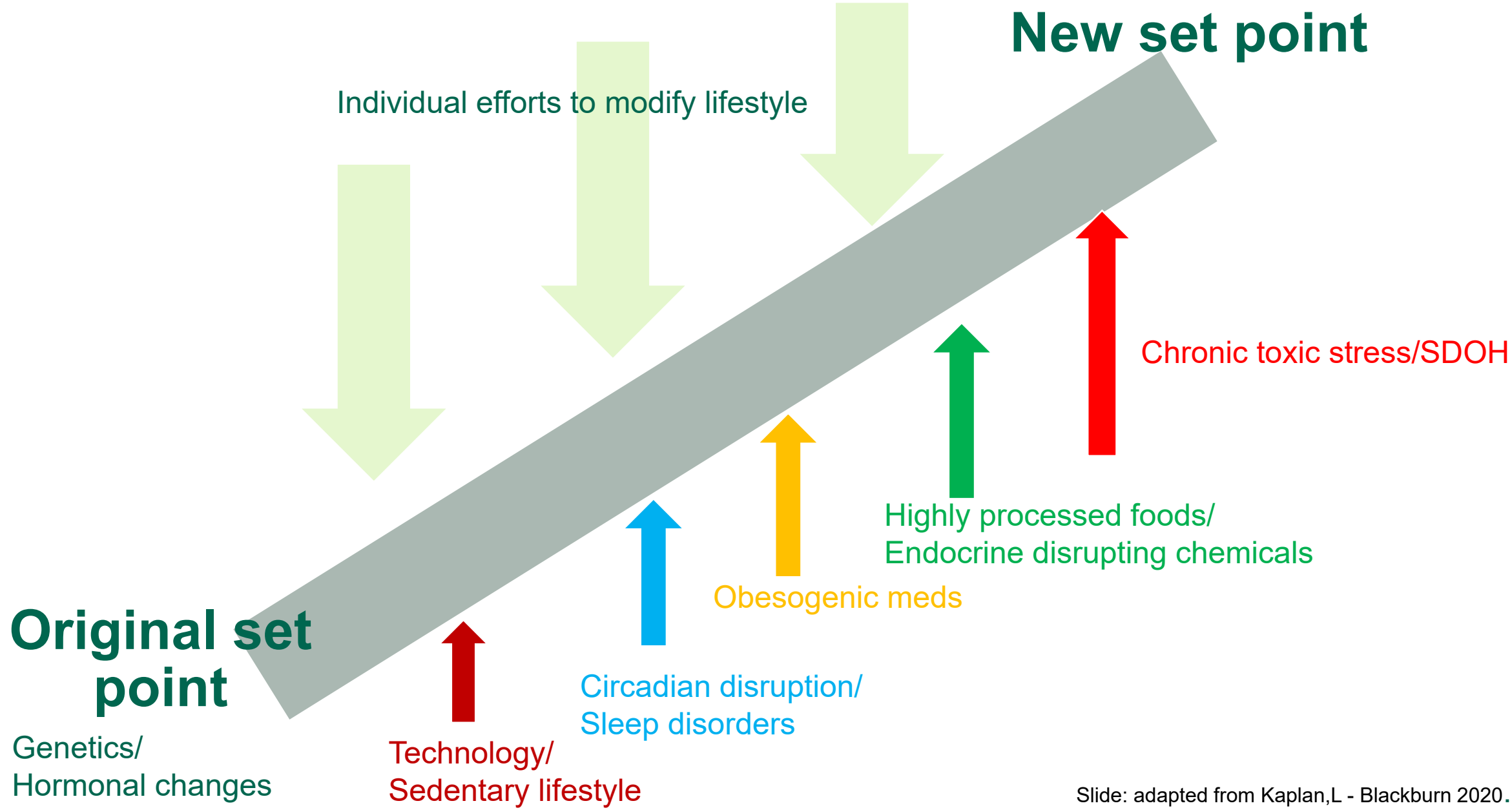
Slide: adapted from Kaplan,L - Blackburn 2020.

We have metabolically adapted to defend our fat mass.



www.rethinkobesity.com/metabolic-adaptation.html

What drives the development of obesity?



Slide: adapted from Kaplan,L - Blackburn 2020.

The definition of obesity is evolving as is the diagnostic criteria.

WHO: abnormal or excessive fat accumulation that presents a risk to health.

CDC: BMI > 30 kg/m^2

Obesity Medicine Association: A chronic, relapsing multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.

The Lancet Commission 2025: provided explicit characterization of the illness intrinsically caused by excess adiposity and establish objective criteria for diagnosis.

Christensen et al. *Obesity Pillars 4.* 2022;100041
Rubino et al. *Lancet Diabetes Endocrinol;* 2025

OBESITY

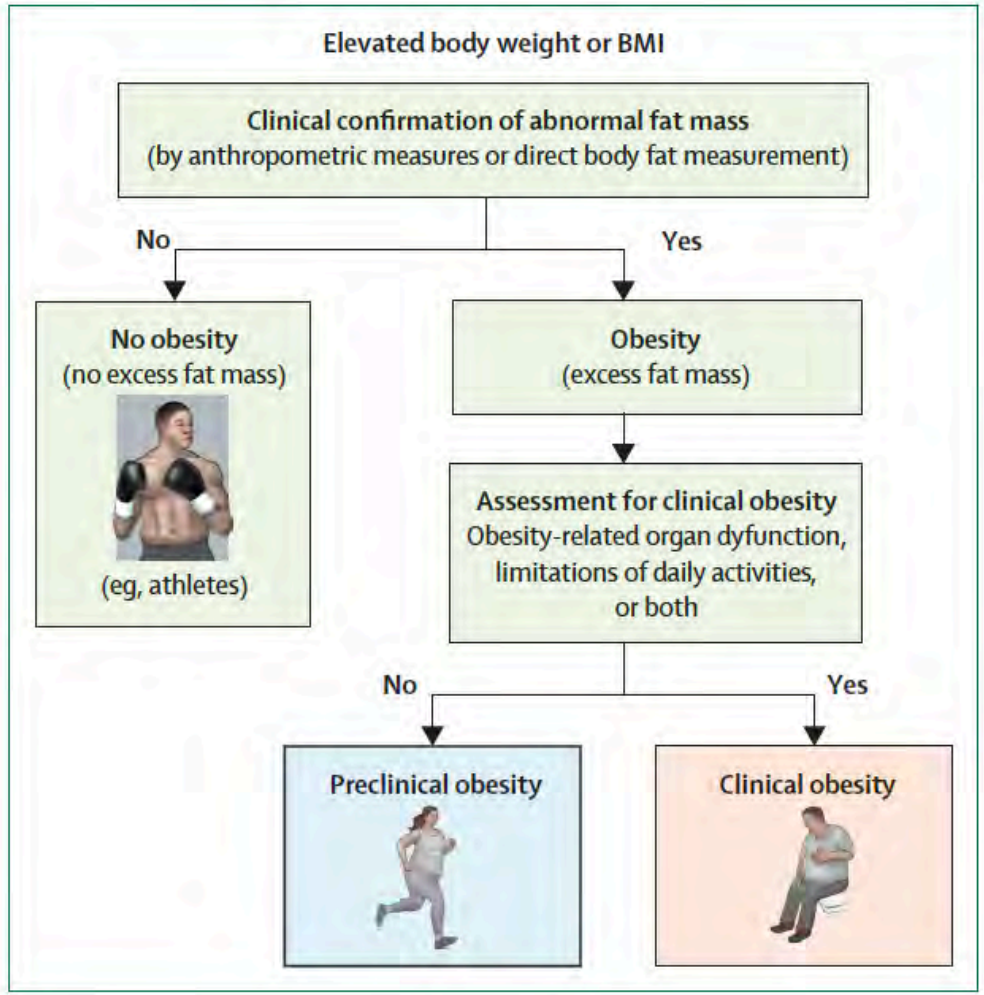
Excess fat mass +/- abnormal distribution or function

PRECLINICAL OBESITY

At increased risk of developing obesity related organ dysfunction, limitation of daily activities, or both

CLINCAL OBESITY

Chronic systemic illness with dysfunction of the tissues, organs, the entire individual



Rubino et al. *Lancet Diabetes Endocrinol;* 2025

The objectives for today's session.

ASSESS	The worldwide pandemic of obesity continues to worsen and low and middle income countries are least prepared.
UNDERSTAND	Obesity is a chronic, relapsing neurobiological and neurohormal disease whereby the affected individual CANNOT lower the set point with diet and exercise alone.
APPRECIATE	Both internal and external factors contribute to the development of obesity
REVIEW	Diagnosis still largely relies on BMI, however criteria is changing to reflect the greater importance of metabolic/orthopedic/psychosocial health than BMI alone.

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THANK YOU!

Role Play

WELCOME to the *Obesity Care in All Ages ECHO*

Session 2, Approach to the Patient with Obesity*, June 10th, 2025*

This ECHO is supported by the Walter and Carole Young Center for Digestive Health

Today's Program

- Brief housekeeping
- Didactic: Approach to the Patient with Obesity – Kimberly Dovin, MD
- Case Discussion
- Summary
- Up Next

APPROACH TO THE PATIENT WITH OBESITY

Kimberly Dovin, MD

Echo Series: Obesity Care in All Ages

Session #2

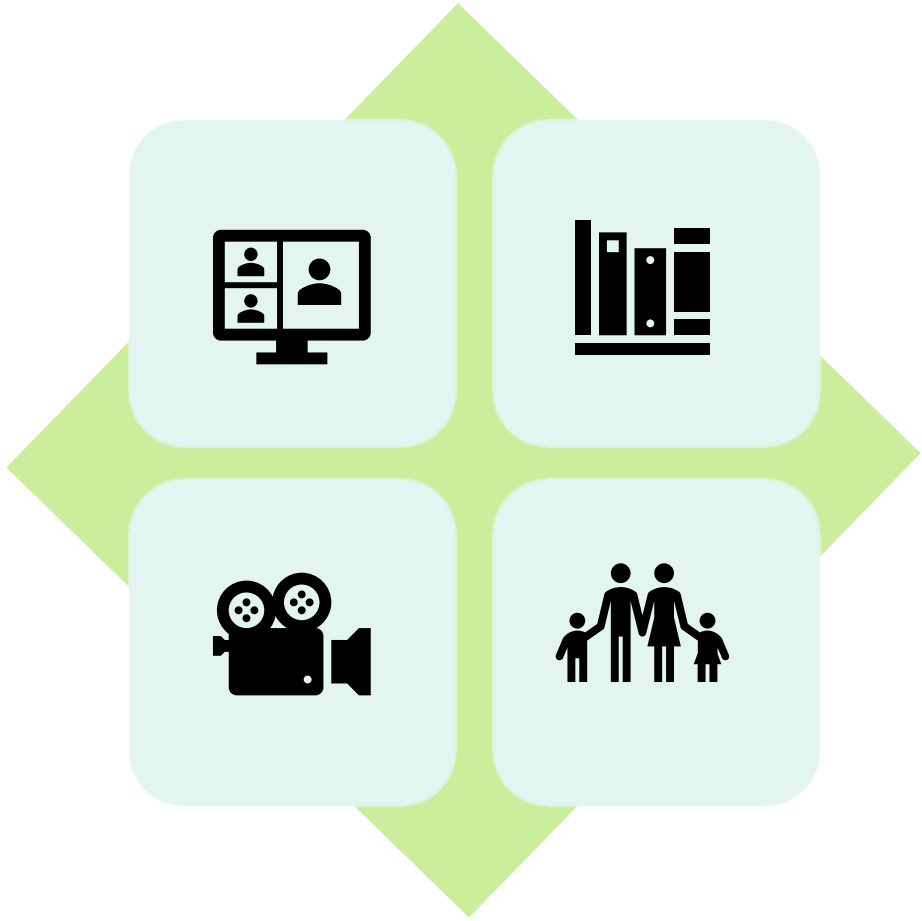
June 10, 2025

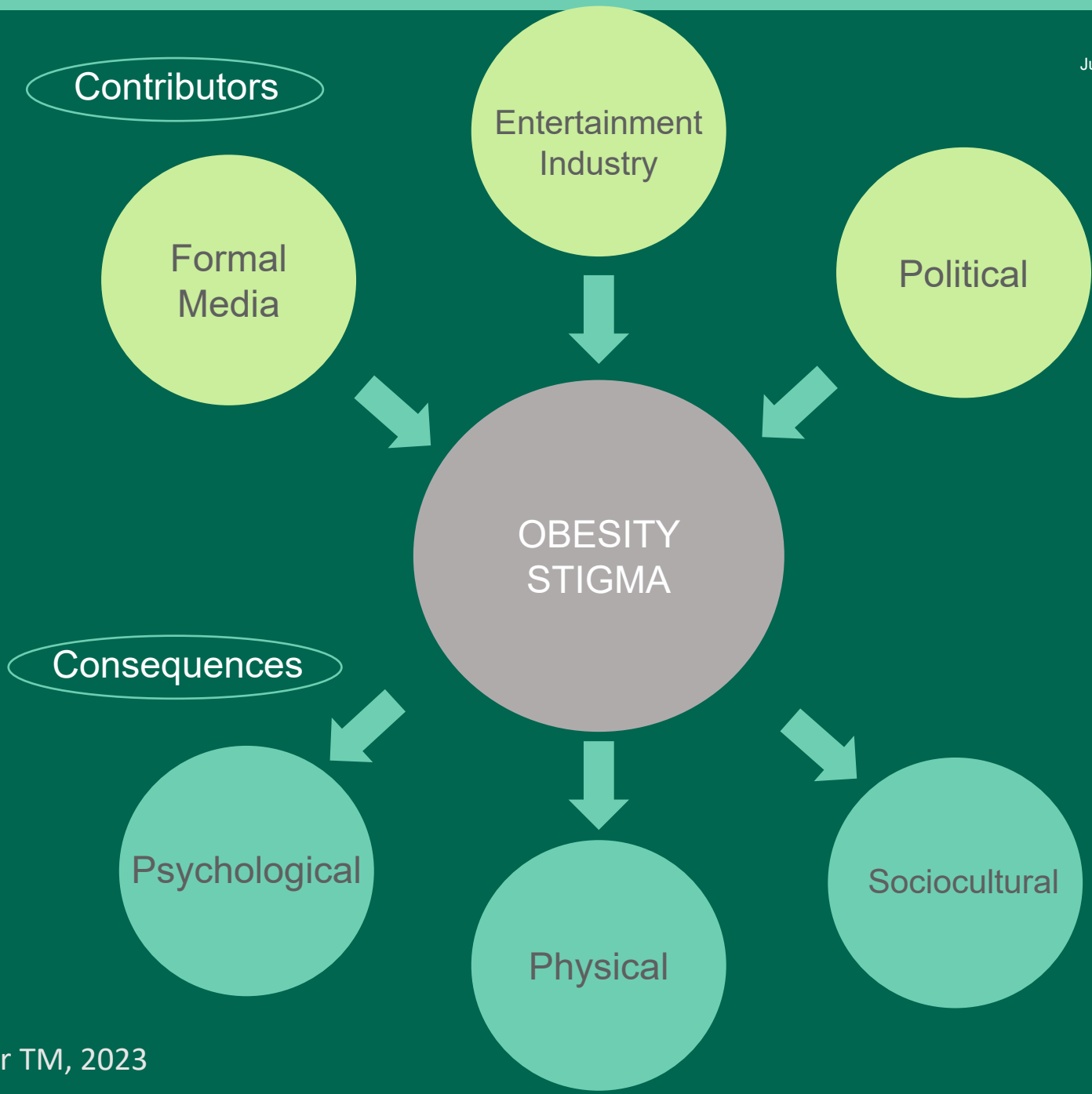
Goals

- How to talk to patients about weight
- Learn to take an obesity specific history
- Understand the evaluation of obesity to identify complications

Obesity Stigma and Bias

"Society regularly regards [persons with obesity] not as innocent victims, but as architects of their own ill health, personally responsible for their weight problems because of laziness and overeating."
-Rebecca Puhl and Chelsea Heuer

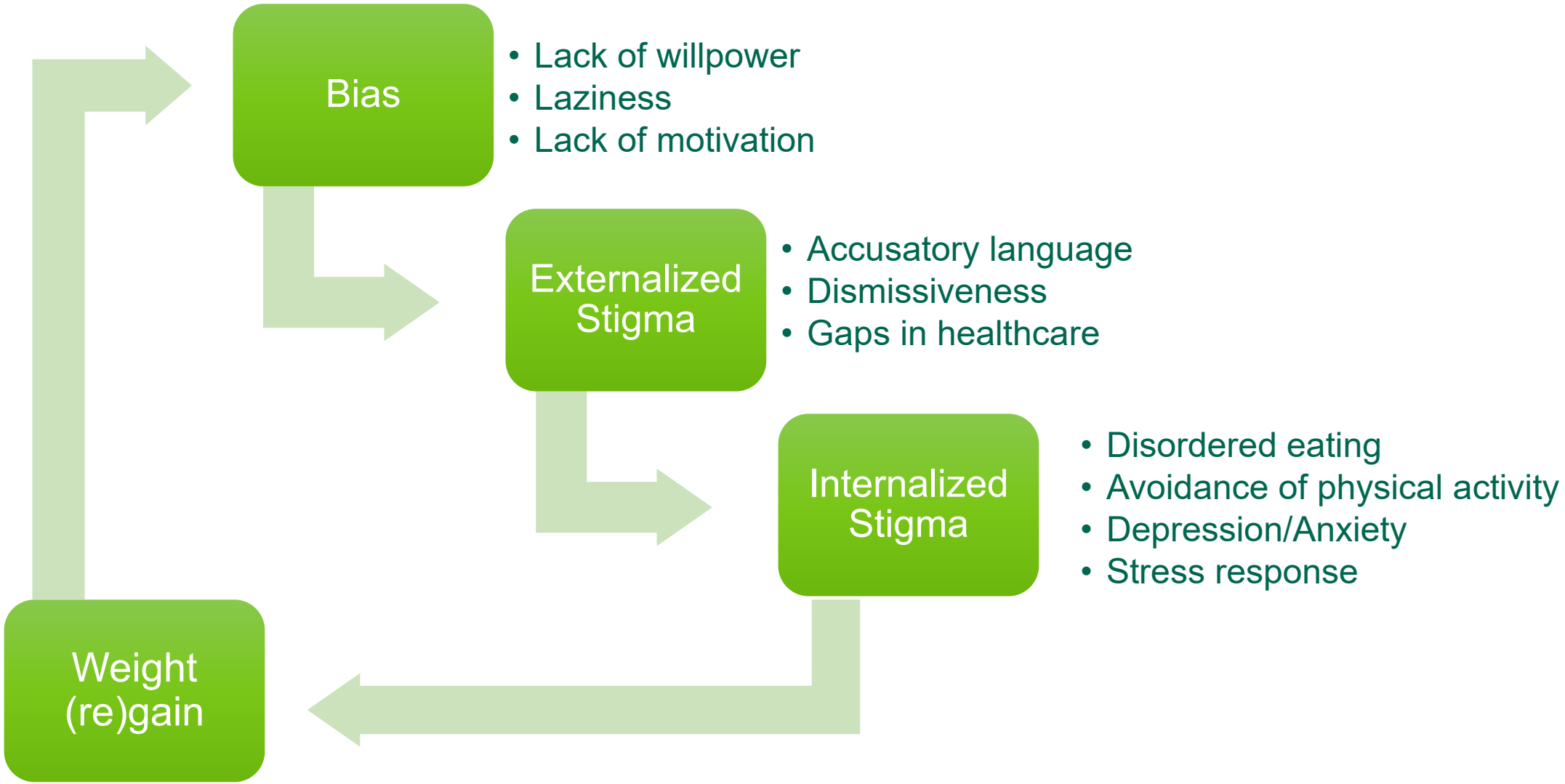




Westbury S, Oyebode O, van Rens T, Barber TM, 2023

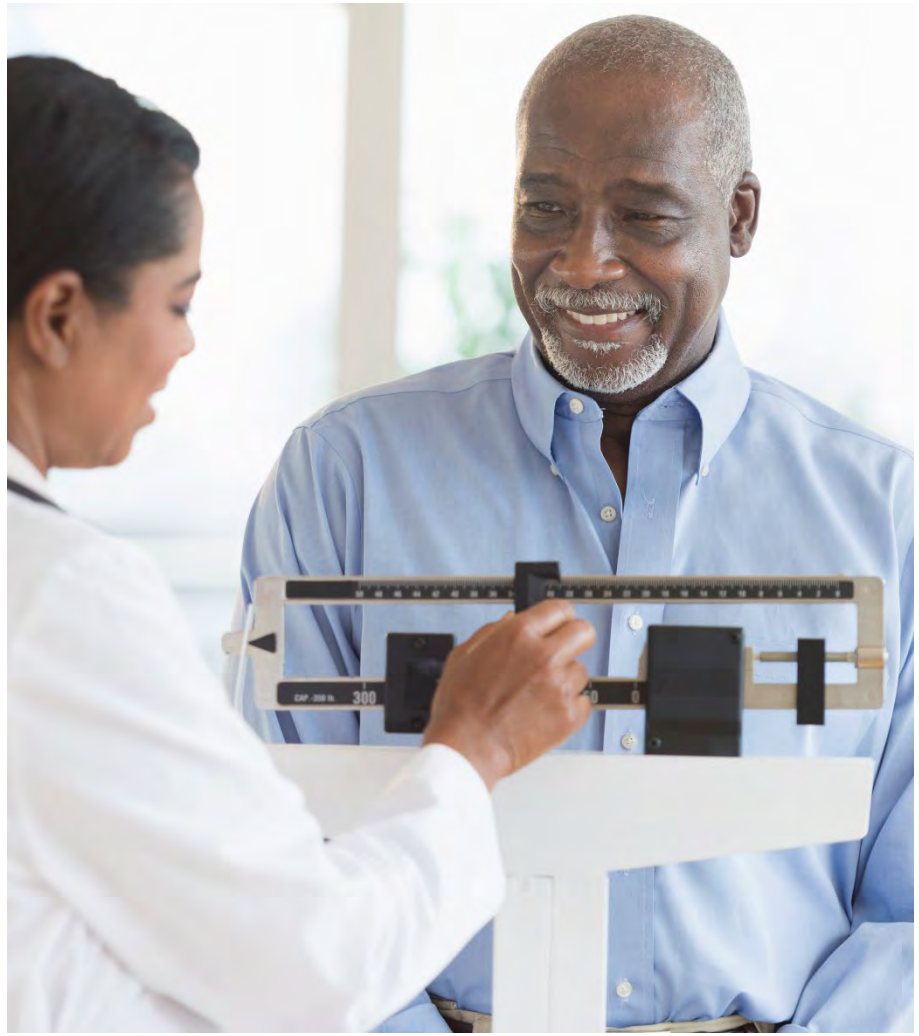
Obesity Stigma - **Medicine**

- 2nd only to family in perceived bias
- Less time/discussion
- Less evaluation/screening


Bias
• Lack of willpower
• Laziness
• Lack of motivation
Externalized Stigma
• Accusatory language
• Dismissiveness
• Gaps in healthcare
Internalized Stigma
• Disordered eating
• Avoidance of physical activity
• Depression/Anxiety
• Stress response
Weight (re)gain

Evaluation

- Starting the Conversation
- Take a weight history
- Assess symptoms and signs
- Set Goals
- (Re-)educate



Weight History

- “What is the story of your weight”
  - Did they have early childhood obesity (<5yo)
  - Stable adult weight?
  - Did they have any large gains and what might have been happening at that time?
  - Has it been gradual through adulthood?
  - How has excess weight impacted their life?

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Symptoms of Obesity

- Pervasive thoughts of food
- Excess or no hunger
- Abnormal satiation/satiety
- Craving
- Pain or discomfort
- Difficulty with daily activities due to size
- Fatigue
- SOB
- Low body image

Evaluation

Physical Exam

- Gen: central, gynecoid, generalized adiposity.
- VS, Waist and Neck circumference
- HEENT: Mallampati? Moon facies?
- Neck: buffalo hump,thyroid?
- CV: evidence of arrythmia?
- Abd: hepatomegaly?
- Ext: edema, cuffing?
- Gait: antalgic?
- Skin: acanthosis, hidradenitis, acne, hirsutism, abdominal striae, tender subcutaneous nodules, intertrigo

Evaluation (continued)

Laboratory evaluation

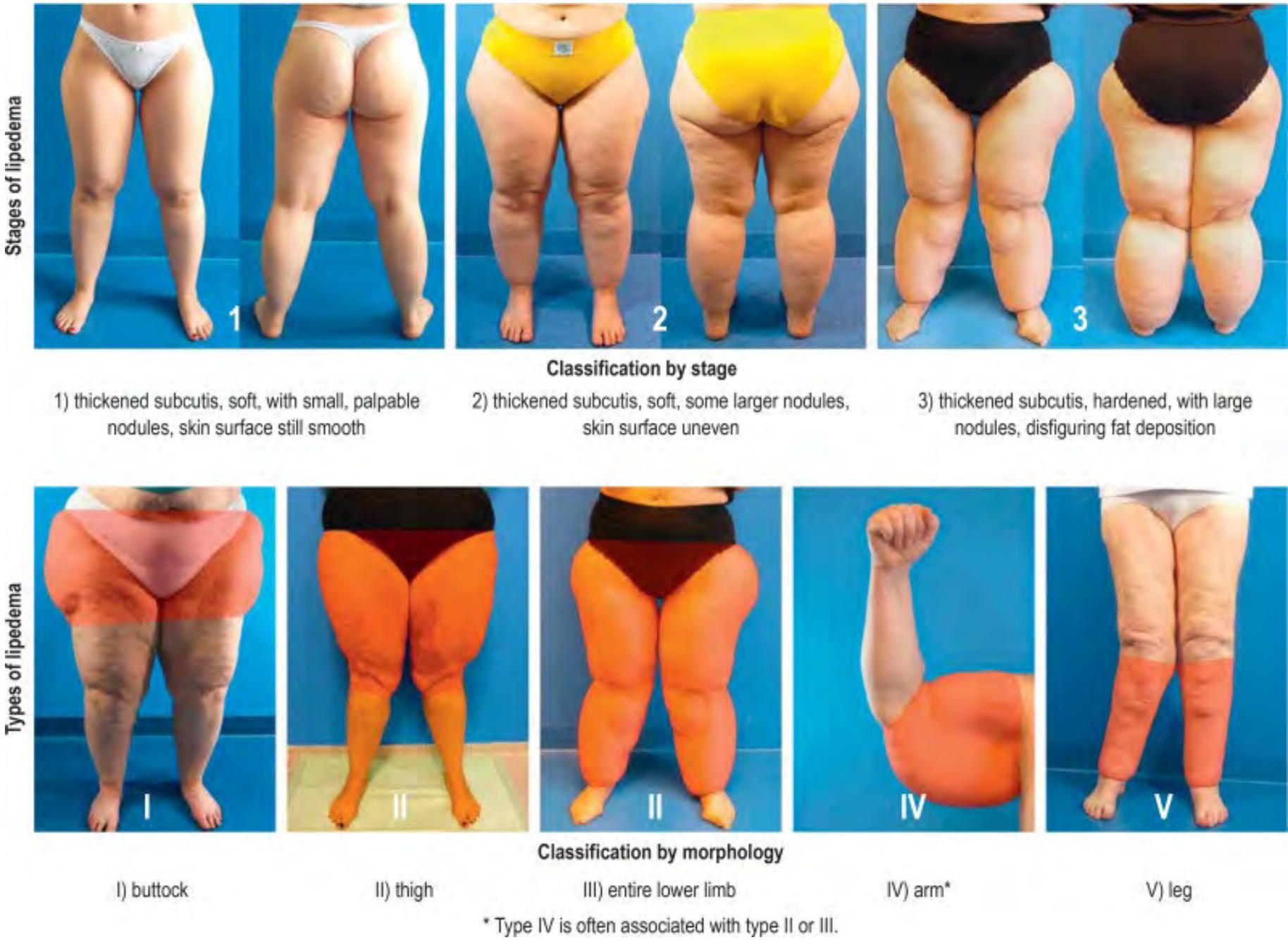
- CBC, CMP
- TSH
- Lipid panel
- FBS, A1c
- Vitamin D

Complications

- Obesogenic medications
- MASLD/MASH – Fib4 calculation
- OSA
- Eating disorders
- Contraindications to AOMs

Lipedema

Kruppa P, Georgiou I, et al PMID: 32762835; PMCID: PMC7465366.



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Goals of Treatment

- ~~BMI < 25~~
- Improvement in complications
- Symptom Resolution
- QOL
- BMI <30?
- BMI >= 23

Summary – Evaluating the Patient with Obesity

Approach patients with compassion

Take a disease-specific H&P

Set non-scale goals for treatment

- Kruppa P, Georgiou I, Biermann N, Prantl L, Klein-Weigel P, Ghods M. Lipedema-Pathogenesis, Diagnosis, and Treatment Options. Dtsch Arztebl Int. 2020 Jun 1;117(22-23):396-403. doi: 10.3238/arztebl.2020.0396. PMID: 32762835; PMCID: PMC7465366.
- Obesity Medicine Association. Pediatric Obesity Algorithm. https://obesitymedicine.org/resources/obesity-algorithm/. (Accessed = May 31, 2025)
- Pearl RL, Puhl RM, Himmelstein MS, Pinto AM, Foster GD. Weight Stigma and Weight-Related Health: Associations of Self-Report Measures Among Adults in Weight Management. Ann Behav Med. 2020 Nov 1;54(11):904-914. doi: 10.1093/abm/kaaa026. PMID: 32333673; PMCID: PMC7646152.
- Puhl RM, Brownell KD. Confronting and coping with weight stigma: an investigation of overweight and obese adults. Obesity (Silver Spring). 2006 Oct;14(10):1802-15. doi: 10.1038/oby.2006.208. PMID: 17062811.
- Puhl RM, Heuer CA. The stigma of obesity: a review and update. Obesity (Silver Spring). 2009 May;17(5):941-64. doi: 10.1038/oby.2008.636. Epub 2009 Jan 22. PMID: 19165161.
- Westbury, S., Oyebode, O., van Rens, T. *et al.* Obesity Stigma: Causes, Consequences, and Potential Solutions. *Curr Obes Rep* **12**, 10–23 (2023). https://doi.org/10.1007/s13679-023-00495-3