

Clinical support for obesity management

The *Canadian Adult Obesity Clinical Practice Guidelines* published in 2020 define obesity as a complex chronic disease, characterized by abnormal or excessive body fat (adiposity) that impairs health.¹ Like any other chronic disease, it is progressive and recurrent. The guidelines provide a comprehensive evidence- and experience-based, patient-centred framework for health care professionals, patients, and policymakers.¹ The chapters on medical nutrition therapy in obesity and pharmacotherapy in obesity management were updated in 2022. The guidelines have received international acclaim and have been adapted for use in Chile and Ireland.^{2,3}

The guidelines present a framework for obesity management in adults based on three pillars of intervention: psychology, pharmacotherapy, and bariatric surgery. Healthy behavior changes (medical nutrition therapy and physical activity) are fundamental to successful weight management and can improve health independently of changes in weight. Alone, they are generally associated with weight loss of only 3% to 5%, which is often not sustained.⁴ The main goal of psychological and behavioral interventions is to help people living with obesity to implement sustainable life changes; promote positive self-esteem; and improve health, function, and quality of life. In British Columbia, there is no public coverage



for dietitian, psychological, or counseling services to address the behavioral and mental health aspects of obesity. At this time, the BC health care system does not adequately support the multidisciplinary models of care that are the recommended standard for obesity management. Lack of access to care compounds the stigma associated with obesity.⁵

Pharmacotherapy for obesity management is a safe and effective means of achieving long-term weight management and is approved for use among individuals with a BMI ≥ 30 kg/m² or a BMI ≥ 27 kg/m² with adiposity-related complications, in conjunction with nutrition, physical activity, and/or psychological interventions.⁶ There are four

medications approved by Health Canada for long-term obesity management in Canada: liraglutide 3.0 mg, naltrexone-bupropion in a combination tablet, orlistat, and semaglutide 2.4 mg. These medications can assist in achieving and maintaining weight loss ranging from 6% to 15% at 1 year, with associated improvement in overall health. Even modest weight loss of 5% to 10% can produce clinically important improvements in health parameters such as glycemia, blood pressure, lipids, and nonalcoholic steatohepatitis.^{6,7} Despite the evidence supporting the efficacy of these medications in treating obesity and the associated comorbidities, obesity medications are not covered on

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provincial formularies in BC, and for those with private coverage, these medications are prescribed far less frequently than medications for other chronic medical conditions.⁸

Recognition of obesity as a chronic disease was a necessary first step to facilitate policies that advocate for access to effective interventions for patients living with obesity. In 2020, Doctors of BC passed a resolution recognizing obesity as a chronic medical disease requiring enhanced research, treatment, and prevention efforts. This resolution has been passed in only seven provinces and territories.⁹ More advocacy is needed to ensure that we develop models of health care to accommodate the multidisciplinary approach required to manage obesity and obesity-related diseases.

The 8th Canadian Obesity Summit is being held 14–17 May 2023 in Whistler, BC. This forum would be an excellent opportunity for health care professionals and policymakers to innovate and collaborate on strategies for promoting multidisciplinary models of care for chronic disease management in BC. Register for the summit at <https://obesitycanada.ca/cos>. ■

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