

Welcome to the pre-program component of *Recognizing Obesity as a Metabolic Disease with Improved Treatment Options*. In this clinical primer, you will be presented with Points to Ponder, video case studies, supplemental slides on foundational elements of obesity, and two case studies to consider.

POINTS TO PONDER

 How often do 	you conside	treatment options	beyond lifestyle mana	gement for pa	tients with obesity?
Never	Rarely	Occasionally	Most of the time	Always	

2. How do you broach the topic of obesity with your patients?

3. Which of the following statements do you agree with?

Obesity is a chronic progressive relapsing disease

Obesity is due to a lack of exercise and poor eating habits

Obesity is due to poor self-control and a lack of willpower

Pharmacotherapy is a last resort for the treatment of patients with obesity

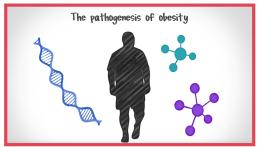


ANIMATIONS

Click on each image to view

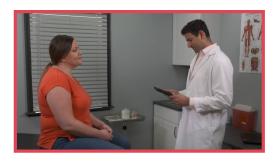
Obesity management Part One





Pathogenesis of obesity

Obesity management Part Two





Shared decision making



Obesity pharmacotherapy



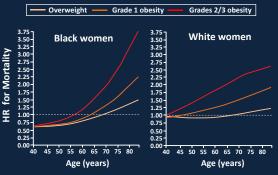
SUPPLEMENTAL SLIDES

Mortality Attributable to Overweight/Obesity

US adult deaths associated with overweight/obesity (1986-2006)

- Men
- White = 15.6%
- Black = 5.0%
- Women
- $-\overline{\text{White}} = 21.7\%$
- Black = 26.8%

HR = hazard ratio. Masters RK, et al. Am J Public Health. 2013;103:1895-1901.



Approaches to Managing Patients With Obesity

- Managing complications of obesity

 - Cardiovascular
 - Obstructive sleep apnea

 - Others

Bray GA, et al. Endocri Rev. 2018;39:79-132.

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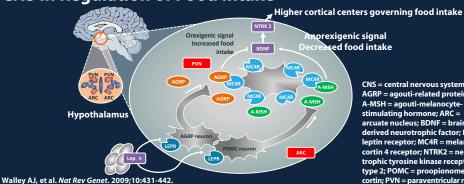
- Anti-obesity medications

How Is Obesity Defined in Adults?

	Weight status category	BMI (kg/m²)
•	Underweight	<18.5
	Normal weight	18.5 –24.9
	Overweight	25.0 – 29.9
	Class I obesity	30.0 –34.9
	Class II obesity	35.0 – 39.9
	Class III obesity	≥40

BMI = body mass index (weight in kilograms divided by height in meters squared, kg/m²). Centers for Disease Control and Prevention (CDC). Defining adult overweight & obesity, 6/3/2022 (www.cdc.gov/obesity/adult/defining.html). Accessed 12/19/2022.

CNS in Regulation of Food Intake



CNS = central nervous system; AGRP = agouti-related protein; A-MSH = agouti-melanocytestimulating hormone; ARC = arcuate nucleus; BDNF = brainderived neurotrophic factor; LEPR = leptin receptor; MC4R = melanocortin 4 receptor; NTRK2 = neurotrophic tyrosine kinase receptor type 2; POMC = proopionomelanocortin; PVN = paraventricular nucleus

Misconceptions About Obesity

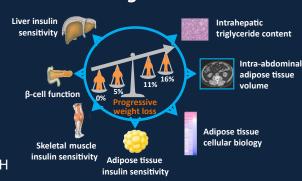




Obesity does not require complex treatment—patients should just eat less and exercise more

What Are the Benefits of 11–16% Weight Loss

- Significant reductions in:
- Earlier benefits, ie, further improvements
- Systemic inflammation
- Adipose-specific tissue inflammation
- Upregulation of metabolic pathways
- Reversal of early fibrosis NASH Magkos F, et al. Cell Metab. 2016:23:591-601.





CASE STUDIES

Case #1

	What therapeutic options would you consider or this patient?				
2.	Why?				

Case Study 1: Gerard—Presentation

Age = 47 years

Height = 5'11"

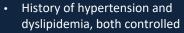
Weight =295 lbs/ BMI = 41.1

Current medications include:

- Lisinopril 40 mg QD
- Atorvastatin 80 mg QD

QD = once daily.

How would you manage this patient?



- Had Roux-en-Y gastric bypass 5 years ago when BMI was 40.2
 - Lost 55% of excess body weight in first year
 - All weight regained within 3 years of surgery
- He is a registered nurse working night shifts in a hospital emergency department; meals are irregular, and he often eats on the run

Case #2

1. What therapeutic options would you consider

for this patient? 2. Why?

Case Study 2: Emily—Presentation

- Age 39 years
- Height 5'4"
- Weight = 148 lbs
- Current medications - Hydrocortisone 2.5% BID as needed



How would you manage this patient?

- 8 months postpartum
- Weighed 120 lbs before pregnancy
- Distressed about baby weight not coming off
- History of mild atopic dermatitis
- Has been reading about new weight-loss drugs and would like to try one

