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Treatment of obesity: A multi-stakeholder responsibility

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That obesity should be declared as a disease is controversial [1]. Despite the generally accepted definition of obesity, namely, abnormal and excessive fat accumulation that may impair health [2], and various treatment guidelines developed by relevant organizations [3], it seems that not much success has been achieved in the treatment of obesity. In fact, there is no general agreement on the definition of "effective obesity treatment" among the stakeholders, including physicians, policy-makers, dieticians, nutritionists, and, last but not least, the patients.

Opinions expressed about obesity have been considerably different throughout history. Sometimes it has been praised and sometimes people have worried about it. Controversies on obesity continue and are even more radical today [4]. The dominant opinion is that obesity is a risk factor for many diseases and increases mortality. On the other hand, some scientists believe that obesity may be merely a protective tool to combat environmental risks [5], and some others state that the obesity epidemic was born sometime around the year 2000 and died about ten years later [6].

Declaring obesity as a disease is not just a medical matter. Other aspects, e.g., covering treatment costs by health insurance agencies, are also important. In any case, obesity is considered a multifactorial public health and nutritional problem. As regards the case of effective treatment for obesity, a few points must be considered seriously:

1) As a general rule, a multidimensional problem cannot be solved by a one-dimensional approach. Consequently, in addition to dieticians, other specialists, including geneticists, endocrinologists, exercise physiologists, and psychologists [1], should be involved if the treatment is to be effective.

2) The first step should be convincing the client of the target body weight. Ideal body weight is a complicated matter. Basically, it may be considered from a preventive or a curative point of view. From the preventive point of view (for people who are not overweight or obese at the age of around 20 years), an increase of up to 5 kg is acceptable during adulthood. However, from the curative point of view, particularly in the case of clients with a body weight very far from the ideal body weight, a weight loss of 5% to 10% should be set as the target. Even such a modest weight loss can reduce the risk of many chronic diseases considerably.

3) Treatment strategies for weight loss include diet therapy, physical activity, behavior therapy, pharmacotherapy, and bariatric surgery. The first three can be combined together to form what can be called lifestyle therapy. It is extremely important to explain to all clients that even if pharmacotherapy or bariatric surgery is indicated, lifestyle therapy is still essential and vital. Some researchers believe that, in some cases, the strategies may be underutilized or overutilized. For example, it has been reported that only about 2% of the adults eligible for weight-loss drug therapy receive a prescription, while about 86% of the adults diagnosed with diabetes receive antidiabetic medications [7].

4) From the very beginning, when talking to an overweight or obese patient seeking advice, the probability and risk of weight regain after weight loss must be emphasized. Physiological and behavioral factors play roles in weight cycling [8]. As with other nutritional characteristics, the network of factors responsible for weight regain may be population-specific. Therefore, conducting high-quality local research is needed to identify such factors in different populations.

In conclusion, overweight and obesity should be managed through a team approach. Achievable and scientifically sound target weights should be

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determined. High-quality and population-specific research in the field of obesity is strongly recommended.

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