



Obesity In Wisconsin: Treatment, Support, Considerations

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Definition of Obesity

A chronic, progressive, relapsing, treatable 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.





OBESITY IS A CHRONIC DISEASE

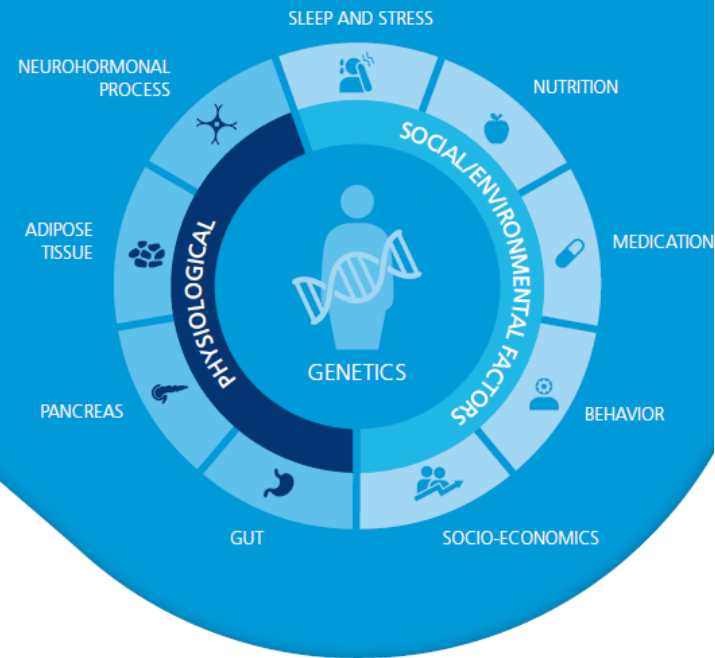
Obesity is a chronic disease, with multiple pathophysiological determinants, that requires multidisciplinary, long-term management

Obesity is defined as abnormal or excessive fat accumulation that may impair health.¹ It leads to anatomic (e.g. osteoarthritis, sleep apnea) and metabolic (e.g. the impact of body fat mass on insulin resistance and progression to T2DM and CVD) impairments in body function²

Body weight regulation is complex, influenced by genetics, physiology and the environment (Figure 1)³⁻⁵

Professional associations (the American Medical Association, the American Association of Clinical Endocrinologists, the Obesity Society) recognize obesity as a global health challenge that requires a chronic disease management model^{2,6-8}

Figure 1: Obesity is a complex multifactorial disease³⁻⁵



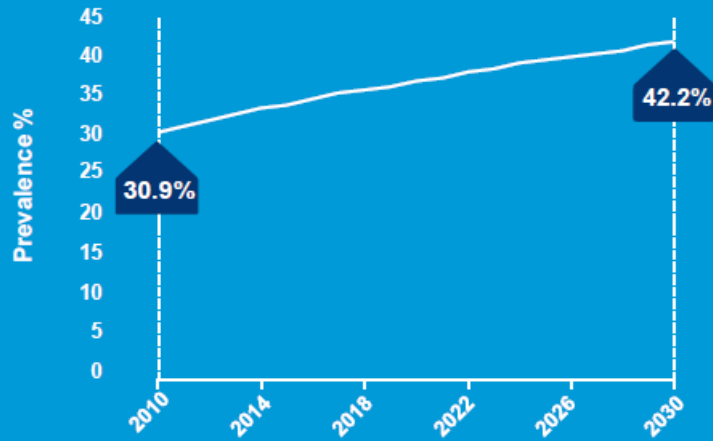
Obesity Prevalence

The percentage of patients 18-85 whose most recent weight meets the defined targets considered non-obese according to age and risk.

- BMI < 30 adults 18 and older without additional risk
- BMI < 27 adults 18 and older of Asian descent or comorbidities

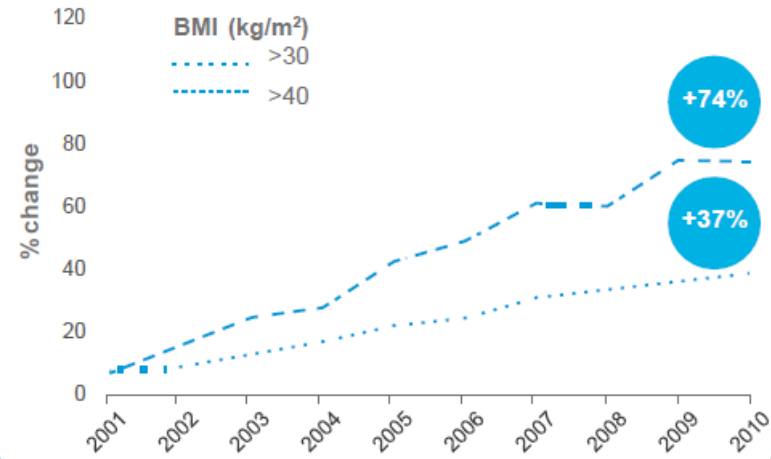
58.7% of WCHQ member patients met the criteria for obesity through December of 2020.

Figure 1: Estimated obesity prevalence among US adults, 2010–2030¹



Notes: For BMI ≥ 30 kg/m² based on Behavioral Risk Factor Surveillance System (BRFSS) data; based on the current linear trend, prevalence could reach 51%.

Figure 2: Prevalence of higher BMI categories is increasing faster than the prevalence of lower BMI categories²



Note: Based on BRFSS data.

Obesity is associated with many comorbidities, which may result in substantial costs to employers³⁻⁸



CLINICAL AND ECONOMIC VALUE OF OBESITY INTERVENTIONS

Sustained weight loss in people with obesity is associated with clinical and economic benefits

Weight loss is beneficial for reducing obesity-related comorbidities and improving employee quality of life (QoL) and productivity¹⁻⁶

Benefits of 5–10% weight loss



3% reduction on lifetime risk of T2DM¹



13-20% reduction in cardiovascular risk²



Improvements in blood lipid profile (triglycerides and HDL cholesterol)³



26% reduction in severity of obstructive sleep apnea⁴



Improvements in HRQoL^{5,6}

Compared with those without weight loss, people with obesity who lost $\geq 5\%$ of their body weight had:⁵



Absenteeism

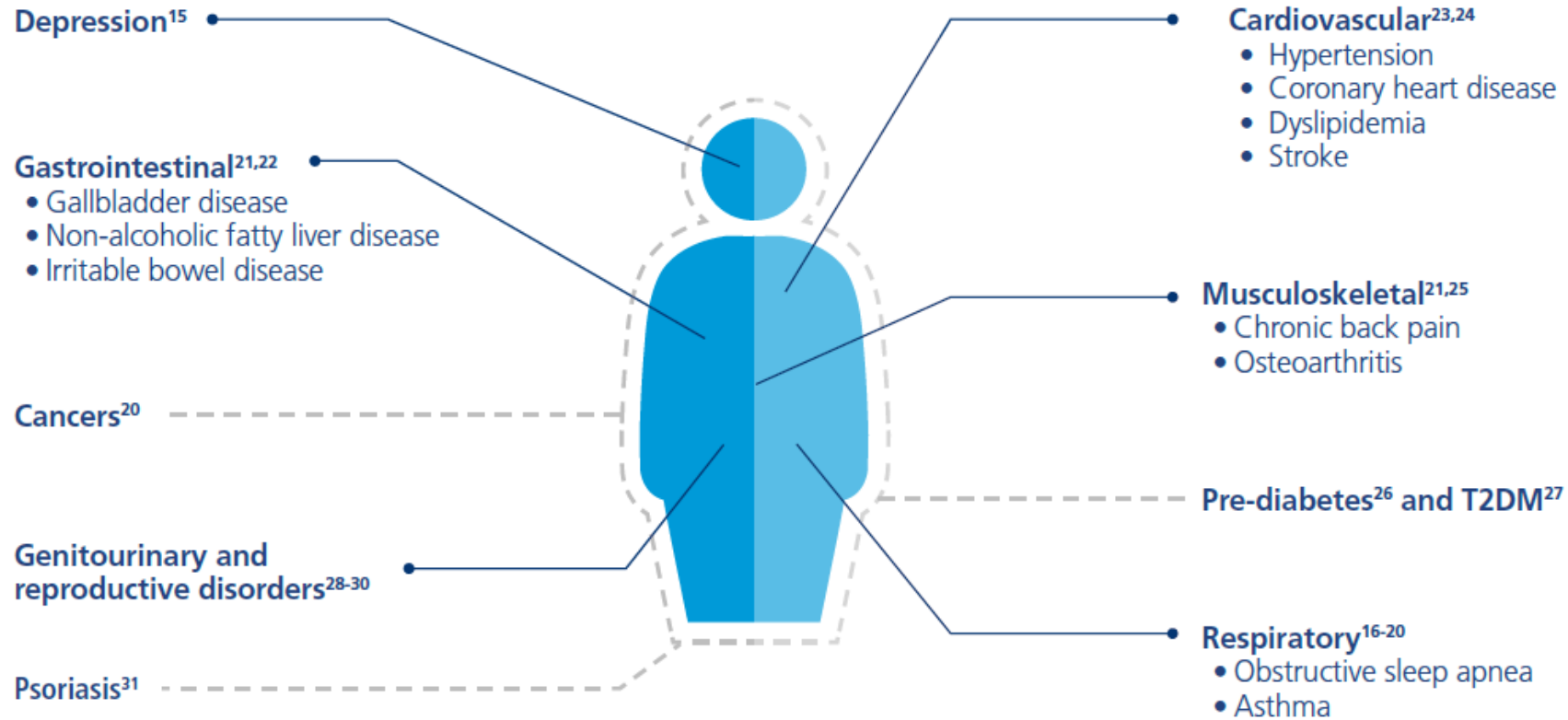
Reduced absenteeism by **0.26 days/month**



Presenteeism

6.3% greater probability of not having any presenteeism

Obesity is associated with many conditions and comorbidities,¹⁴ including:



Treatment for Obesity

Nutrition

Physical Activity

Medications

Surgery

Nutrition

- Calorie Restriction
- Low Fat
- Low Carb
- Mediterranean
- Ketogenic
- Paleo
- Vegetarian
- Intermittent Fasting
- Werewolf Diet



Physical Activity

- Resting energy expenditure - 70% of total daily expenditure
- Thermic effect of food - 10%
- Physical activity - 20%
- Energy expenditure variation - RMR 10%, TEF 20%, PA 2%



Medications

- Indications
 - BMI \geq 27 with obesity-related medical conditions
- OR
- BMI \geq 30



Surgery

Indications

- BMI ≥ 35 with obesity-related medical conditions
- BMI ≥ 40 with or without obesity-related medical conditions

