

Obesity – It's No Longer Just About BMI



The approach to diagnosing and managing obesity must go beyond body mass index (BMI), which often excludes many individuals who could benefit from treatment. The European Association for the Study of Obesity (EASO) has launched a new framework for diagnosing, staging, and managing obesity in adults. This framework aims to modernise obesity diagnosis and treatment, incorporating the latest medical advancements, including new obesity medications.

Despite widespread recognition of obesity as a multifactorial, chronic, relapsing, non-communicable disease characterised by abnormal or excessive body fat accumulation, diagnosis often relies solely on BMI cut-off values. This approach fails to consider adipose tissue distribution and function, critical to understanding disease severity.

The EASO Steering Group, including experts such as current and former Association Presidents, has developed a series of statements to align obesity management with the latest scientific knowledge. They highlight that BMI alone is inadequate for diagnosis. Body fat distribution, particularly abdominal fat, significantly impacts health and is a stronger predictor of cardiometabolic complications than BMI, even in those with BMI levels below the standard obesity cut-off of 30.

The new framework explicitly identifies abdominal (visceral) fat as a major health risk, even for individuals with a low BMI who show no overt clinical symptoms. It redefines obesity to include those with a BMI of 25–30 kg/m² but increased abdominal fat and any medical, functional, or psychological impairments, aiming to reduce undertreatment in this group.

The treatment recommendations from the EASO emphasise behavioural modifications, such as nutritional therapy, physical activity, stress reduction, and sleep improvement, as core components of obesity management. They also suggest the inclusion of psychological therapy, obesity medications, and metabolic or bariatric procedures. However, they note that current guidelines, based on clinical trials with anthropometric cut-off values, limit the use of these treatments for patients with a low BMI.

The steering committee proposes considering obesity medications for patients with a BMI of 25 kg/m² or higher, a waist-to-height ratio above 0.5, and any medical, functional, or psychological complications, regardless of traditional BMI cut-off values. This call extends to pharmaceutical companies and regulatory authorities to adopt inclusion criteria that reflect the clinical staging of obesity rather than traditional BMI measures when designing future clinical trials.

This statement aims to align obesity management with other chronic diseases, focusing on long-term health benefits rather than short-term outcomes. Treatment plans should prioritise long-term personalised therapeutic goals, considering disease stage and severity, available treatments, side effects, patient preferences, and individual barriers to treatment. This comprehensive, lifelong approach should replace the focus on short-term weight reduction.

Source: [European Association for the Study of Obesity](#)
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Published on : Wed, 10 Jul 2024