



Theoretical Obesity Treatment Strategies and Real-world Treatment Modifiers

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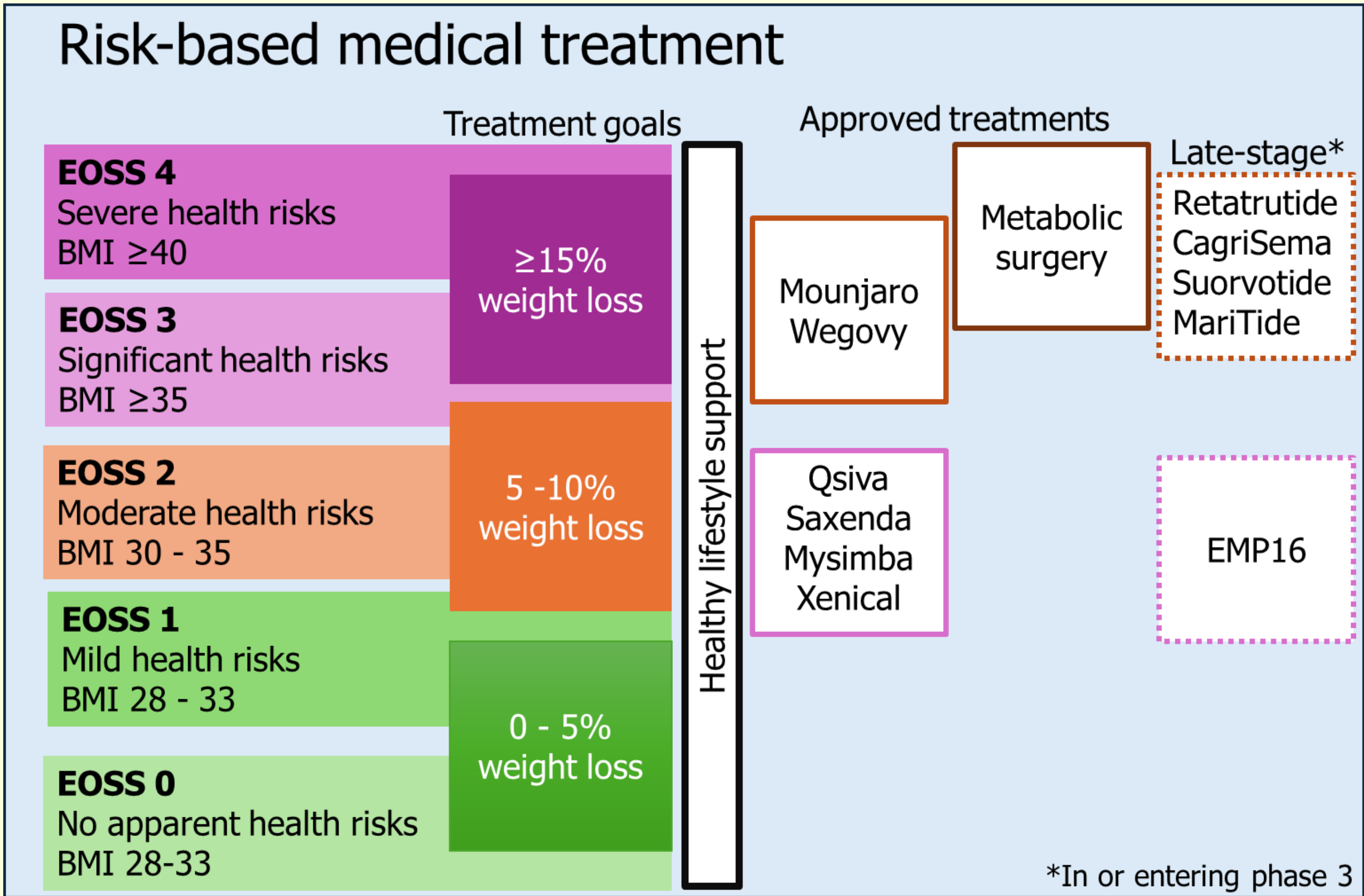
Introduction

Most obesity treatment guidelines use BMI together with additional information such as anthropometry and presence of risk factors as guiding variables for treatment selection. The well-known Edmonton Obesity Staging System (EOSS) provides a comprehensive strategy to assess overall health risk and guide suitable treatment options.

A theoretical treatment pathway is depicted in the figure, where the patient's overall risk govern treatment choice.

However, the actual treatment the patient receives is significantly influenced by external factors, here denoted treatment modifiers, where cost of treatment currently seems to be the largest treatment modifier.

As a starting point for future discussions, an example is given below.



Patient with EOSS Stage 3/4

- 63-year-old female with BMI 41 kg/m²
- History of myocardial infarction with heart failure
- Ultrasound of liver indicated moderate steatosis
- Clinical depression
- Severe osteoarthritis limiting mobility
- Risk-based treatment choice → metabolic surgery or Mounjaro or Wegovy

Treatment Modifiers:

- Retired with fixed income which severely limits out-of-pocket expenses
- Current medication costs are substantial burden
- Patients primary goal is improved mobility and independence
- Concerns about surgical risks given cardiac history
- Depression affects motivation and treatment adherence
- Advanced care requires travel to academic medical centre 120km away
- Limited mental health providers with obesity expertise
- Transportation to multiple specialists financially prohibitive

Theoretical Modified Practical Treatment Plan

- Prioritize depression treatment as gateway to enabling other interventions
 - Focus on functional improvements rather than weight targets
 - Coordinated care through primary care physician with specialty teleconsultations
 - Joint replacement delayed until modest weight reduction achieved, despite immediate need
 - Delayed conversation regarding metabolic surgery until patient is ready and local follow-up resources are available
- **No anti-obesity medication initially**

Thoughts

- Successful long-term obesity treatment requires addressing multiple barriers at the individual, provider, and system levels.
- The cost of treatment is a major barrier to both initiating and continuing treatment.
- When selecting treatments, affordability and medical supervision are just as important factors as weight loss efficacy.



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