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Announcement of an updated Belgian consensus on the assessment and management of obesity

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A Belgian updated consensus on the assessment and management of obesity

Obesity is the most prevalent chronic disease worldwide. The negative impacts of weight excess and obesity are considerable at the individual and collective levels, spreading across physical, mental, quality-of-life, societal and economic aspects. To give an example, only considering the economic burden of this health problem, a recent analysis estimated that weight excess reduces gross domestic product by 3.3% in OECD countries and those developed countries will spend 8.4% of their health budget to treat the consequences of excess weight.¹ Fortunately, there are also favorable prospects for this health problem. The same analysis predicted that every single US dollar invested in addressing overweight will result in 5.6 US dollars of return in terms of economic benefits. At the individual level, it is proven that obesity management programs can improve or revert many symptoms or co-morbidities associated with obesity.

Obesity is also a remarkably complex disease: it encompasses somatic, psychological and social aspects that often interact among each other. Several risk factors and/or direct causes of different nature may lie behind an obesity problem. In addition, the consequences of overweight and obesity are diverse in nature and severity, and they affect several organ systems (e.g. type 2 diabetes, cardiovascular disease, non-alcoholic fatty liver disease, etc.). Looking at these characteristics, it becomes clear that the assessment and management of obesity can only be understood through the prism of multidisciplinary.

Embracing this multidisciplinary approach as one of its key cores, the Belgian Association for the Study of Obesity (BASO) has brought together its panel of interdisciplinary experts to update their consensus on assessment and management of overweight and obesity. Since the previous version of the BASO consensus was released, in 2010, several clinically relevant advancements have occurred in the field that prompted us to update the consensus.

Firstly, the surge in number of bariatric surgery patients over the last years, together with a better understanding on the physiological effects of these surgical procedures, has urged a need to clearly define pre- and post-operative procedures that require a multidisciplinary team. The consensus now presents recommendations on

what specialists are needed in these bariatric surgery teams, along with their specific roles before, during and after surgery. The optimal follow-up for bariatric surgery patients is also suggested, together with details on expected surgery outcomes (in terms of co-morbidities, weight loss, and gastrointestinal, survival, psychosocial and well-being aspects). Nutritional management, psychological care and physical activity interventions after bariatric surgery are also detailed.

Secondly, in the last decade we have witnessed a promising acceleration in the development of anti-obesity drugs that also provide benefits on cardiovascular and metabolic outcomes. This has been partly due to the progress made in understanding obesity pathophysiology and to new regulations for clinical evaluation of drugs for the management of obesity. However, as is the case with surgery, these new pharmacotherapeutic tools must always be part of a multidisciplinary program for obesity management.

Thirdly, it is becoming increasingly clear that the management of overweight and obesity must be focused on the overall health of the patient rather than on weight outcomes alone. This is a logical consequence of the complexity of obesity: since so many aspects of health are involved in it (physical, mental and functional), there is no valid rationale to focus only on weight. In addition, the chronic nature of obesity means that its management must be lifelong. Overall health improvement goals are associated with a longer-term motivation than weight-related goals alone, which makes it easier for the patient to engage in the long-term lifestyle changes needed for a healthier life. Throughout all chapters, the updated BASO consensus emphasizes this crucial viewpoint of achieving overall health improvement in the long term.

Obesity can affect individuals at any stage of life. A red flag related to this point has become obvious in the recent years: the number of overweight and obese children is alarmingly increasing over the last couple of decades. In addition, it is now proven that the obesity and nutritional status of mothers before, during and after pregnancy can have serious and long-term consequences for the health of their offspring, from fetal stages to adulthood. These two observations reflect the need to address the obesity problem from very early stages in life. To account for that need, the updated BASO consensus contains chapters dedicated to obesity in childhood and pregnancy.

The chapter on pediatric obesity, greatly expanded in this edition, offers more tools for obesity assessment (e.g. growth charts for all ages, list of investigations recommended at intake and to screen co-morbidities, the Edmonton Obesity Score Staging for pediatric populations). It also delves into particularities of the multidisciplinary management of obesity in this patient population, including the latest updates on bariatric surgery for adolescents. Of note, a new, separate chapter has been included in the new consensus to present genetic forms of obesity (syndromic and monogenic), many of which appear during childhood or adolescence. This chapter describes basic principles for the diagnosis of genetic forms of obesity and when to refer patients to a specialist for further investigations, which can be particularly useful for general practitioners.

The new chapter on obesity and pregnancy offers an overview of the many effects that obesity has on pregnancy-related outcomes, together with practical recommendations before, during and after pregnancy for women with obesity – also, a special section for bariatric surgery patients is included. We believe that a proper health monitoring and implementation of interventions at early stages of life (pregnancy, childhood) avoid the development of more complex problems, promote healthier lifestyles in the long term, and can certainly help prevent overweight and obesity in the overall population.

Now that we comment on the prevention of obesity, it is worth mentioning that the new update of the BASO consensus discusses this key topic for the first time. Although the main focus of the consensus is the assessment and management of obesity *once it occurs*, BASO cannot obviate the importance of obesity prevention at individual and population levels. As a consequence, we decided to include a short chapter highlighting the urgent need for interdisciplinary yet coordinated strategies for obesity prevention. A particular attention is given to prevention of obesity in children.

In this update of the consensus we also carefully updated and expanded the supplementary materials. Most of these appendixes are ready-to-use materials that we believe will support health care providers in their effort to engage and interact with patients. For instance, the reader will find updated brochures and infographics with nutritional and physical activity recommendations, and advice on how to communicate about weight and eating behaviors, among other materials.

To finalize the presentation of this updated consensus, we would like to re-emphasize that this reference tool was crafted by an interdisciplinary panel of experts in the field of obesity. The BASO board members come from diverse backgrounds and specialties, but we all share a common goal that is the essence of this consensus:

the need for a multidisciplinary cooperation in the treatment of obesity to achieve health improvements in the long term, both at the individual and at the population level. Not only do we expect this update to be helpful in the daily clinical management of obesity, but we also hope that such a large consensus among health care providers sends a strong positive message to policy makers to implement a more unified and comprehensive approach to tackle this complex – yet addressable – 21st century epidemic.

The updated BASO consensus on the assessment and management of overweight and obesity is available at <https://www.obesityacademy.be/>.

Note

1. OECD (2019), The Heavy Burden of Obesity: The Economics of Prevention, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/67450d67-en>.

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