

FP Essentials

Call for Authors – February 2025

Obesity Management

We are seeking an author or author group to write an edition of *FP Essentials* on the topic of obesity management. This edition will cover four topics:

1. Overview and Evaluation of Obesity
2. Lifestyle Interventions for Obesity
3. Pharmacotherapy for Obesity
4. Surgical Interventions for Obesity

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, additional resources, and up to 200 references to provide support for all recommendations and factual statements in the manuscript. References must be numbered sequentially by section, with section headers dividing the list and each new section starting over at “1.”

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment

According to the Centers for Disease Control and Prevention (CDC), 41.9% of US adults and 19.7% of US children and adolescents have obesity, and 9.2% of US adults have severe obesity. Obesity is a major contributor to chronic diseases such as hypertension and diabetes, premature death, and rising health care costs. Furthermore, obesity affects minority populations disproportionately, and its prevalence is inversely associated with education and household income in the United States. Patients look to their family physicians for guidance about important health issues like obesity. However, physicians may lack knowledge and resources to manage this complex, burgeoning problem. A survey of members of the American Academy of Family Physicians (AAFP) identified weight loss and nutrition among 16 clinical topics for which there was the greatest need for education. In fact, more than 25% of active members voiced a need for education regarding care coordination and patient education in this area. This issue of *FP Essentials* will update family physicians with new information about the causes of obesity and evidence-based resources for its treatment.

Section 1: Overview and Evaluation of Obesity

Example Case

JP is a 10-year-old presenting to your office with his mother for a well-child visit. His physical exam is notable for a body mass index (BMI) of 22.3 kg/m² (95th percentile for age and sex). Several family members are overweight or obese and have type 2 diabetes. A brief family inventory reveals poor nutritional patterns, a lack of physical activity, and limited finances. Apart from offering recommendations about healthier eating and physical activity, how should you address JP's obesity?

Key Questions to Consider

Definition and Prevalence

- What are the definitions of overweight, obesity, and the various classes of obesity for adults and children? What are severe, extreme, and super obesity? What is metabolically healthy obesity?
- What is the prevalence of obesity among adults and children in the United States and globally? Which demographic groups have the highest prevalence? What social determinants of health are most strongly associated with obesity?
- What health consequences and costs are associated with obesity? How does obesity affect mortality, life expectancy, and quality of life?

Risk Factors

- What are the risk factors for obesity? Does making lifestyle changes reduce the risk for obesity?
- What medical conditions and medications can cause weight gain?
- How does the human gut microbiome influence the development of obesity and associated diseases?

Screening

- What are the recommendations and rationale for screening patients for overweight and obesity?
- What are the limitations of using BMI to assess obesity? When should abdominal, waist, and hip circumference be measured in addition to BMI? How do body roundness index (BRI), A Body Shape Index (ABSI), visceral adiposity index (VAI), and other similar measurements compare to BMI? What is the correct way to assess obesity in males and females?

Medical Evaluation

- How should medical language be used to reduce the stigma surrounding obesity? What terms are recommended for use with patients and in charting and billing? What terms should be avoided?
- What medical facilities tend to be more welcoming to patients with obesity?
- What is the recommended diagnostic approach for patients with obesity? What laboratory or other tests are recommended to assess for secondary causes of obesity?

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Section 2: Lifestyle Interventions for Obesity

Example Case

ST is a 39-year-old who is following up with you for depression. Her Patient Health Questionnaire (PHQ)-9 has improved from 14 to 7 on sertraline, but she has gained 12 pounds since starting the medication. Her body mass index is 29 kg/m². She would like to continue antidepressant therapy and lose weight. She does not have diabetes. Her best friend lost weight on a ketogenic diet, and she asks whether you recommend that eating plan for her.

Key Questions to Consider

Overview of Lifestyle Interventions

- What are the components of a comprehensive lifestyle intervention for obesity? Which interventions are most effective, either alone or in combination?
- How effective are physicians at counseling patients regarding lifestyle and behavioral interventions for obesity?
- What are SMART (specific, measurable, attainable, realistic, time-based) goals, and why are they important for lifestyle and behavioral interventions? What are some appropriate initial goals for patients seeking to lose weight?
- What are the general principles for calculating a patient's energy requirements and for creating a caloric deficit that is sufficient and appropriate for weight loss?

Dietary Interventions

- How effective are the following dietary approaches to weight loss?
 - Evidence-based eating plans, such as the Mediterranean diet
 - Calorie counting methods
 - Popular diets, such as the ketogenic diet, Paleolithic diet, plant-based diet, etc.
 - Time-restriction methods such as intermittent fasting
- What are the advantages and disadvantages of each dietary approach? How effective are they in the short- and long-term? Should some diets be encouraged or discouraged for patients with certain medical conditions? (Consider putting this information in a table.)

Exercise Interventions

- What are the physical activity recommendations for persons who are obese or overweight? What types of exercise, duration, and intensity are recommended for weight loss? How effective is exercise alone and in combination with diet for the management of obesity?
- When should overweight individuals undergo cardiac stress testing before starting an exercise program?
- Do wearable activity trackers or standing desks provide a benefit for weight loss?

Other Interventions

- What behavioral interventions, other than physical activity, may be helpful for losing weight and for maintaining a healthy weight?
- What are the roles of nutritional counseling, fitness and lifestyle coaching, and other ancillary services for those seeking to lose weight or maintain weight loss?
- What factors promote adherence to lifestyle changes? What are some common barriers to success?

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Section 3: Pharmacotherapy for Obesity

Example Case

DM is a 45-year-old with hypertension and obesity. His blood pressure is 138/84 mm Hg on losartan and hydrochlorothiazide. After 3 months on a DASH (Dietary Approaches to Stop Hypertension) diet and an exercise plan, he has lost 10 pounds, but his body mass index (BMI) is still 34 kg/m². His comprehensive metabolic panel and thyroid-stimulating hormone level are normal. He would like to try semaglutide if you think it would be appropriate to help him achieve his goal of a BMI less than 30 kg/m².

Key Questions to Consider

First-Line Pharmacotherapy

- What are the indications for pharmacotherapy for obesity, with and without comorbidities?
- What are glucose-dependent insulinotropic polypeptide (GIP)/glucagon-like peptide 1 (GLP-1) dual receptor agonists and GLP-1 receptor agonists? How do they work? How effective are they for weight loss? Which of these medications are approved for weight loss and chronic weight management? Use tables to summarize dose, titration, duration of therapy, monitoring, contraindications, potential drug interactions, adverse effects, and cost.
- What are the cardiovascular and metabolic benefits of these medications?
- What is the evidence for or against using GIP/GLP-1 dual receptor agonists and GLP-1 receptor agonists in children or adolescents?

Other Anti-Obesity Medications

- What other medications are approved for weight loss? How effective are they compared to GIP/GLP-1 dual receptor agonists and GLP-1 receptor agonists? Use tables to summarize and compare mechanism of action, dose, duration of therapy, monitoring, contraindications, potential drug interactions, adverse effects, and cost.
- What is recommended for patients who fail to respond to initial anti-obesity pharmacotherapy? Is combination therapy superior to monotherapy?
- What role, if any, do sympathomimetic agents such as phentermine have in the short-term vs long-term treatment of obesity? When should they be used, and when should they not be used?
- What novel medications show promise for the treatment of obesity?

Adjunctive Measures and Monitoring Therapy

- How important is it for patients to maintain healthy dietary and exercise habits while taking anti-obesity medications?
- Is it challenging for some patients to maintain an adequate intake of protein, vitamins, and minerals during weight loss? Should physicians refer patients to a dietician when prescribing anti-obesity medications?
- What medications that are commonly prescribed for other medical conditions may have a positive or negative effect on weight loss efforts?
- For what reasons were past anti-obesity medications withdrawn from the market? What can physicians do to be aware of any new warnings or post-marketing withdrawal of obesity medications?

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Section 4: Surgical Interventions for Obesity

Example Case

EG is a 53-year-old with longstanding obesity and obstructive sleep apnea. Her body mass index (BMI) is 42 kg/m². Although motivated to lose weight, she has not reached her goal despite several attempts at lifestyle changes and pharmacotherapy. Moreover, her health insurance does not cover tirzepatide or semaglutide for patients without diabetes or heart disease. She asks whether you think she would be a good candidate for bariatric surgery.

Key Questions to Consider

Metabolic and Bariatric Surgery

- What is metabolic and bariatric surgery (MBS)? Why is it considered metabolic?
- How many MBS procedures are performed annually in the United States? What are the rates for the various MBS procedures performed?
- With the advent of weight-loss medications, is the number of these procedures declining?

Preoperative Evaluation

- What are the indications for MBS at various BMIs? What are the contraindications?
- Should patients undergo a trial of weight loss medications prior to consideration of MBS? If so, for how long?
- Is there a minimum age for patients to qualify for MBS?
- What preoperative medical, nutritional, and psychosocial evaluations are recommended before MBS? What laboratory tests are recommended?
- What commitment to lifestyle changes must patients adhere to prior to MBS? What is the physician's role in documenting lifestyle changes?
- What is the role of cessation of alcohol, tobacco, and other drugs prior to MBS?

Procedures and Outcomes

- What are the most commonly performed MBS procedures in the United States? What are the mechanism of action, effectiveness, relative advantages, potential complications, and cost of each? Use tables as needed to summarize and compare Roux-en-Y gastric bypass, sleeve gastrectomy, biliopancreatic diversion with duodenal switch, intragastric balloon, and other types of MBS.
- How much does MBS reduce cardiovascular risk, cancer risk, and mortality? Are these reductions similar for the different procedures?
- How effective is MBS for reversing obesity-associated conditions such as diabetes, hypertension, metabolic dysfunction-associated steatotic liver disease, and sleep apnea? Is MBS cost-effective?
- How safe is MBS? What are the potential adverse effects? What are the mortality rates and risks of major adverse outcomes?

Postoperative Care

- What should family physicians know about the postoperative care and long-term monitoring of patients who undergo MBS? What medical, nutritional, and laboratory monitoring of patients is recommended?
- What dietary modifications and vitamin and mineral supplements are necessary following bariatric surgery? What medications may require dose adjustments?

- What next steps are recommended for patients with insufficient weight loss or weight regain following MBS? Are they candidates for glucagon-like peptide 1 (GLP-1) receptor agonists or revision surgery?

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