

Collection on reframing obesity in health care and ending weight stigma: presenting evidence for change



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Overweight and obesity, defined as the excessive accumulation of body fat, affects around 990 million people worldwide, with around 39 million children under the age of 5 years living with the condition in 2020. Obesity prevalence trends are predicted to increase, with one in two adults in the USA projected to have obesity by 2030. Global deaths and disability-adjusted life-years (DALYs) attributable to overweight or obesity have more than doubled in men and women between 1990 and 2017, with an estimated 4 million attributable deaths each year. Cardiovascular disease is the leading cause of high BMI-related DALYs, but recent evidence suggests that excess adiposity is associated with the development of distinct circulatory (eg, hypertension, arrhythmias, and heart failure), endocrine (eg, type 2 diabetes), neurological (eg, sleep disorders), musculoskeletal (eg, gout and osteoarthritis), digestive (eg, diseases of the liver and pancreatitis), and respiratory (eg, asthma) diseases, as well as adverse mental and social consequences. Obesity is therefore a key contributor to ill health and a major global health concern that requires urgent attention.

A major barrier to progress in tackling obesity, is the incorrect assumption by society that it is caused by a lack of self-discipline, and can be reversed by voluntary decisions to eat less and exercise more. This notion that obesity is a choice provides the foundation for weight stigma, which is experienced by people of all ages living with overweight and obesity in social, educational, and health-care settings, as well as in the workplace. The detrimental consequences of weight stigma are widespread and manifold; for instance, not only does it cause adverse physical and mental health consequences and create barriers in access to quality care, it can also contribute to negative health outcomes that promote and exacerbate obesity further. The pervasive notion underlying weight stigma contrasts scientific research indicating that there is no single cause for obesity, and that the condition is most likely due to a combination of environmental, genetic, and epigenetic factors.

In this issue of *eClinicalMedicine*, we present a collection of papers that investigate the prevalence and impact of weight bias in health care, challenge preconceived notions about obesity and how it should be diagnosed and managed, discuss the implications of defining obesity as a disease, explore novel approaches for its diagnosis and treatment, and importantly, provide insights into the experiences of individuals living with the obesity.

Included in our collection are research papers showing the worrying prevalence of implicit and explicit weight bias among health-care students and professionals, with evidence suggesting that over half of obesity specialist health-professionals have implicit weight bias against people living with obesity. The detrimental consequences of weight stigma in provider-patient interactions are captured in a thematic analysis in which women reported feeling embarrassment, an internalised sense of failure, and blamed for their weight and health conditions in health-care settings. In people living with obesity who have a health condition unrelated to their weight, these feelings could create a barrier to receiving appropriate care.

WHO, the World Obesity Federation, as well as many other medical societies and countries, consider obesity a chronic disease, yet some countries do not recognise this definition, including the UK. The notion that obesity is a disease is controversial and widely debated, and affects the provision of treatment to people living with obesity. Included in our collection is a report from the Association of the Study of Obesity conference discussing the potential implications of defining obesity as a disease on the patient, health-care system, economy, and wider society in the UK. The report highlights important research gaps, including in the role of the food industry, the development of strategies for the health-care system to manage the increase in obesity treatment provision, and the construction of reliable tools and guidelines for diagnosing and treating obesity. Addressing the point on diagnosis, a letter by Emeritus Professor Arya Sharma proposes a new approach for the diagnosis of obesity, in which he explains that whether or not a patient has the condition depends on whether their health problem is likely to be improved by weight loss.

Regarding treatment, advances in the pharmacotherapy of obesity are summarised in a Review article also included in our collection. The Review presents evidence for approved and emerging anti-obesity medications, highlighting the scarcity of data on the long-term effects of these medications, and presenting a useful treatment algorithm that considers a patient's clinical characteristics, comorbidities, and drug contraindications. Supporting the transition to a more personalised approach to obesity care, an early proof-of-concept trial shows that a phenotype-tailored lifestyle intervention resulted in significantly greater weight loss at 12 weeks compared with a standard lifestyle intervention.

As highlighted in the included letter about personalised approaches for the prevention and management

obesity, the involvement of people with lived experience of obesity is central to the development of effective approaches to care that reflect the complexity of the condition, and to shift the perception away from the idea that obesity is a choice. In two [commentaries](#) written by people with a lived experience of obesity, they provide first-hand accounts about how their environment shaped their eating habits and perceptions of obesity, how their body weight cycled through dieting, and the damaging effect of weight stigma on their lives.

The increasing global prevalence of obesity and the continued pervasiveness of weight stigma show that current approaches to the prevention, management, and understanding of this disease are inadequate. *eClinicalMedicine* invites you to explore the wealth of information included in our collection, which informs the reframing of obesity at policy and practice levels. By reducing stigma and promoting inclusive and respectful environments, we as a society can create a more positive and supportive society for all individuals, regardless of their weight.

Explore the content in the collection below:

Podcast: <https://www.buzzsprout.com/1845316/12642836>

The reality of living with obesity: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00378-9/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00378-9/fulltext)

Out of the fridge: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00377-7/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00377-7/fulltext)

“Is it time to throw out the weighing scales?” Implicit weight bias among healthcare professionals working in bariatric surgery services and their attitude towards non-weight focused approaches: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00504-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00504-1/fulltext)

Explicit and implicit weight bias among health care students: a cross-sectional study of 39 Australian universities: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00504-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00504-1/fulltext)

Effect of health-care professionals' weight status on patient satisfaction and recalled advice: a prospective cohort study: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00032-9/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00032-9/fulltext)

Women's perceptions of weight stigma and experiences of weight-neutral treatment for binge eating disorder: a qualitative study: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00540-5/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00540-5/fulltext)

Influence and effects of weight stigmatisation in media: a systematic review: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00194-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00194-8/fulltext)

Pervasiveness, impact and implications of weight stigma: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00138-9/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00138-9/fulltext)

The implications of defining obesity as a disease: a report from the Association of the Study of Obesity 2021 annual conference: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00139-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00139-6/fulltext)

The need to personalise approaches for the prevention and management of obesity: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00121-9/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00121-9/fulltext)

Does this person have obesity?: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00112-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00112-8/fulltext)

The relationship between early weight loss and weight loss maintenance with naltrexone-bupropion therapy: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00166-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00166-3/fulltext)

Interventions to prevent obesity in school-aged children 6-18 years: an update of a Cochrane systematic review and meta-analysis including studies from 2015–2021: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00365-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00365-0/fulltext)

Safety and efficacy of a GLP-1 and glucagon receptor dual agonist mazdutide (IBI362) 9 mg and 10 mg in Chinese adults with overweight or obesity: a randomised, placebo-controlled, multiple-ascending-dose phase 1b trial: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00421-7/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00421-7/fulltext)

Phenotype tailored lifestyle intervention on weight loss and cardiometabolic risk factors in adults with obesity: a single-centre, non-randomised, proof-of-concept study: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00100-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00100-1/fulltext)

Pharmacotherapy of obesity: an update on the available medications and drugs under investigation: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00059-7/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00059-7/fulltext)

At home and at risk: The experiences of Irish adults living with obesity during the COVID-19 pandemic: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00298-X/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00298-X/fulltext)

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