Beyond "Just Eat Less, Exercise More": Obesity Treatment in Patients With Type 2 Diabetes

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besity and diabetes prevalence rates continue to rise nearly in parallel and are inextricably linked. Nearly 40% of American adults have obesity, and nearly 15% have diabetes.

Obesity is perhaps the strongest risk factor and contributor to type 2 diabetes. Approximately 90% of patients with type 2 diabetes have a BMI >25 kg/m² (1). The risk of type 2 diabetes increases geometrically with increasing BMI, and patients with a BMI >35 kg/m² have as much as a 93 times increased risk for developing diabetes (2). In addition to the increased risk for diabetes, weight gain and obesity increase the likelihood of developing microvascular, neuropathic, and cardiovascular complications of diabetes.

In turn, patients with type 2 diabetes consistently achieve less weight loss than those without diabetes, given the same weight loss intervention. Weight gain is also an important potential side effect of most common diabetes medications, including sulfonylureas and insulin, among others. Patients with type 2 diabetes are at risk of a vicious circle of increasing weight and worsening insulin resistance, requiring further intensification of glycemic treatment, resulting in additional weight gain. It is essential to address weight gain and obesity in patients with type 2

Fortunately, even extremely small weight losses improve glycemic control, and moderate weight loss often

prevents or ameliorates type 2 diabetes (3). Weight loss of as little as 3–5% body weight begins to improve insulin action and glycemic control and reduces the need for diabetes medications. A 7% weight loss has been shown to decrease the risk for type 2 diabetes by 58%, even if much of the weight is regained (4). Obesity treatment with moderate-intensity lifestyle counseling and obesity pharmacotherapy can decrease the risk for diabetes by as much as 90% (5,6). Bariatric surgery for obesity can resolve type 2 diabetes virtually overnight in some cases, and it has been recommended as a primary diabetes treatment, even in the absence of significant obesity (7).

In this Diabetes Spectrum From Research to Practice section, we review the management of obesity in patients with type 2 diabetes, including information on epidemiology, pathophysiology, diagnostic considerations, treatment options, and team-based care. We include up-to-date reviews of obesity pharmacotherapy for patients with type 2 diabetes, recently approved medical devices for obesity, and bariatric and metabolic surgery for obesity and diabetes. We hope these articles will serve as valuable and practical teachings for health care providers who work with patients with obesity and diabetes.

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