



DIABETE OGGI

prevenzione e cura al centro
del cambiamento

Latina, 7 giugno 2025

**Oltre il peso: nuove frontiere nel
contrasto all'obesità**

La gestione dell'obesità tra nuovi scenari e comorbidità

Danila Capoccia

*Professore Associato in Endocrinologia - Sapienza Roma
Dirigente Medico UOC Diabetologia Universitaria - Latina*

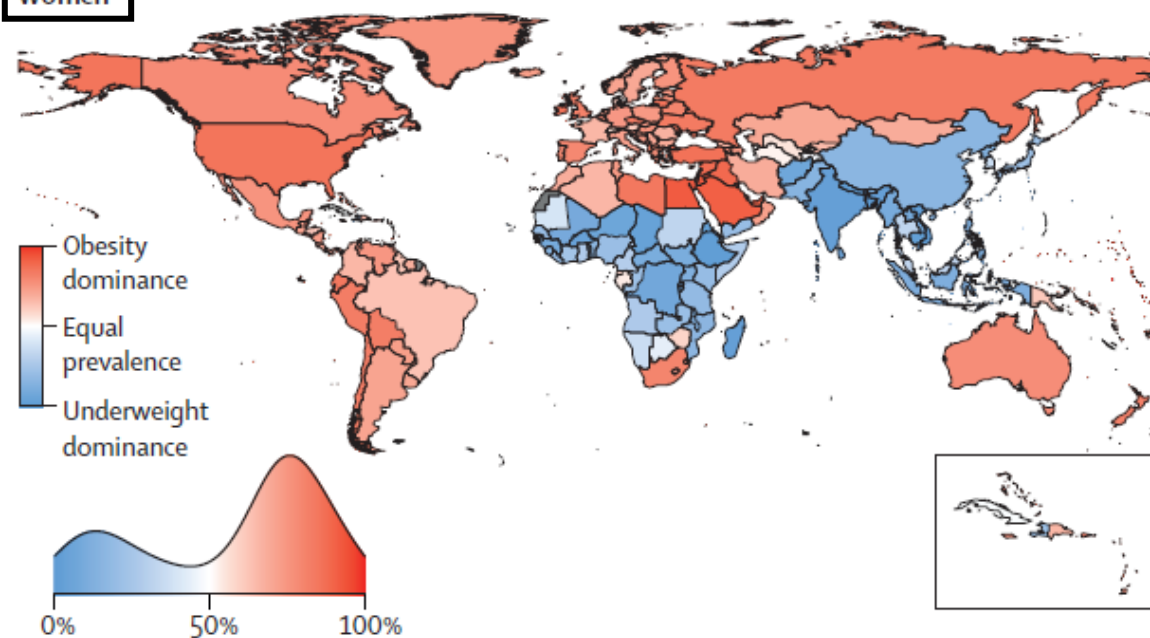
La Prof.ssa Danila Capoccia dichiara di aver ricevuto negli ultimi due anni compensi o finanziamenti dalle seguenti Aziende Farmaceutiche e/o Diagnostiche:

- AstraZeneca
- NovoNordisk
- Lilly
- Daiichi Sankyo

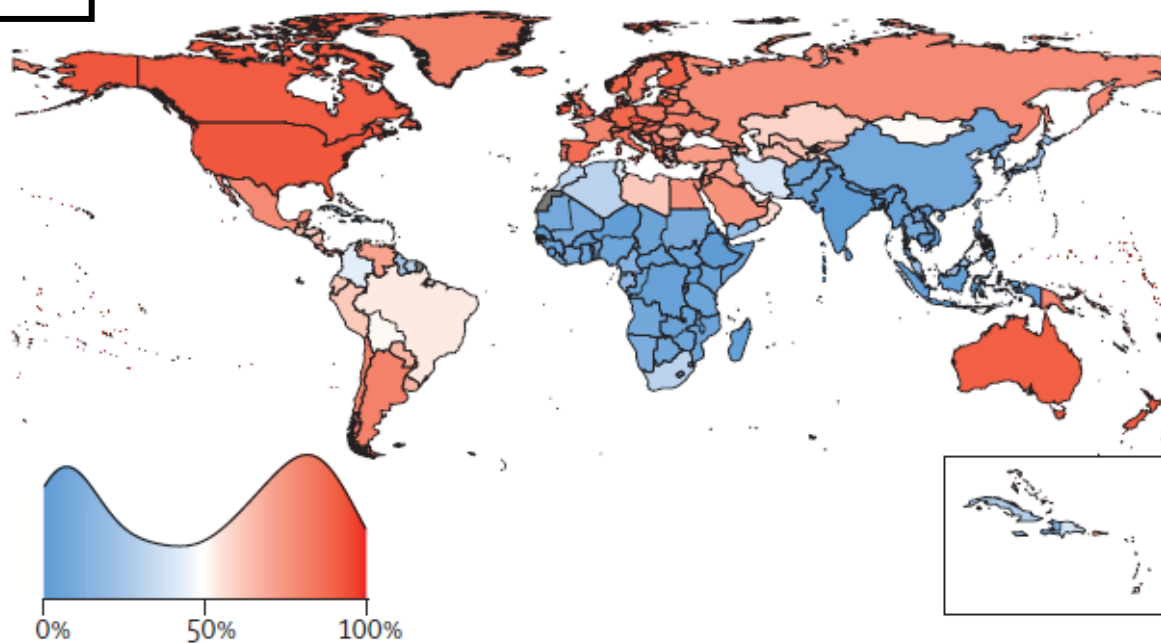
Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).

1990

Women

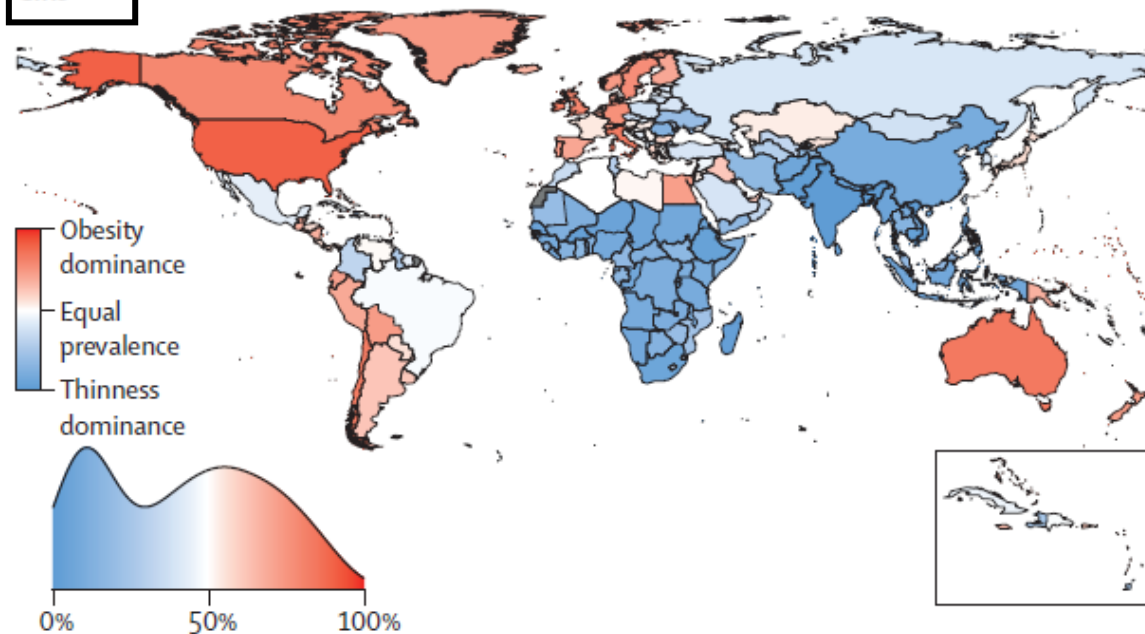


Men

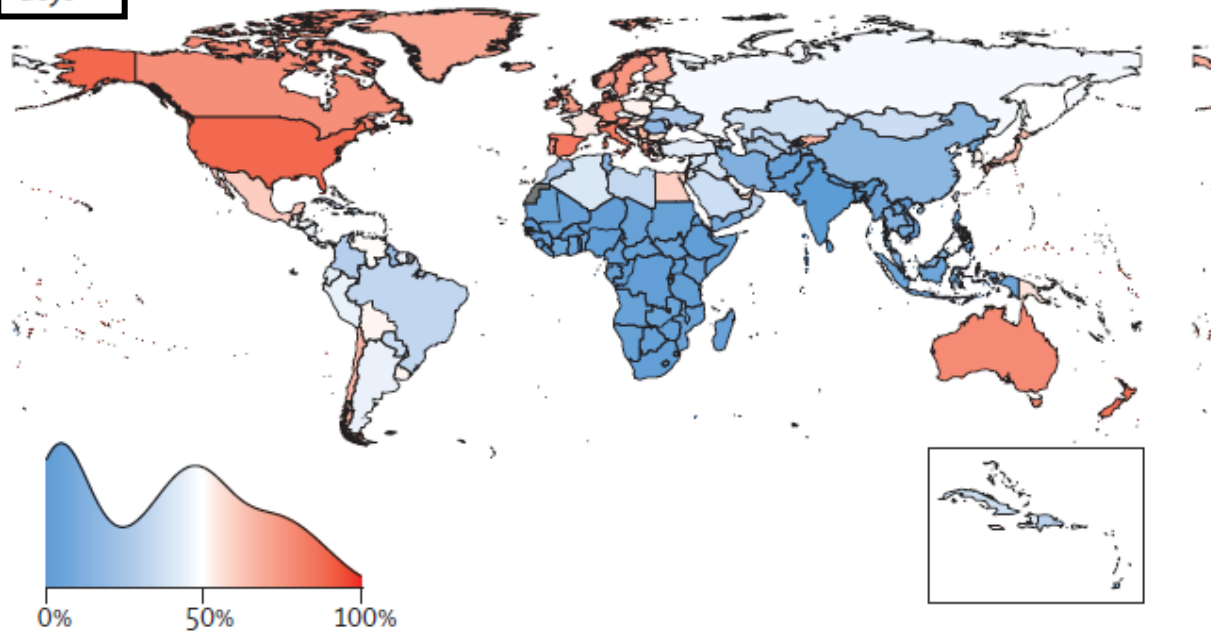


1990

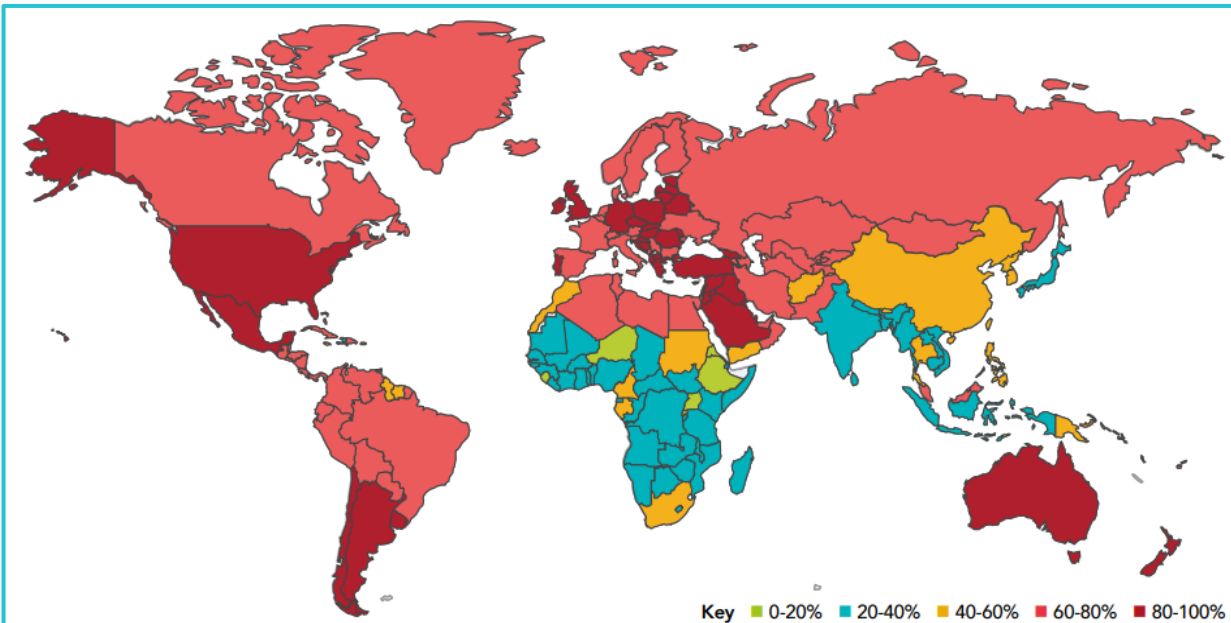
Girls



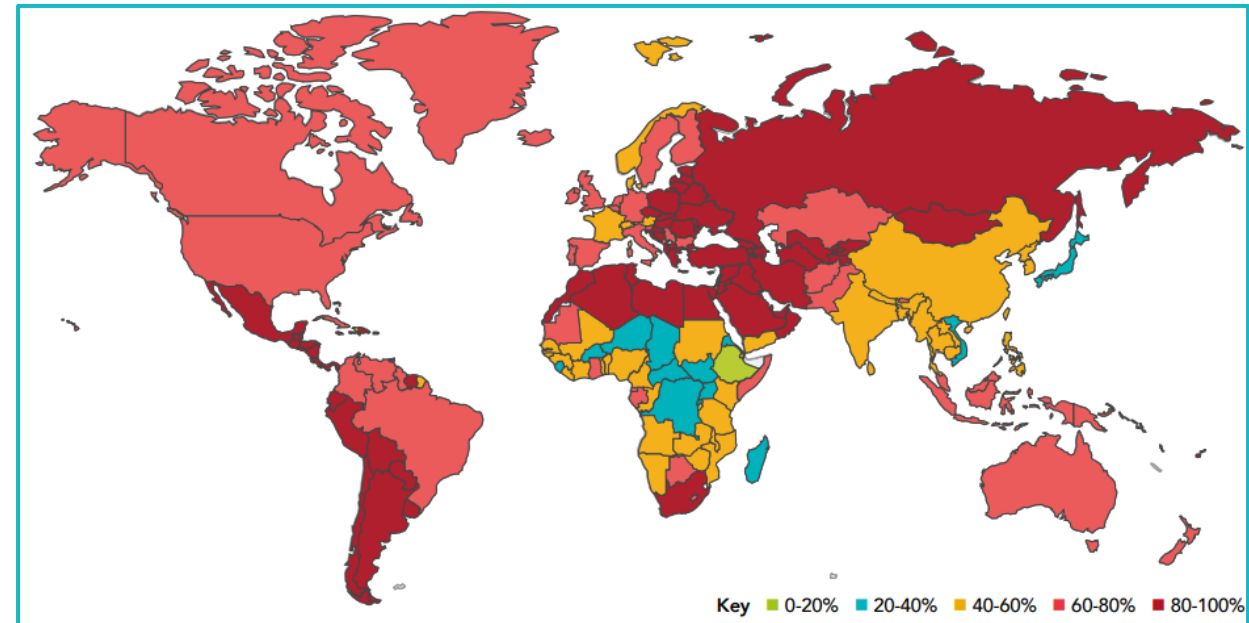
Boys



Rischio di avere $\text{BMI} \geq 25\text{kg/m}^2$ nell'età adulta



Uomini



Donne

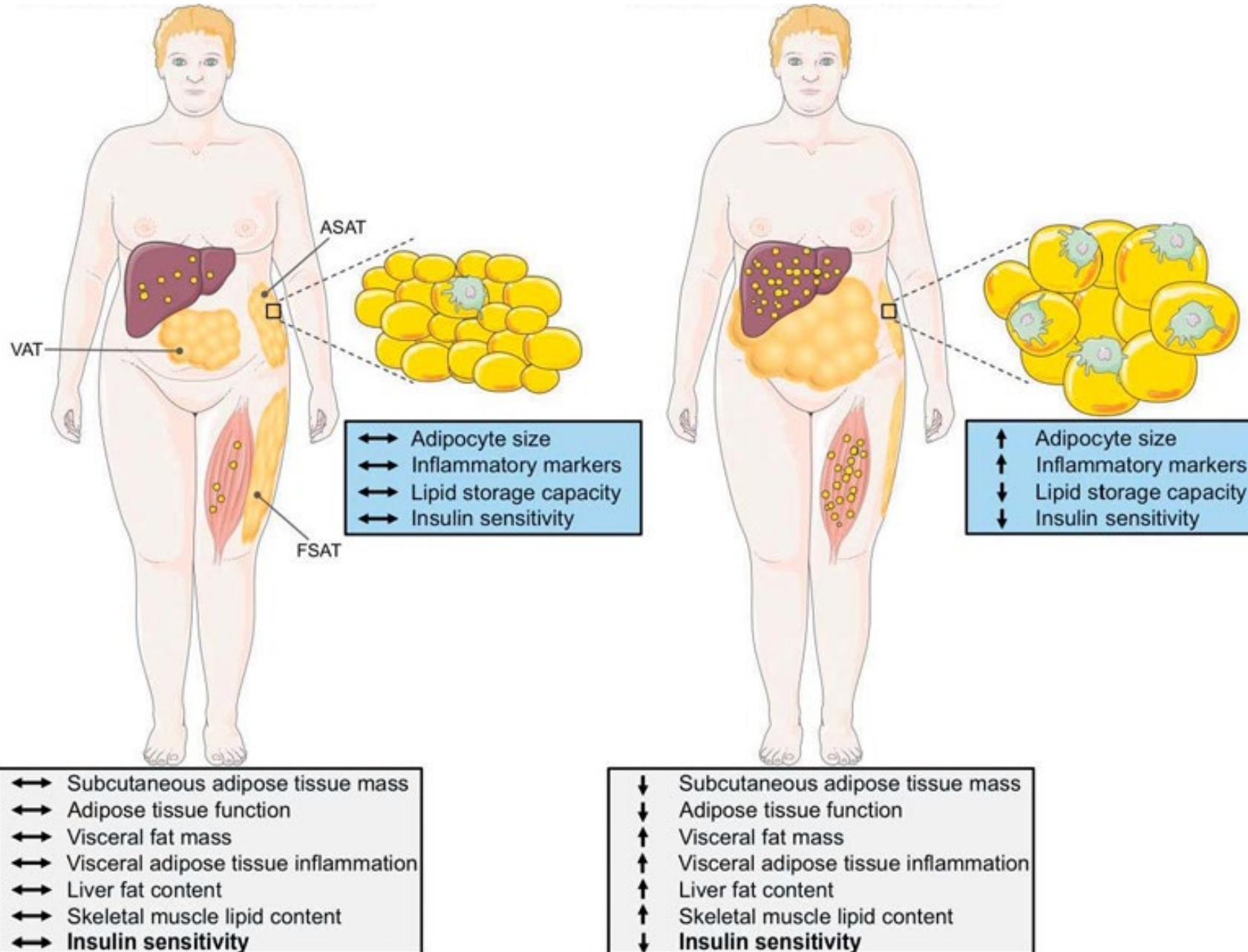
World Obesity Atlas 2025

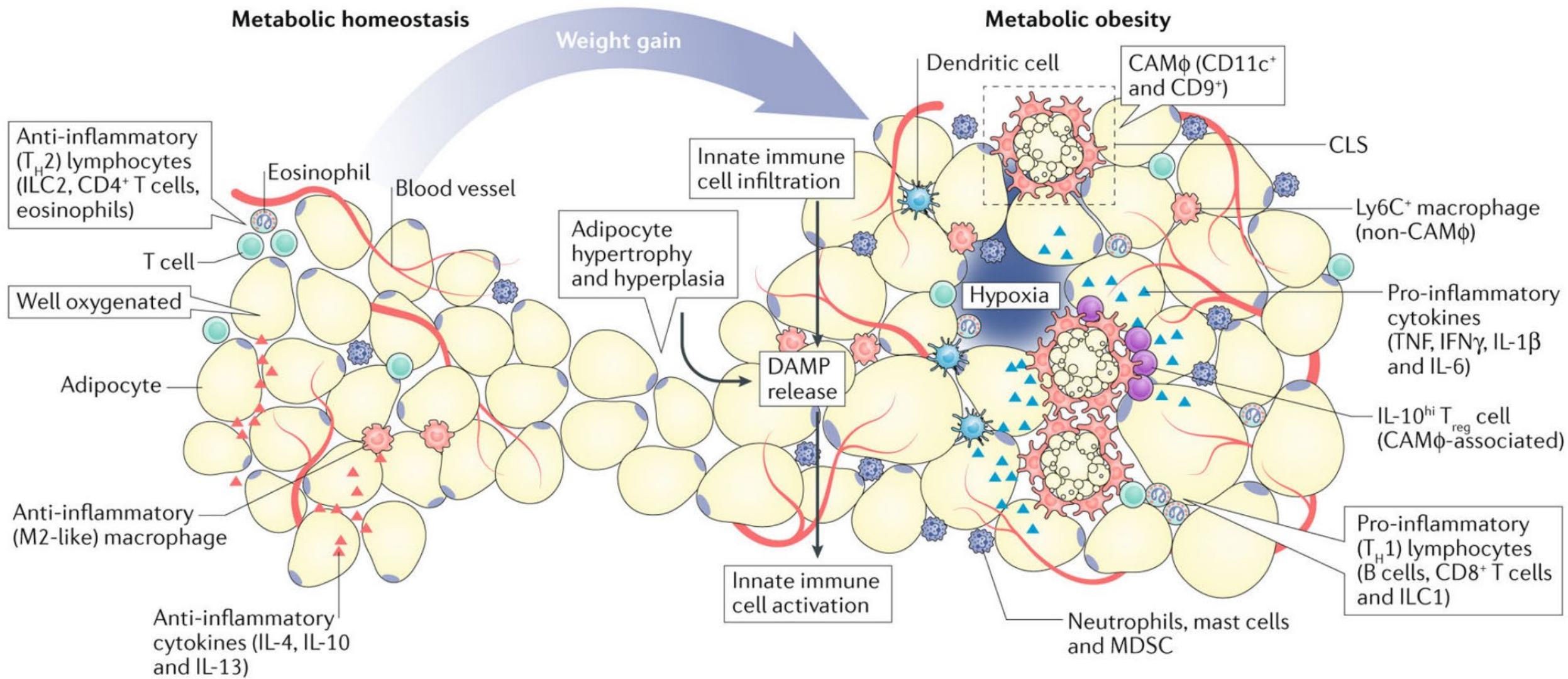
Ranking of the top 15 risk factors for premature deaths from four major NCDs, 2021

Rank	Cancers	Ischaemic Heart Disease	Stroke	Type 2 Diabetes
1	Tobacco	High systolic blood pressure	High systolic blood pressure	High fasting plasma glucose
2	High body-mass index	High LDL cholesterol	High LDL cholesterol	High body-mass index
3	Diet high in red meat	Air pollution	Air pollution	Air pollution
4	High alcohol use	Tobacco	Tobacco	Tobacco
5	High fasting plasma glucose	High fasting plasma glucose	High fasting plasma glucose	Diet high in processed meat
6	Diet low in whole grains	Diet low in whole grains	Diet high in sodium	Diet low in whole grains
7	Diet low in milk	Kidney dysfunction	Kidney dysfunction	Low physical activity
8	Occupational risks	High body-mass index	High body-mass index	Diet high in red meat
9	Air pollution	Diet low in omega-6 polyunsaturated fatty acids	Other environmental risks	Diet high in sugar-sweetened beverages
10	Low physical activity	Diet high in sodium	High alcohol use	Diet low in fruits
11	Diet high in processed meat	Diet low in nuts and seeds	Diet low in fruits	High alcohol use
12	Diet low in calcium	Diet low in seafood omega-3 fatty acids	Diet low in whole grains	Diet low in fibre
13	Diet high in sodium	Diet low in fruits	Low physical activity	Diet low in vegetables
14	Other environmental risks	Other environmental risks	Diet low in fibre	
15	Drug use	Diet low in fibre	Diet low in vegetables	

L'obesità è tutta uguale?

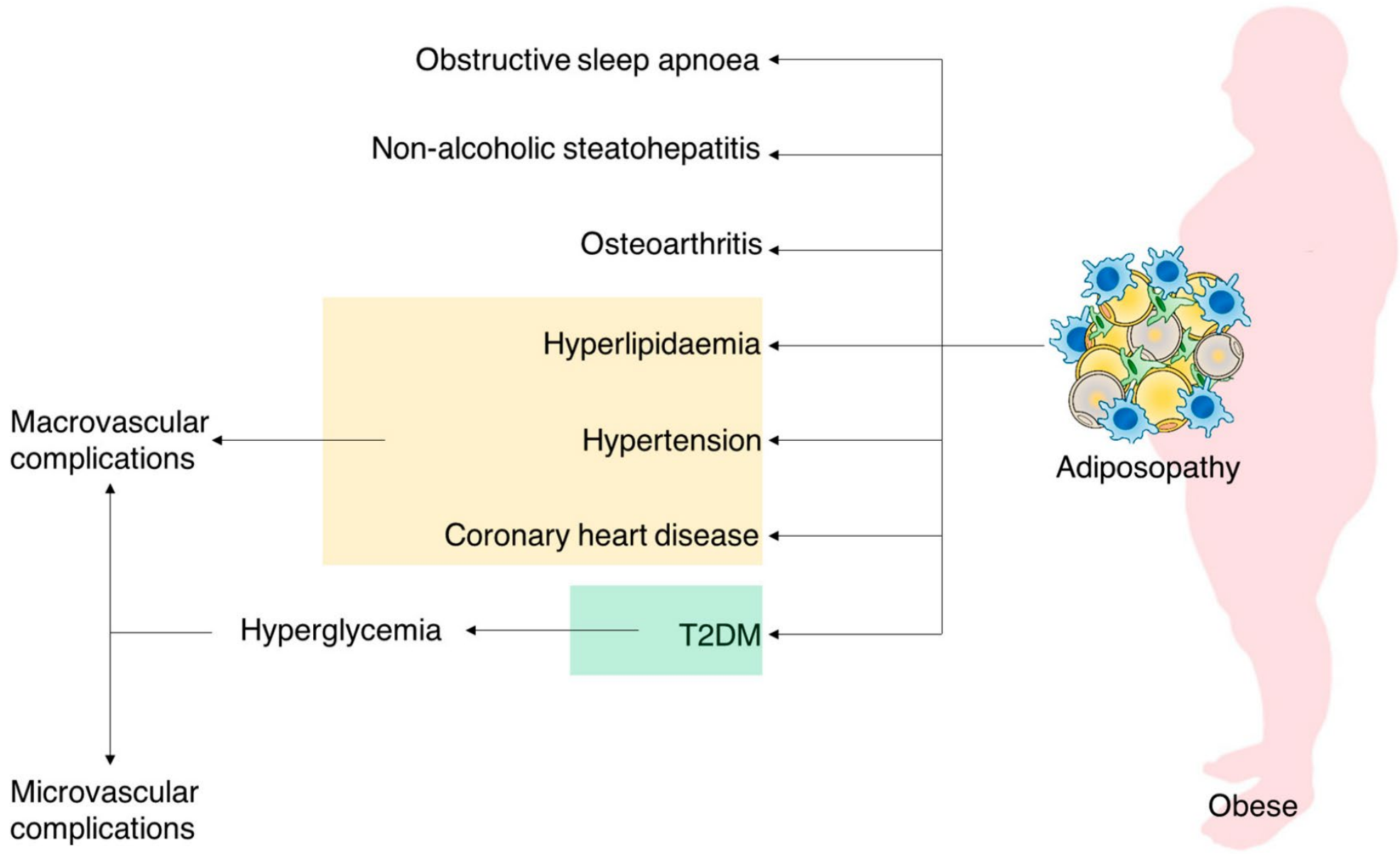
It is not a matter of weight... It is a matter of visceral adiposity





Obesity and Type 2 Diabetes: Adiposopathy as a Triggering Factor and Therapeutic Options

Molecules 2023, 28, 3094. <https://doi.org/10.3390/molecules28073094>

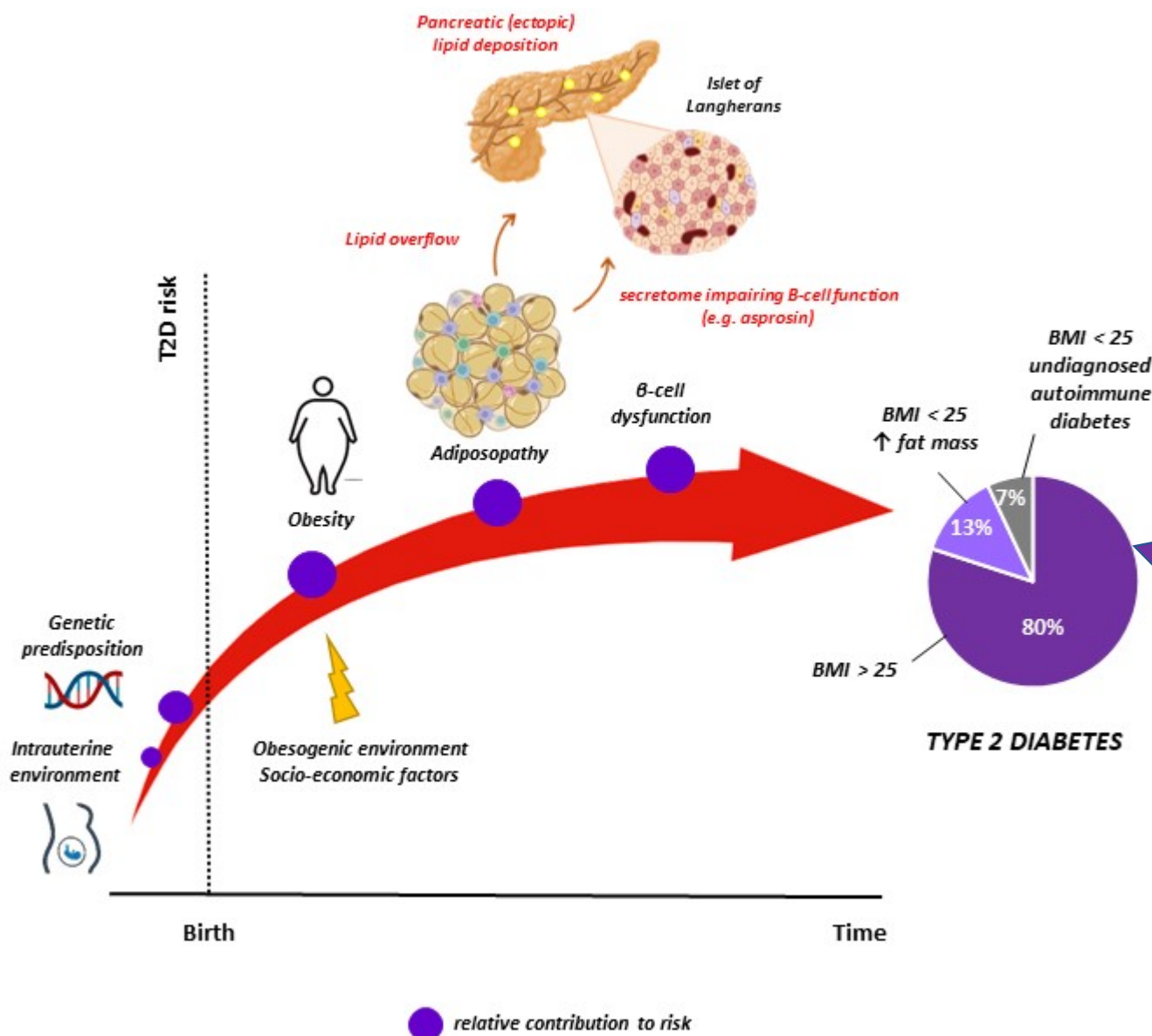


Remission of type 2 diabetes: position statement of the Italian society of diabetes (SID)

Danila Capoccia¹ · Frida Leonetti¹ · Andrea Natali² · Domenico Tricò² · Sebastio Perrini³ · Paolo Sbraccia⁴ · Valeria Guglielmi⁴ · On behalf of the Italian Society of Diabetes (SID)

Acta Diabetologica (2024) 61:1309–1326
<https://doi.org/10.1007/s00592-024-02317-x>

POSITION STATEMENT



- ✓ Circa l'80% dei pazienti con diabete tipo 2 ha un BMI > 25 Kg/m²
- ✓ I 2/3 del restante 20% ha un aumento della circonferenza vita (superiore a 80 cm nella donna, 94 cm nell'uomo)
- ✓ I restanti (veri normopeso) mostrano una positività agli autoanticorpi (quindi NON hanno un diabete tipo 2)

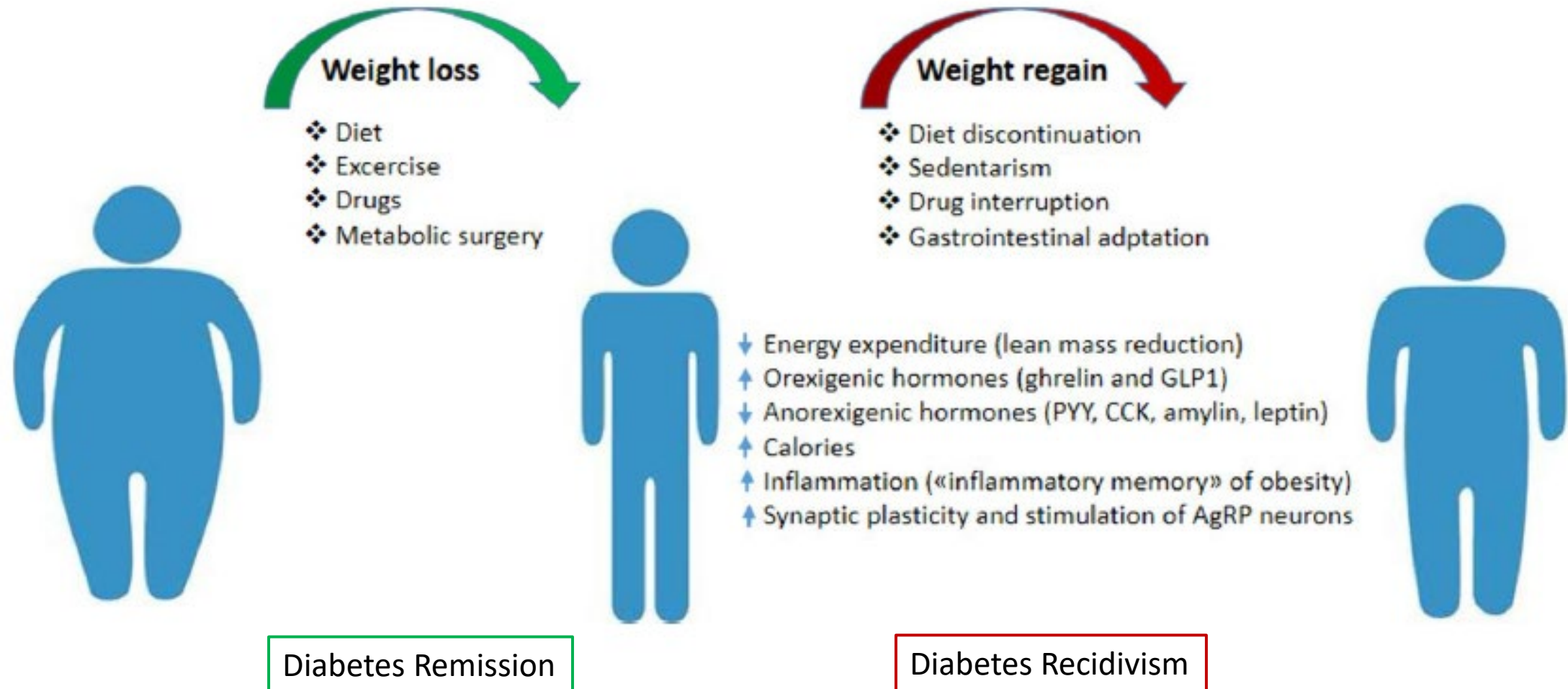
Ahlqvist E, Diabetes 2020

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POSITION STATEMENT



Obesity is recognized as a disease and a health issue



"Obesity is a chronic, relapsing, progressive disease processneed for immediate action for prevention and control of this global epidemic"

World Obesity Federation¹



"Obesity is a progressive chronic disease, similar to diabetes or high blood pressure, ..."

Obesity Canada³



"A progressive disease, impacting severely on individuals and society alike,... obesity is the gateway to many other disease areas..."

European Association for the Study of Obesity⁴



"Obesity and overweight as a chronic medical condition (de facto disease state) and urgent public health problem..."

American Medical Association²



"It (obesity) is not a lifestyle choice caused by individual greed but a disease caused by health inequalities, genetic influences and social factors.."

Royal College of Physicians UK⁵



"The Treat and Reduce Obesity Act would allow a variety of qualified practitioners, including registered dietitian nutritionists, to more effectively treat this disease, which impacts more than one-third of our nation."

Academy of nutrition and dietetics⁶



"Obesity is a chronic relapsing disease, which in turn acts as a gateway to a range of other non-communicable diseases, such as diabetes, cardiovascular diseases and cancer."³

European Commission⁷



"A pathological state (obesity disease) in which a person suffers health problems caused by or related to obesity thus making weight loss clinically desirable ..."

Asia Oceania Association for the Study of Obesity⁸

<https://www.nice.org.uk/news/article/keep-the-size-of-your-waist-to-less-than-half-of-your-height-updated-nice-draft-guideline-recommends>

1. Bray et al. *Obes Rev* 2017;18:715–23; 2. AMA resolutions. June 2012. Available at https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/a12-resolutions_0.pdf. Accessed October 2022; 3. Obesity Canada. Available at <https://obesitycanada.ca/guidelines/>. Accessed October 2022; 4. EASO: 2015 Milan Declaration: A Call to Action on Obesity. Available at <https://easo.org/2015-milan-declaration-a-call-to-action-on-obesity/>. Accessed October 2022; 5. Royal College of Physicians. Anon. *BMJ* 2019;364:l45; 6. Raynor et al. *J Acad Nutr Diet* 2016;116:129–47; 7. European Commission. Obesity prevention. Available from https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/obesity_en. Accessed October 2022; 8. AOASO position statement, Nagoya Declaration 2015.

I limiti del BMI!

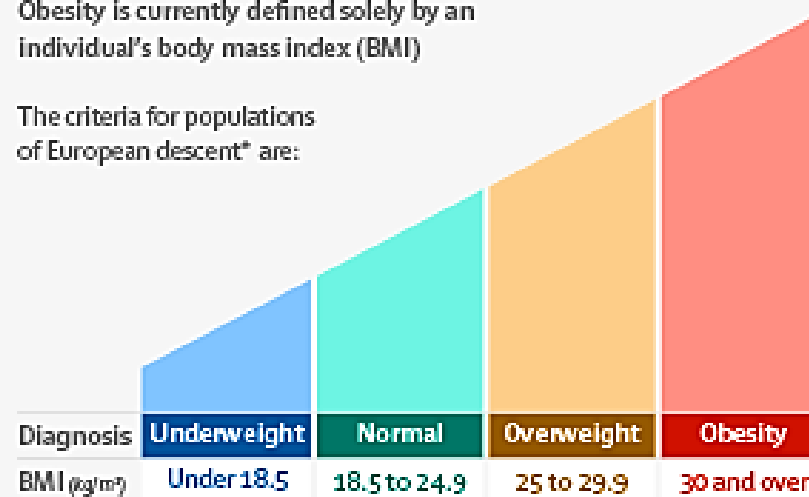
BMI (Kg/m ²)	Weight Status	Obesity Class
< 18.5	Underweight	-
18.5-24.9	Normal	-
25.0-29.9	Overweight	-
30.0- 34.9	Obesity	I
35.0-39.9	Obesity	II
> 40	Obesity	III

Diagnosing clinical obesity

Limitations of the current definition of obesity

Obesity is currently defined solely by an individual's body mass index (BMI)

The criteria for populations of European descent* are:



*Criteria for other ethnic groups are different

Relying on BMI alone to establish if someone has obesity is problematic as this can inaccurately classify a person as having or not having excess body fat, and also lead to under-diagnosis of many whose health is impaired and over-diagnosis of many who are healthy.

- ✓ Although BMI is useful for identifying individuals at increased risk of health consequences...
- ✗ It is not a direct measure of fat
- ✗ It does not establish the distribution of fat around the body
- ✗ It cannot determine when excess body fat is a health problem

A new framework for the diagnosis, staging and management of obesity in adults

Luca Busetto, Dror Dicker, Gema Frühbeck, Jason C. G. Halford, Paolo Sbraccia, Volkan Yumuk & Gijs H. Goossens

nature medicine
September 2024

Diagnosis of obesity

Anthropometric component

- High risk fat accumulation (BMI ≥ 25 kg/m² and WtHR ≥ 0.5)
- Obesity (BMI ≥ 30 kg/m²)

Clinical component

- Medical domain
- Functional domain
- Mental domain

Diagnosis of obesity

BMI ≥ 30 kg/m² or
BMI ≥ 25 kg/m² and WtHR ≥ 0.5
plus medical, functional or
psychological impairments or
complications



Staging of obesity

Discussion of personalized therapeutic targets

Initial level of intervention

Intensification of therapy
if initial level is not sufficient
to achieve personalized
therapeutic targets

Questionari validati

(valutazioni fisiche, funzionali e psicologiche)

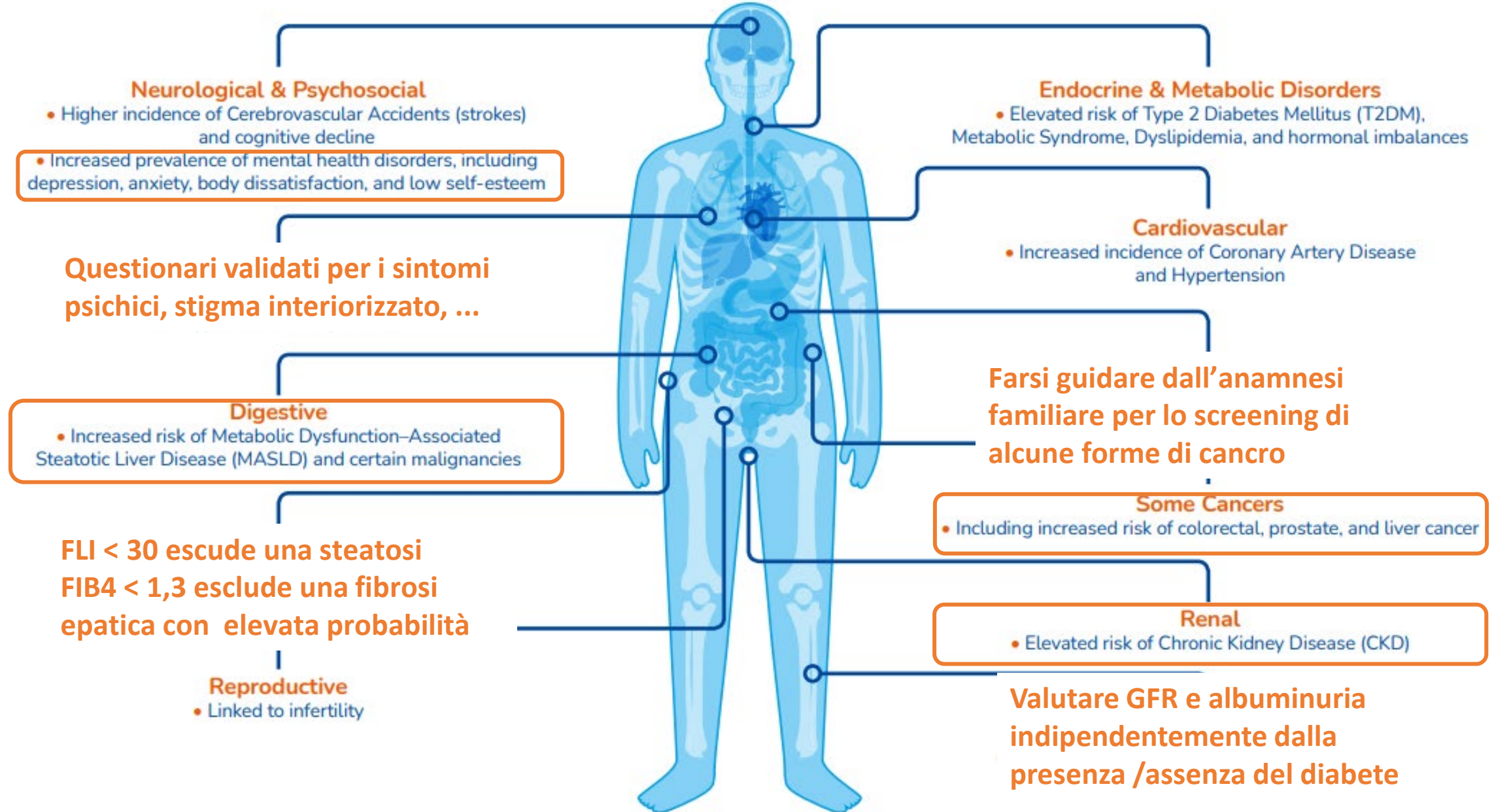
Mezzi non invasivi e poco costosi

(stadiazione malattia epatica e renale)

Anamnesi familiare

(per guidare lo screening oncologico)

OBESITY AND ITS IMPACTS ON HEALTH



Theme	No.	Statement	(%)
Clinical diagnosis and staging	1	Base the diagnosis of obesity on the recognition of abnormal and/or excessive fat accumulation (anthropometric component) and the analysis of its present and potential effects on health (clinical component).	96%
	3	Base the recognition of excessive fat accumulation that may confer an increased risk for progressing to medical, functional or psychological impairments or complications in adults of European descent on the presence of BMI > 25.	85%
	4	Base the recognition of obesity in adults of European descent on the presence of BMI ≥ 30 kg/m ² and the absence or presence of any medical, functional or psychological impairments or complications.	70%
	6	Apply ethnicity-specific cut-offs for BMI.	100%
	7	Consider a determination of body composition and adiposity (percentage body fat) by dual-energy X-ray absorptiometry or, alternatively, bioelectric impedance when BMI and physical examination are ambiguous.	75%
	8	Perform a systematic evaluation of medical, functional and psychological (mental health and eating behavior pathology) status (clinical component) in any person with obesity.	92%
	9	Evaluate the presence of medical complications and metabolic risk factors according to a systematic and cost-effective diagnostic assessment.	96%
	10	Use questionnaires for obesity-related disabilities, or exercise testing.	92%
	11	Perform a diagnostic assessment (muscle strength, performance, body composition) for sarcopenic obesity in case of clinical symptoms or the presence of risk factors based on the presence of clinical symptoms or the presence of risk factors based on the presence of clinical symptoms.	87%
	12	Perform a systematic evaluation of medical, functional and psychological (mental health and eating behavior pathology) status (clinical component) in any person with obesity.	91%
	13	Assess for depressive symptoms and eating behavior disorders. Consider using psychometric tests for the screening of eating behavior disorders.	87%
	14	Stage obesity as a chronic, relapsing disease, according to the severity of its medical, mental and functional complications.	96%

Basare la diagnosi dell'obesità sull'accumulo anomalo di grasso e sul suo impatto sulla salute (fisica e psichica)

Misurare la circonf. vita in tutte le persone, in particolare in quelle con BMI più basso

Includere nella diagnosi di obesità quelle persone con BMI > 25, rapporto vita/altezza > 0.5, con qualsiasi disfunzione clinica, funzionale o psicologica

Ricercare una eventuale obesità sarcopenica

Prescrivere regolare screening per i tumori principalmente legati all'obesità

Pillars of
treatment

15	Organizzare un trattamento multidisciplinare a lungo termine	92%
16	Remember that the pillars of treatment for obesity management in adults are behavioral modifications (including nutritional therapy, physical activity, stress management) and metabolic therapy (pharmacological and surgical).	96%
17	- Prescrivere farmaci in presenza di BMI > 30 oppure > 27 + complicanze - Considerare di prescrivere in presenza di BMI > 25, con rapp. vita/altezza > 0.5 + presenza di disfunzioni cliniche, funzionali o psicologiche	83%
18	Prescribe, according to official labeling, obesity medications, as an adjunct to behavioral modifications, in patients with a BMI ≥ 30 kg/m ² or a BMI ≥ 27 kg/m ² with an obesity-related disease or complications. Consider the use of	83%
19	- Considerare la chirurgia bariatrica/metabolica in presenza di BMI > 40 o > 35 in presenza di complicanze oppure BMI > 30 in presenza di un diabete altamente compensato al massimo della terapia medica	79%
20	optimal medical therapy.	96%
21	Includere la gestione delle complicanze legate all'obesità come parte della gestione completa dell'obesità.	100%
	Consider the presence of obesity and the effects that treatments may have on body weight, body composition or metabolic status in the selection of the drugs used to treat obesity-related complications or non-obesity-related diseases occurring in a person with obesity. Preferably, prescribe drugs not associated with weight gain whenever possible.	

Theme	No.	Statement	Consensus (%)
Therapeutic targets	22	Consider that the management and treatment of obesity have wider objectives than weight loss alone and include	100%
		Considerare che il trattamento dell'obesità ha obiettivi più ampi della sola perdita di peso (prevenzione, risoluzione o miglioramento delle complicanze, migliore qualità della vita e benessere mentale)	
	23	Define personalized therapeutic goals for obesity management in adults, taking into account: (a) Prevention of further weight gain and obesity-related complications. (b) Achievement and maintenance of weight loss sufficient to prevent, resolve or improve obesity-related	96%
		Definire gli obiettivi terapeutici all'inizio del trattamento, in base alla gravità e allo stadio dell'obesità, tenendo conto delle opzioni terapeutiche disponibili, dei possibili effetti collaterali e rischi e delle preferenze del paziente.	
Initial level of intervention	24	Set therapeutic goals at the beginning of the treatment, according to the severity and stage of obesity, taking into account available therapeutic options, possible side effects and risks, and patient preferences. Discuss the drivers of obesity and possible barriers to treatment (psychological/mental, mechanical/functional, metabolic, and	96%
		Enfatizzare una perdita di peso <u>realistica, sostenuta e a lungo termine</u>.	
	25	Emphasize long-term, realistic, sustained weight loss to achieve a reduction in health risks and include promotion of weight maintenance and prevention of weight regain. Because obesity is a chronic disease, help persons with obesity understand that lifelong efforts are required to maintain a healthier body weight.	96%
	26	Propose the appropriate initial level of intervention (behavioral modifications alone, psychological therapy, obesity	96%
		Sulla base della stadiazione clinica, delle compromissioni varie, scegliere l'iniziale livello di intervento	
	27	Discuss and agree with the patient the appropriate initial level of intervention, taking previous therapeutic attempts into account and after careful consideration of all clinically appropriate therapeutic options.	100%
	28	Consider the effects of... (text partially obscured)	96%
		Intensificare la terapia, evitando gli stessi ripetitivi e futili cicli di intervento, prevenendo l'inerzia terapeutica	

TAKE HOME MESSAGE

- La **diagnosi** di obesità deve andare **oltre il BMI**: è necessario considerare la **distribuzione del tessuto adiposo** e lo **stato di salute** nel suo complesso;
- La distribuzione del tessuto adiposo (**rapporto vita/altezza**) è un indicatore più efficace di rischio cardiometabolico;
- La stadiazione dell'obesità prevede una valutazione **clinica, funzionale e psicologica**;
- Il **trattamento** dell'obesità deve andare **oltre il BMI**: le modifiche del peso non bastano ma bisogna raggiungere il miglioramento dello stato di salute nel suo complesso;
- Gli interventi comportamentali, nutrizionali, la farmacoterapia e la chirurgia bariatrica si devono scegliere dopo attenta valutazione del paziente, basandosi sulle esigenze cliniche e sulla necessità di un mantenimento a lungo termine dello stato di salute (usarli in maniera sequenziale o anche combinata);
- I farmaci andrebbero considerati anche per persone con **BMI > 25 Kg/m², rapporto vita/altezza > 0,5** con componenti cliniche, funzionali e psicologiche.