Dichiaro di aver ricevuto negli ultimi due anni compensi o finanziamenti dalle seguenti Aziende Farmaceutiche e/o Diagnostiche:

- Boehringer Ingelheim
- Novo Nordisk
- Eli Lilly
- Roche
- Chiesi
- Theras

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.).

III SESSIONE: Obesità (anche senza diabete)

Obesità e Basta

Paolo Sbraccia

TOR VERGATA
UNIVERSITY OF ROME

PTV
FONDAZIONE
POLICLINICO TOR VERGATA

EASOCOM
EASO Collaborating Centre for Obesity Management

Dipartimento di Medicina dei Sistemi
UOC di Medicina Interna
Centro per la Cura dell'Obesità
Policlinico Tor Vergata

Lancet Commission: definition and diagnostic criteria of clinical obesity

- ✓ Brought much attention on Obesity
- ✓ Beyond BMI
- ✓ «Preclinical/Clinical»

- ✓ Preclinical: monitoring and counsellig
  - ⇨ Inertia!
- ✓ The dichotomous “black and white” definition is an oversimplification
- ✓ Clinical: none of the 18 specific diagnostic criteria are indeed «specific» of obesity.
- ✓ Hyperglycemia (within MetS) Yes, T2D No!
- ✓ Mental Health!?

Rubino F et al, Lancet DE 2025

Labelling all obesity as a disease (blanket definition) is inaccurate and can lead to overtreatment

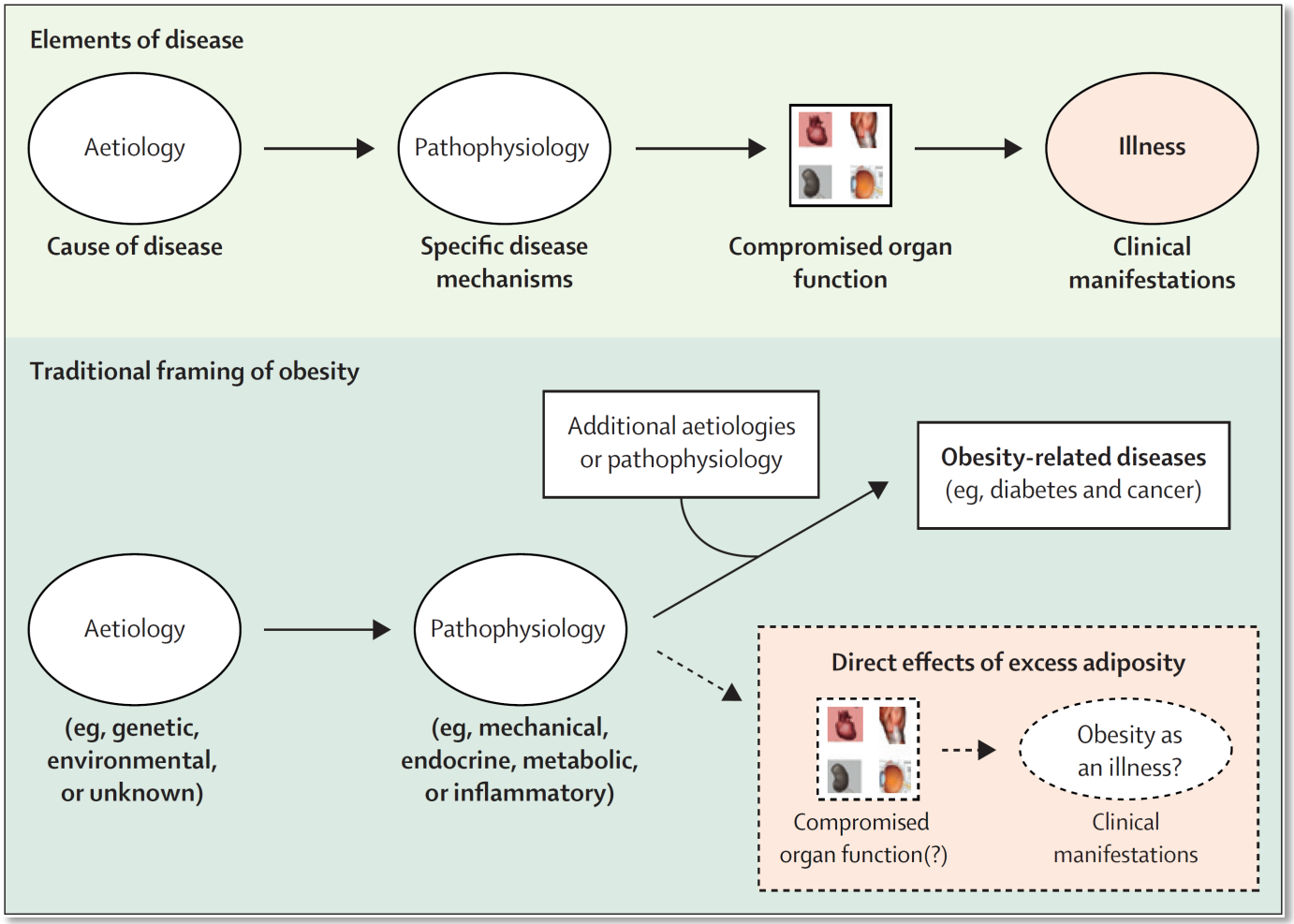
The Lancet Diabetes & Endocrinology Commission on Definition and Diagnostic Criteria of Clinical Obesity
Key Messages for Clinicians

Time from weight struggle to HCP discussion

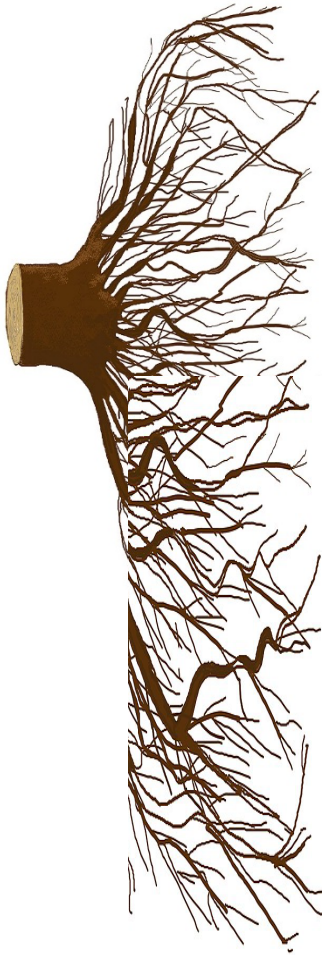
ACTION IO

HCP, healthcare professional.
Caterson ID et al. Diabetes Obes Metab. 2019. DOI: https://doi.org/10.1111/dom.13752.

- ✓ Paziente iperteso asintomatico/nessuna complicanza ⇨ monitoring and counselling!?
- ✓ Paziente DT2 asintomatico/nessuna complicanza ⇨ monitoring and counselling!?
- ✓ Paziente ipercolesterolem. Fam. asintomatico/nessuna complicanza ⇨ monitoring and counselling!?



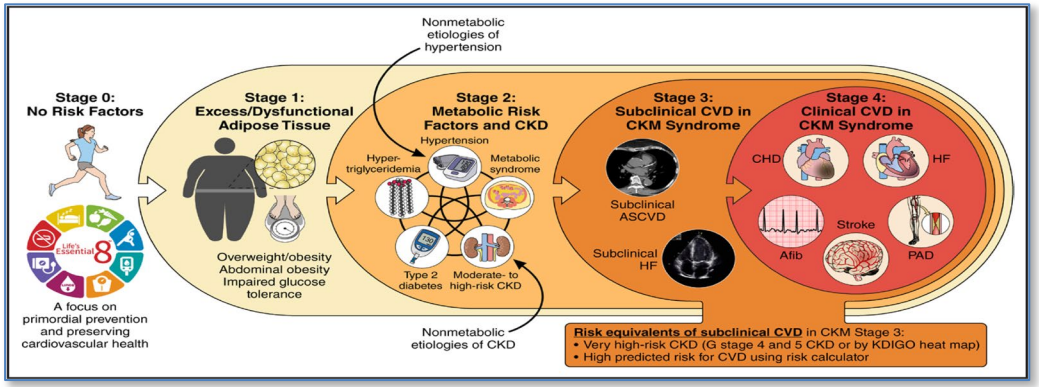
Rubino F et al, Lancet DE 2025



M. Infettive

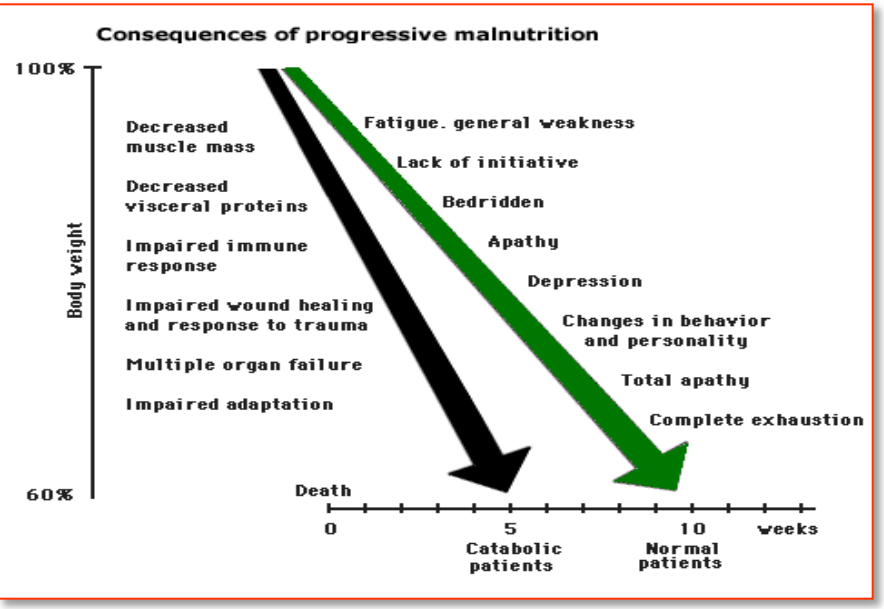
M. Oncologiche

M. Autoimmunitarie

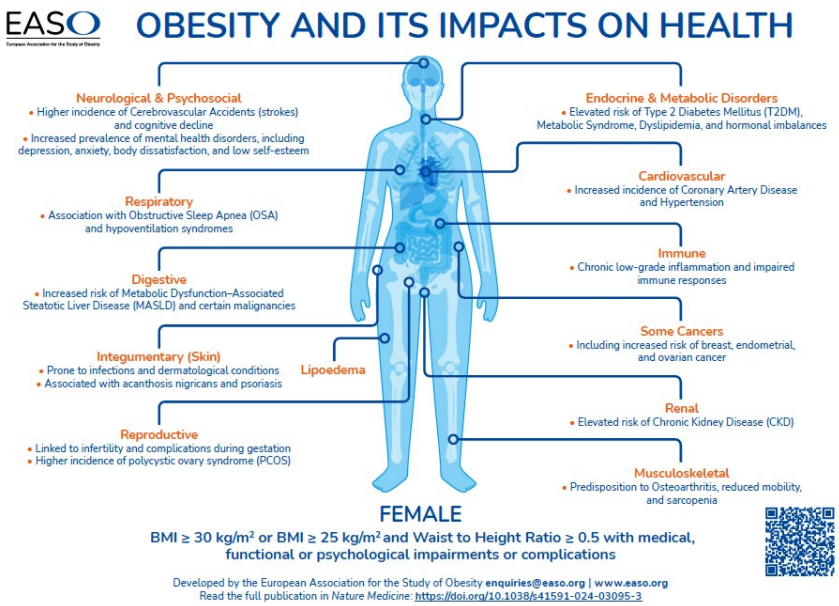


Malnutrizione per

Difetto

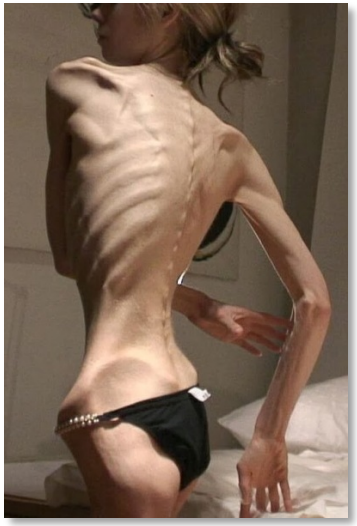


Eccesso



Quale la differenza?

Denutrizione



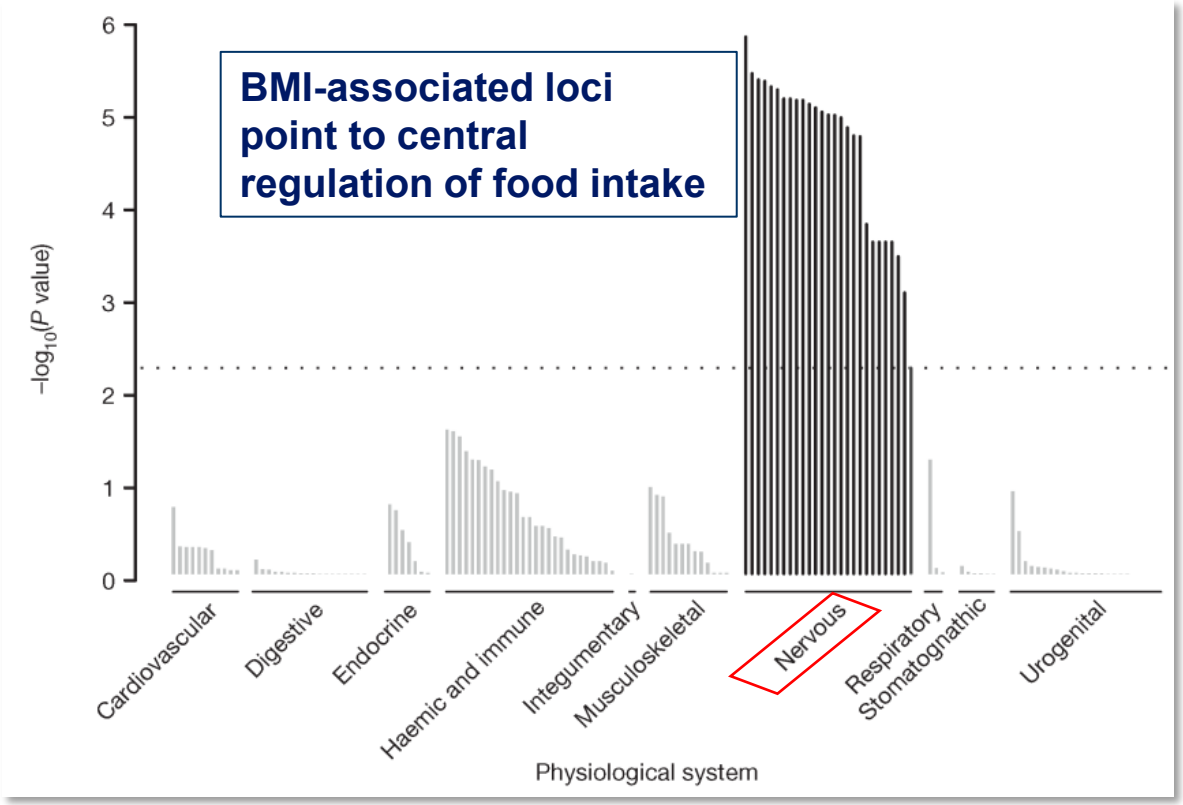
Anoressia Mentale

GENETIC STUDIES OF BODY MASS INDEX YIELD NEW INSIGHTS FOR OBESITY BIOLOGY

339,224 individual

Locke et al. Nature 2015

97 BMI-associated loci



Rubino F et al, Lancet DE 2025

Mental Health!?

Benchè ↑ WtHR anche ↑Hip: MHO!?

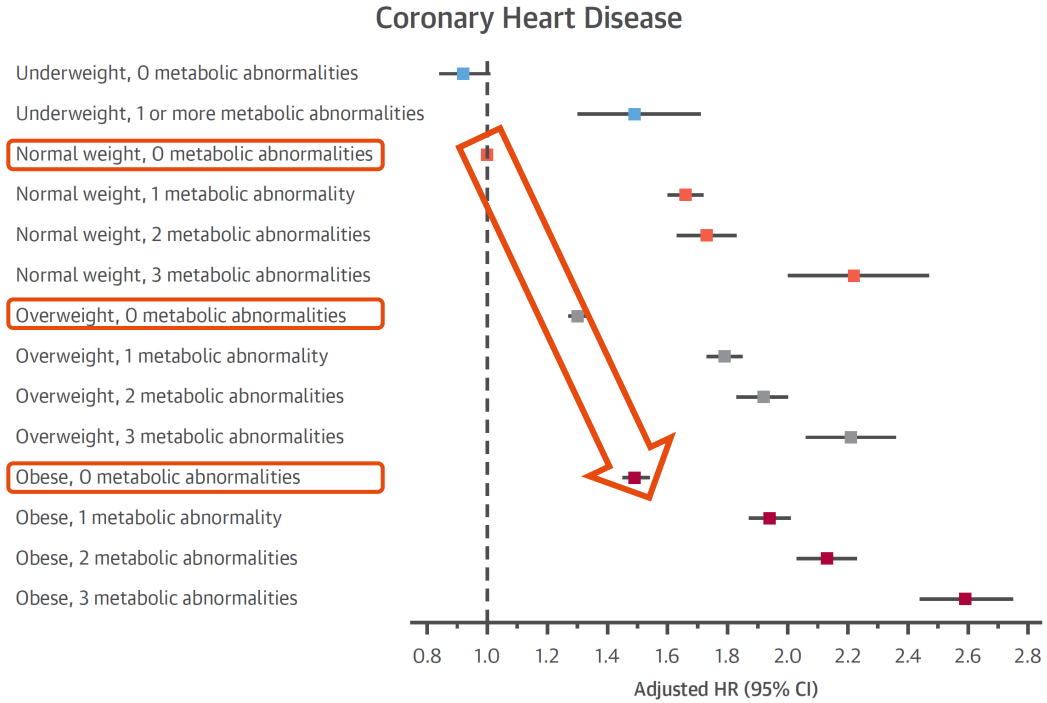
Come si vive con uno zaino sulle spalle di almeno 20 kg h24!?

Dovremmo consigliarle di non correre per non incorrere precocemente in KOA!?

Rubino F et al, Lancet DE 2025

Metabolically Healthy Obese and Incident Cardiovascular Disease Events Among 3.5 Million Men and Women

The Health Improvement Network (THIN)

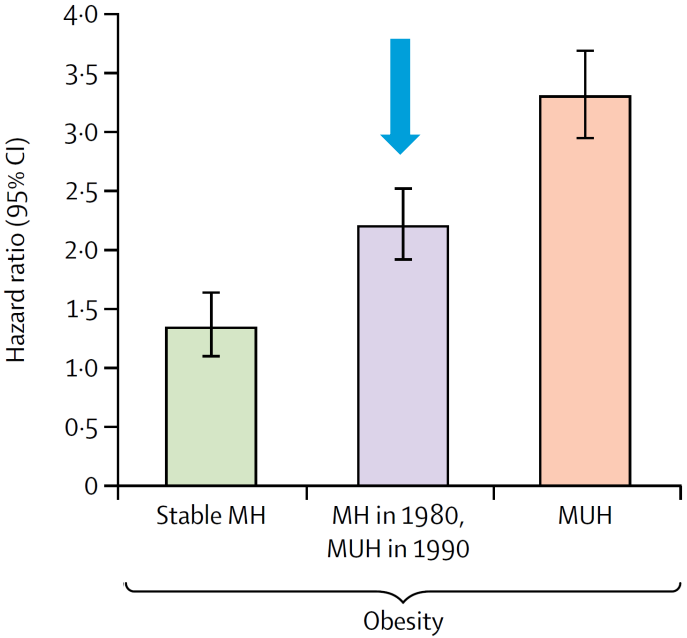


3.5 Million
FU: 5.4 yrs

Caleyachetty R, et al. *JACC* 2017

Transition from metabolic healthy to unhealthy phenotypes and association with cardiovascular disease risk across BMI categories in 90.257 women

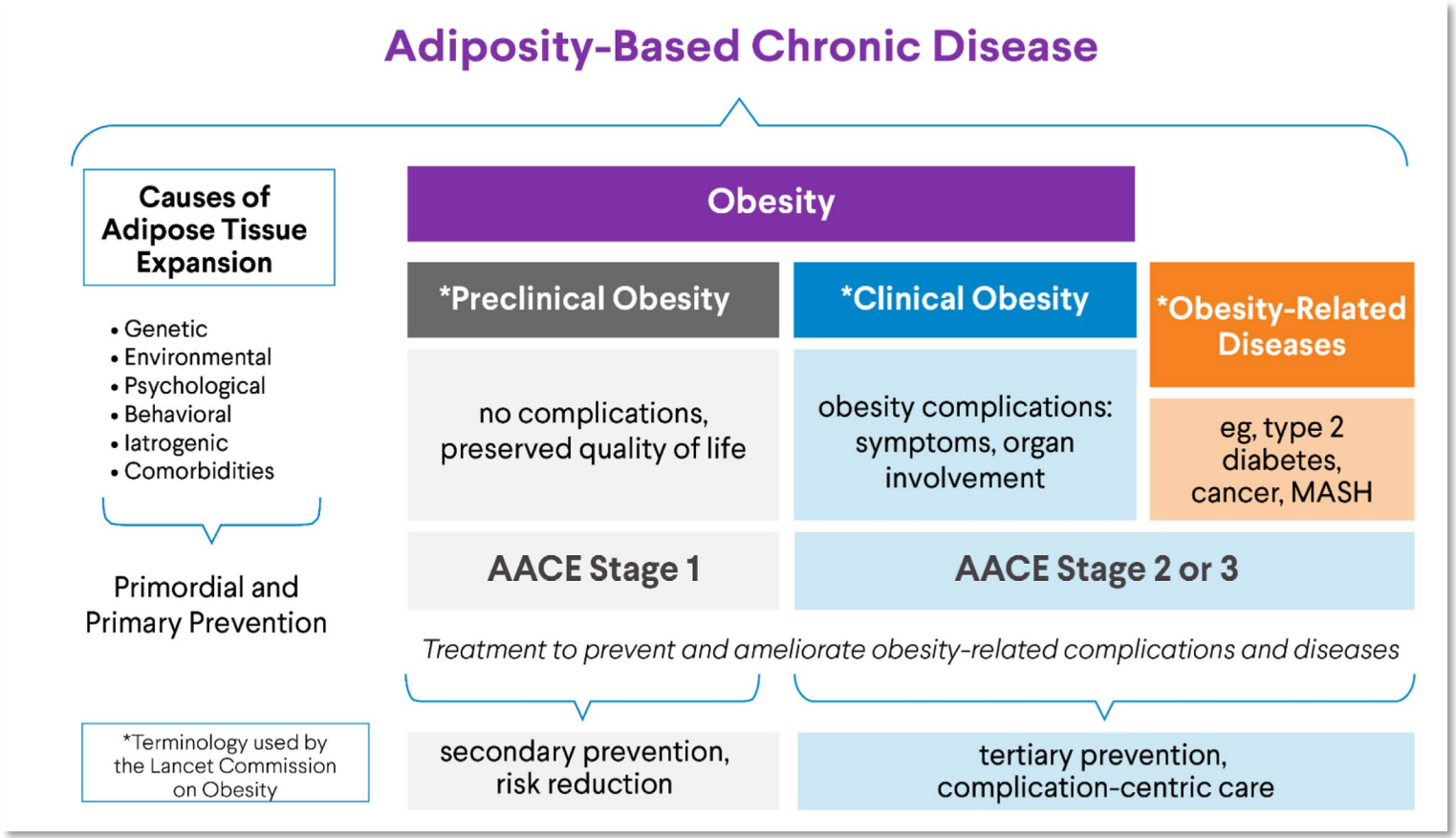
Nurses' Health Study: 30 year follow-up from a prospective cohort study



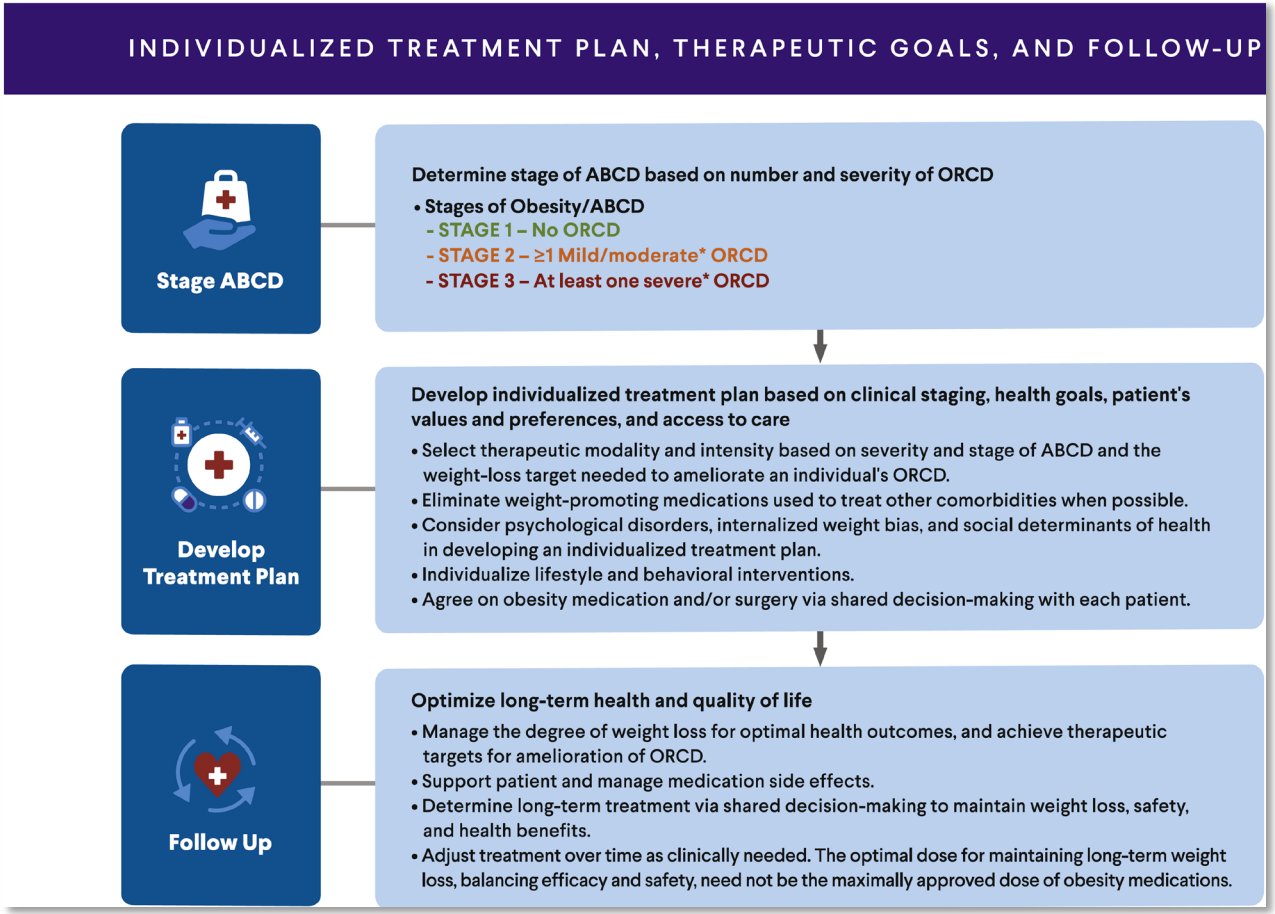
MH: Metabolically Healthy
MUH: Metabolically Unhealthy

Eckel N et al, Lancet DE 2018

American Association of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease (ABCD) — 2025 Update



American Association of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease (ABCD) — 2025 Update



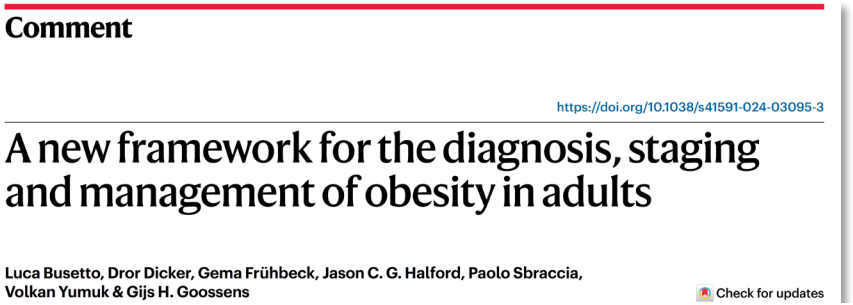
Nadolsky K, et al, Endocrine Pract 2025

American Association of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease (ABCD) — 2025 Update

***Of note, stage 1 or preclinical obesity does not imply that treatment is not warranted. Importantly, stage 1 or preclinical obesity can place individuals at high risk of future ORCD**, and they should be offered treatment in the shared decision-making process. Notably, stage 1 carries the risk of progression to complications that define clinical obesity as well as an increased risk of ORCs such as T2D and obesity-related cancers. AACE regards stage 1 or preclinical obesity as part of the spectrum of ABCDisease.*

Nadolsky K, et al, Endocrine Pract 2025

Obesità e Basta!!



Comment

https://doi.org/10.1038/s41591-024-03095-3

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

Check for updates

Obesity is a multifactorial, chronic, relapsing, non-communicable disease marked by an abnormal and/or excessive accumulation of body fat that presents a risk to health. It is well established that obesity acts as a gateway to a range of other non-communicable and communicable diseases[1–3].

WHO Guideline on the Use and Indications of GLP-1 Therapies for the Treatment of Obesity in Adults

Box. World Health Organization Guideline on the Use and Indications of Glucagon-Like Peptide-1 (GLP-1) Therapies for the Treatment of Obesity in Adults

Good Practice Statement 1

Obesity is a chronic disease requiring lifetime care. This should include screening, early diagnosis and management of obesity-related complications and comorbidities, and consideration of pharmacological, surgical, or other treatments to manage the disease and prevent or treat comorbidities.

Recommendation 1

In adults living with obesity, GLP-1 therapies may be used as a long-term treatment for obesity. **(conditional recommendation, moderate certainty evidence)**

Celletti F et al, JAMA 2025

Published online: 05 January 2026

Correspondence

https://doi.org/10.1038/s41591-025-04112-9

The Italian parliament first to recognize obesity as a chronic and relapsing disease

On 1 October 2025, the Italian Parliament approved the first law worldwide to officially recognized obesity as a chronic and relapsing disease that can lead to life-threatening complications. This landmark legislation followed closely after the publication of national guidelines on the diagobesity-related complications or with several comorbidities and poor quality of life. This measure represents a crucial first step toward reducing disparities in obesity care and advancing health equity, even according to Sustainable Development Goal 10 (SDG10), part of the United Nations' 2030 Agenda.

The law promotes a multidisciplinary frameimplementation and work with governmental institutions to ensure the law's full execution and adequate financial support.

Beyond its clinical implications, the law seeks to promote public awareness and social inclusion through national communication campaigns, sports events and community-based initiatives at the regional and munici-

EASO RESPONSE TO THE LANCET COMMISSION REPORT ON OBESITY DIAGNOSIS AND MANAGEMENT

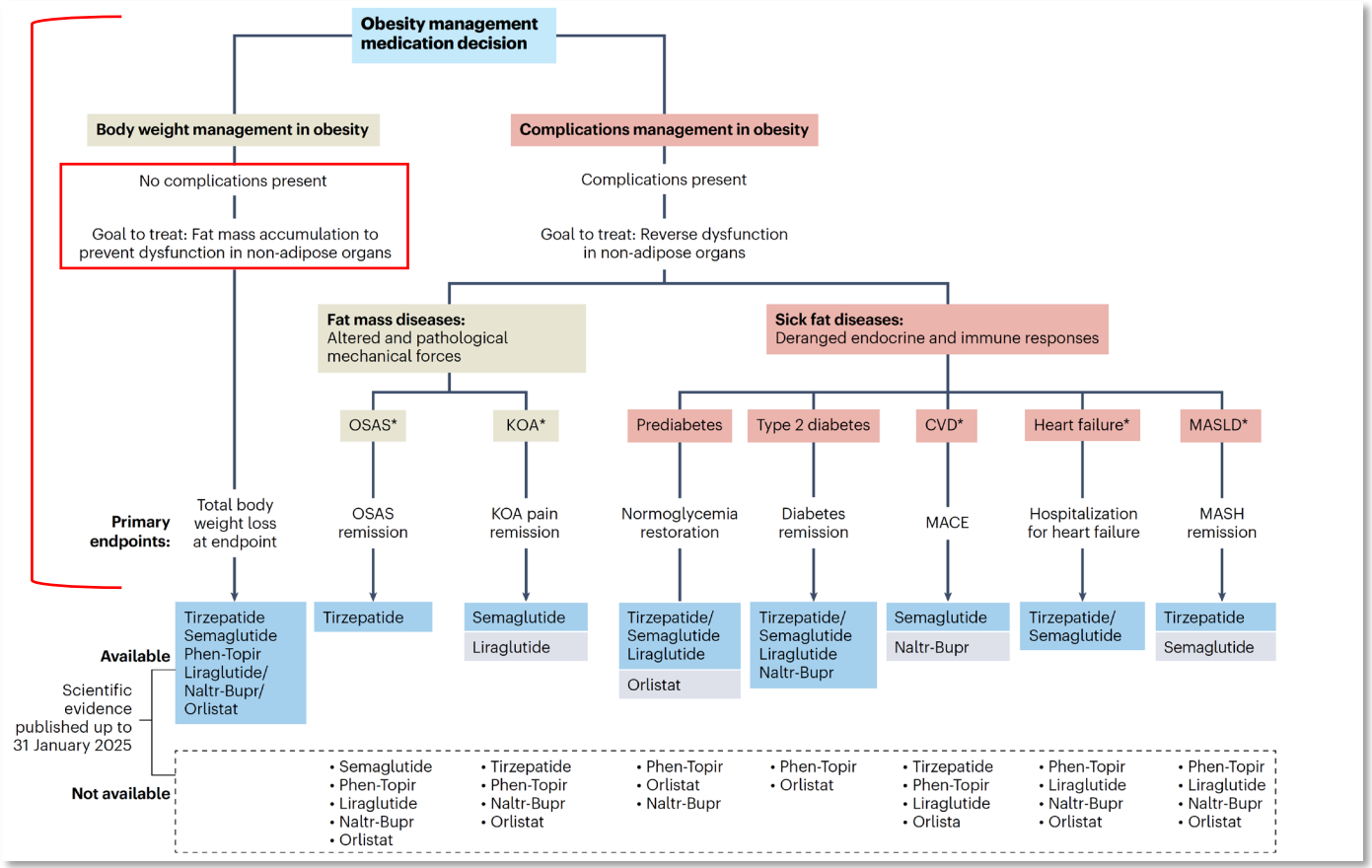
A More Comprehensive Approach

As described in our updated framework, EASO advocates for

- Evidence-based medicine
- Early intervention
- Comprehensive clinical evaluation
- Holistic management across the patient lifecycle
- Equitable access to care regardless of BMI or WtHR

https://easo.org/easo-response-to-the-lancet-commission-report-on-obesity-diagnosis-and-management/

Framework for the pharmacological treatment of obesity and its complications from the European Association for the Study of Obesity (EASO)



McGowan B, Ciudin A, Baker JL, Busetto L, Dicker D, Frühbeck G, Goossens GH, Martinez-Tellez B, Mannucci E, Monami M, Sbraccia P, Woodward E, Yumuk V
Nature Medicine, October 2, 2025

Preclinical Clinical

Rubino F et al, Lancet DE 2025

My Conclusion: The Lancet Commission on the Diagnosis of Obesity Was a Missed Opportunity

Donna Ryan, MD

Professor Emerita

Pennington Biomedical Research Center