

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.).

Con il patrocinio di

UNIVERSITÀ CATTOLICA del Sacro Cuore

Gemelli

Evento Congiunto di

SID Società Italiana di Diabetologia

Sinreni Società Italiana di Nefrologia

Quinto Meta Open Forum

"Al CUORE del DIABETE"

Roma | 6-7 marzo 2026
Aula Brasca, Policlinico Gemelli

III SESSIONE: Obesità (anche senza diabete)

Obesità e Basta

PAOLO SBRACCIA



TOR VERGATA
UNIVERSITY OF ROME



EASO COM
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 counselling
⇒ 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!?

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



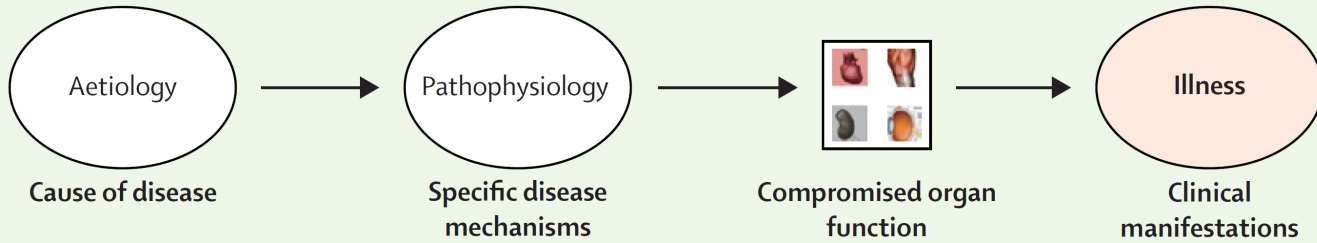
46% of PwO say they initiated the conversation



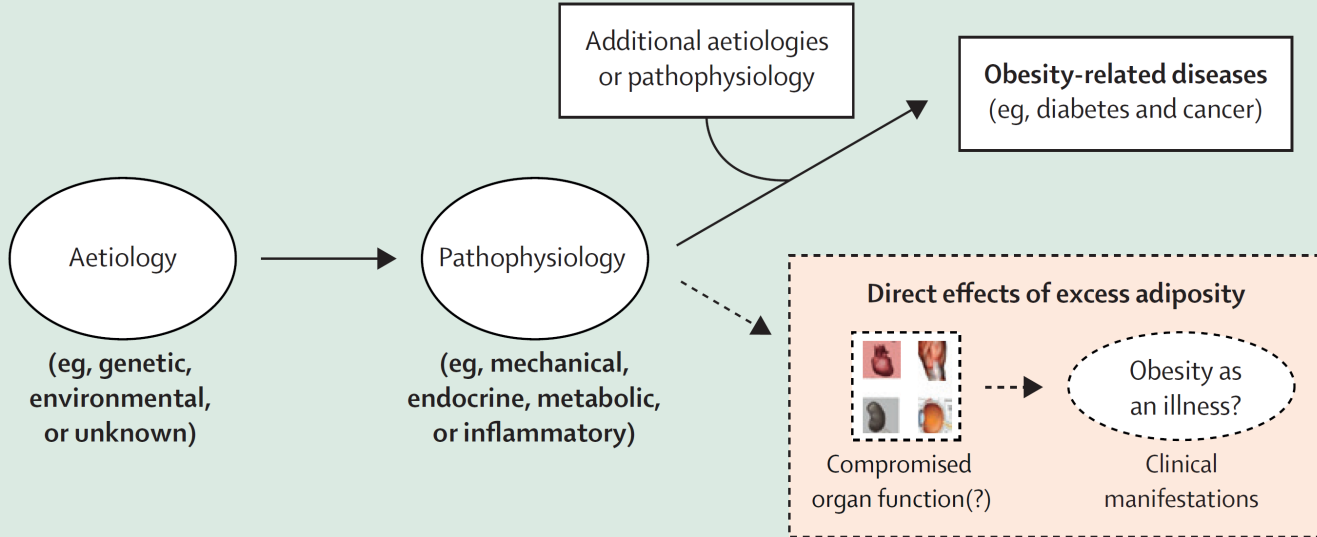
66% HCPs say they initiated the conversation

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

Elements of disease



Traditional framing of obesity

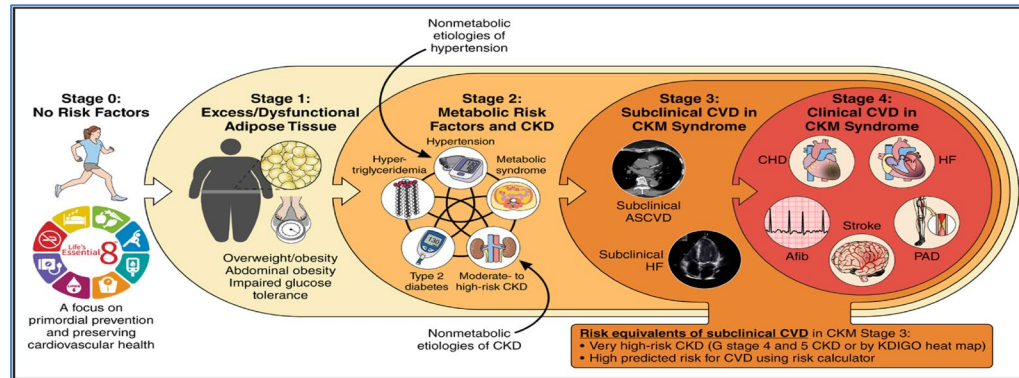




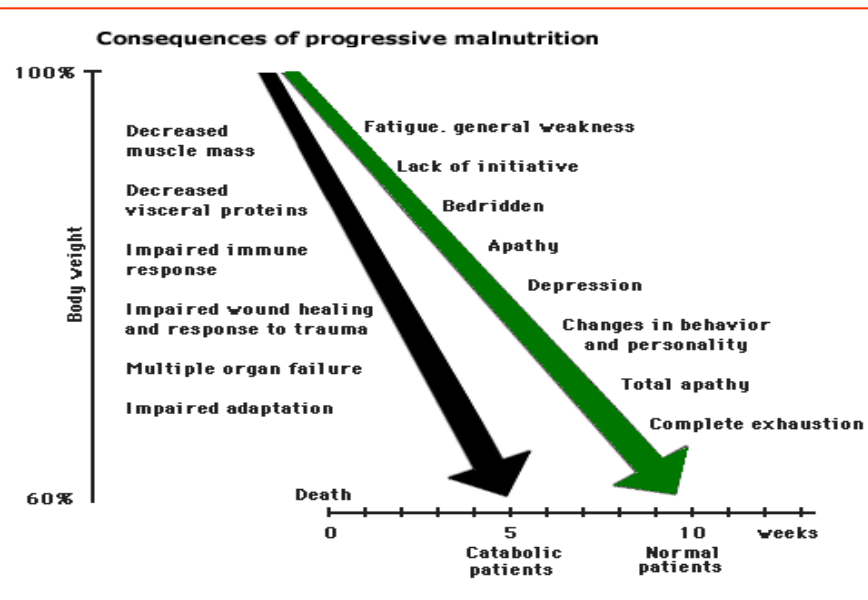
M. Infettive

M. Oncologiche

M. Autoimmunitarie



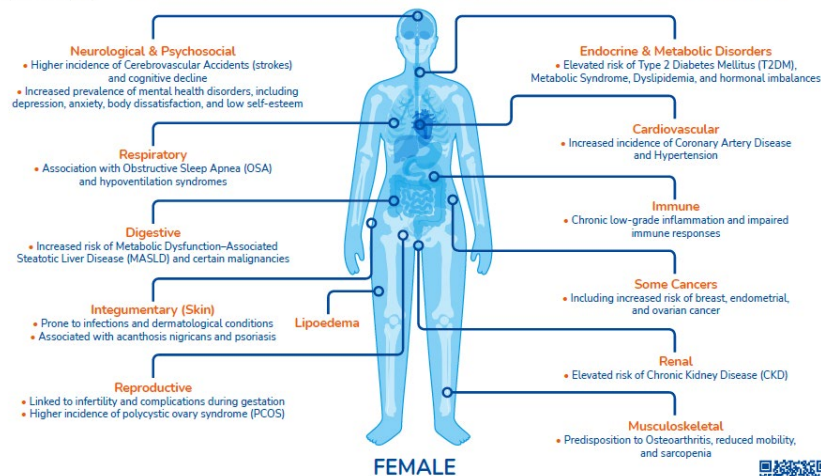
Malnutrizione per Difetto



Eccesso

EASO
European Association for the Study of Obesity

OBESITY AND ITS IMPACTS ON HEALTH



BMI ≥ 30 kg/m² or BMI ≥ 25 kg/m² and Waist to Height Ratio ≥ 0.5 with medical, functional or psychological impairments or complications

Developed by the European Association for the Study of Obesity enquiries@easo.org | www.easo.org
Read the full publication in Nature Medicine: <https://doi.org/10.1038/s41591-024-03095-3>



Quale la differenza?



Denutrizione



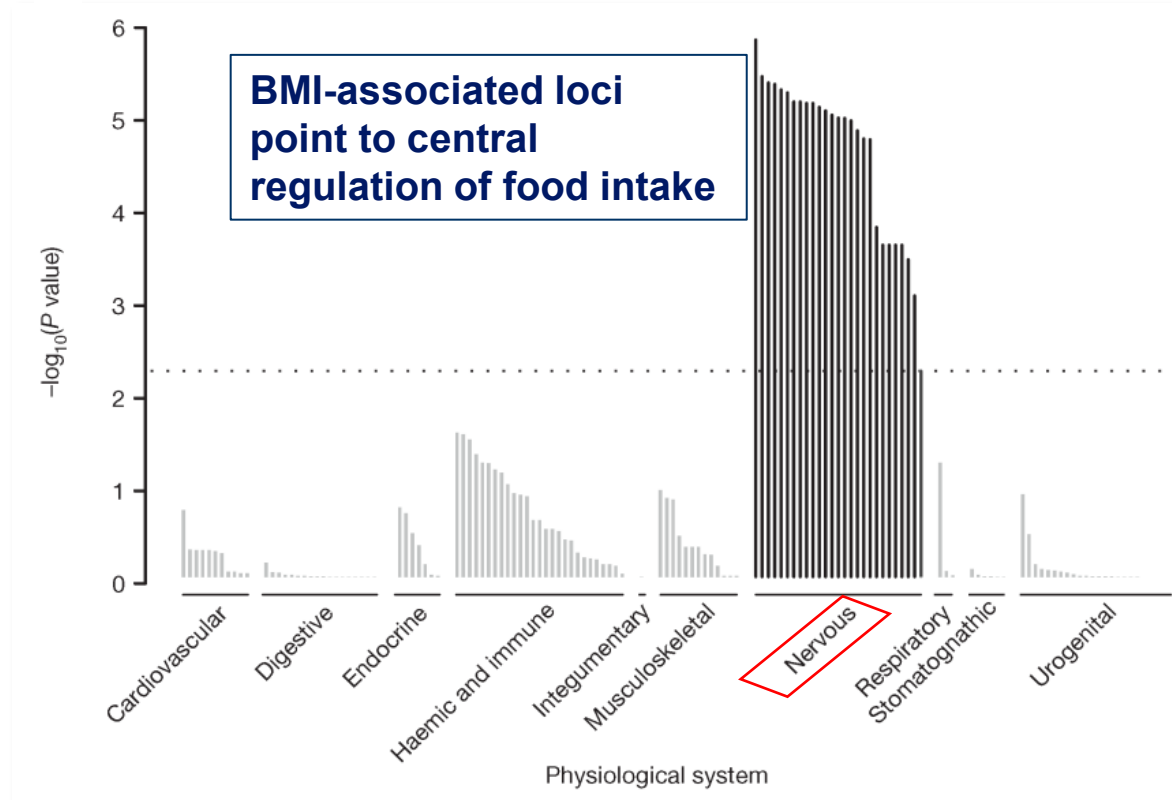
Anoressia Mentale

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

339,224 individual

Locke et al. Nature 2015

97 BMI-associated loci



Obesity

Excess fat mass



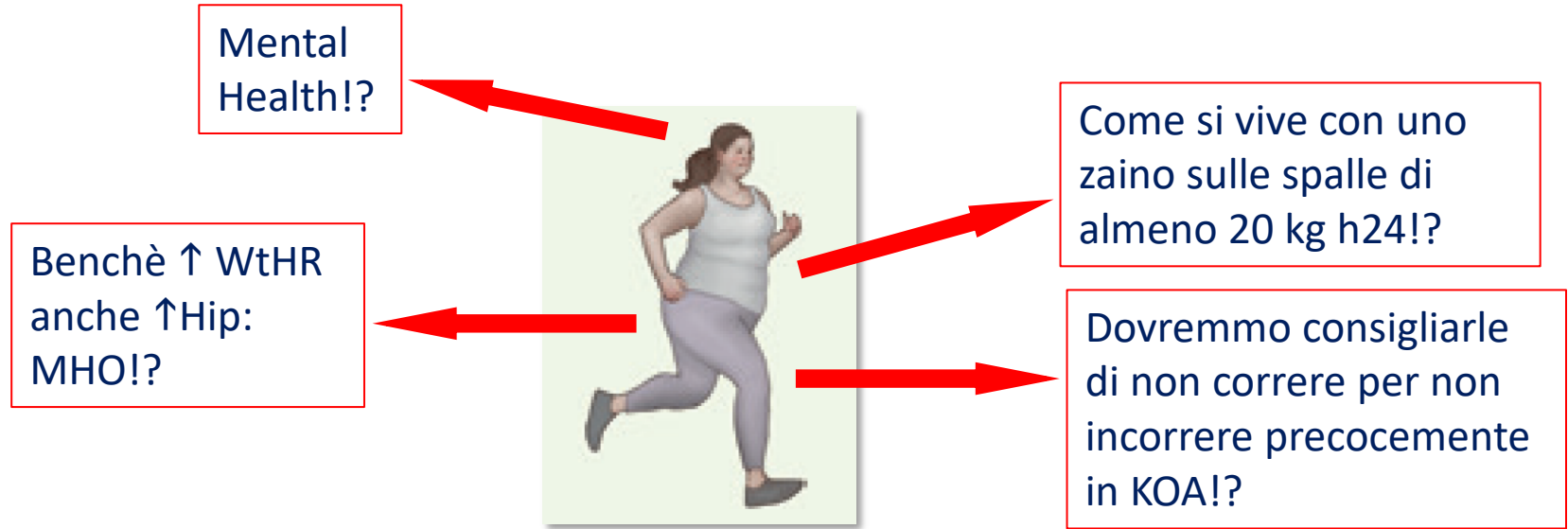
No ongoing
illness

Preclinical



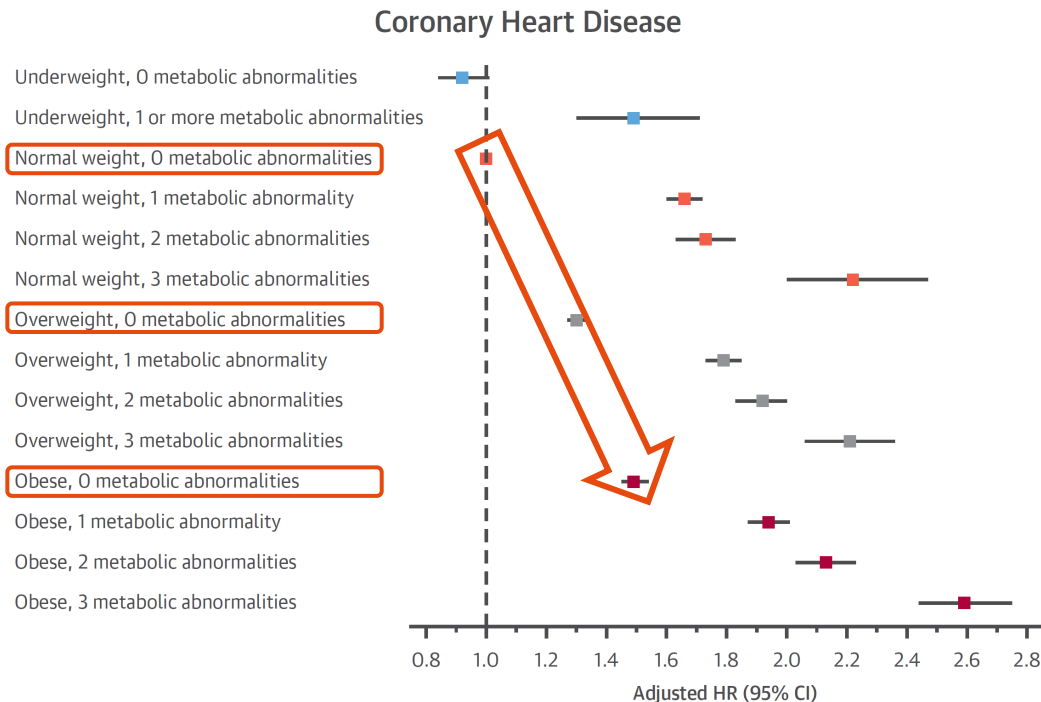
Ongoing
illness

Clinical



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

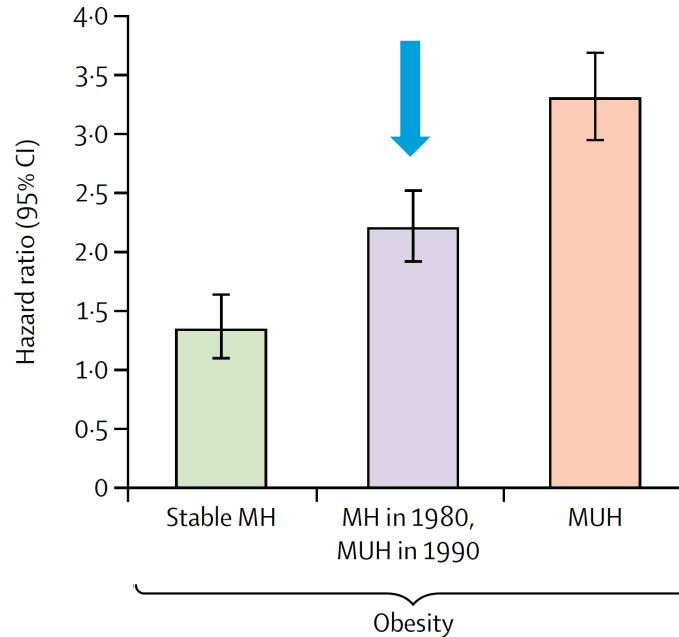
The Health Improvement Network (THIN)



3.5 Million
FU: 5.4 yrs

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

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

Adiposity-Based Chronic Disease

Causes of Adipose Tissue Expansion

- Genetic
- Environmental
- Psychological
- Behavioral
- Iatrogenic
- Comorbidities

Primordial and Primary Prevention

*Terminology used by the Lancet Commission on Obesity

Obesity

*Preclinical Obesity

no complications, preserved quality of life

AACE Stage 1

Treatment to prevent and ameliorate obesity-related complications and diseases

secondary prevention, risk reduction

*Clinical Obesity

obesity complications: symptoms, organ involvement

AACE Stage 2 or 3

tertiary prevention, complication-centric care

*Obesity-Related Diseases

eg, type 2 diabetes, cancer, MASH

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

INDIVIDUALIZED TREATMENT PLAN, THERAPEUTIC GOALS, AND FOLLOW-UP



Determine stage of ABCD based on number and severity of ORCD

- Stages of Obesity/ABCD
 - STAGE 1 – No ORCD
 - STAGE 2 – ≥ 1 Mild/moderate* ORCD
 - STAGE 3 – At least one severe* ORCD



Develop individualized treatment plan based on clinical staging, health goals, patient's values and preferences, and access to care

- Select therapeutic modality and intensity based on severity and stage of ABCD and the weight-loss target needed to ameliorate an individual's ORCD.
- Eliminate weight-promoting medications used to treat other comorbidities when possible.
- Consider psychological disorders, internalized weight bias, and social determinants of health in developing an individualized treatment plan.
- Individualize lifestyle and behavioral interventions.
- Agree on obesity medication and/or surgery via shared decision-making with each patient.



Optimize long-term health and quality of life

- Manage the degree of weight loss for optimal health outcomes, and achieve therapeutic targets for amelioration of ORCD.
- Support patient and manage medication side effects.
- Determine long-term treatment via shared decision-making to maintain weight loss, safety, and health benefits.
- Adjust treatment over time as clinically needed. The optimal dose for maintaining long-term weight loss, balancing efficacy and safety, need not be the maximally approved dose of obesity medications.

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.

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 diseases¹⁻³.

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.

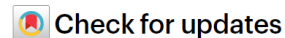
Recommendation 1

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

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 recognize 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 diag-

obesity-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 frame-

implementation 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 municipi-

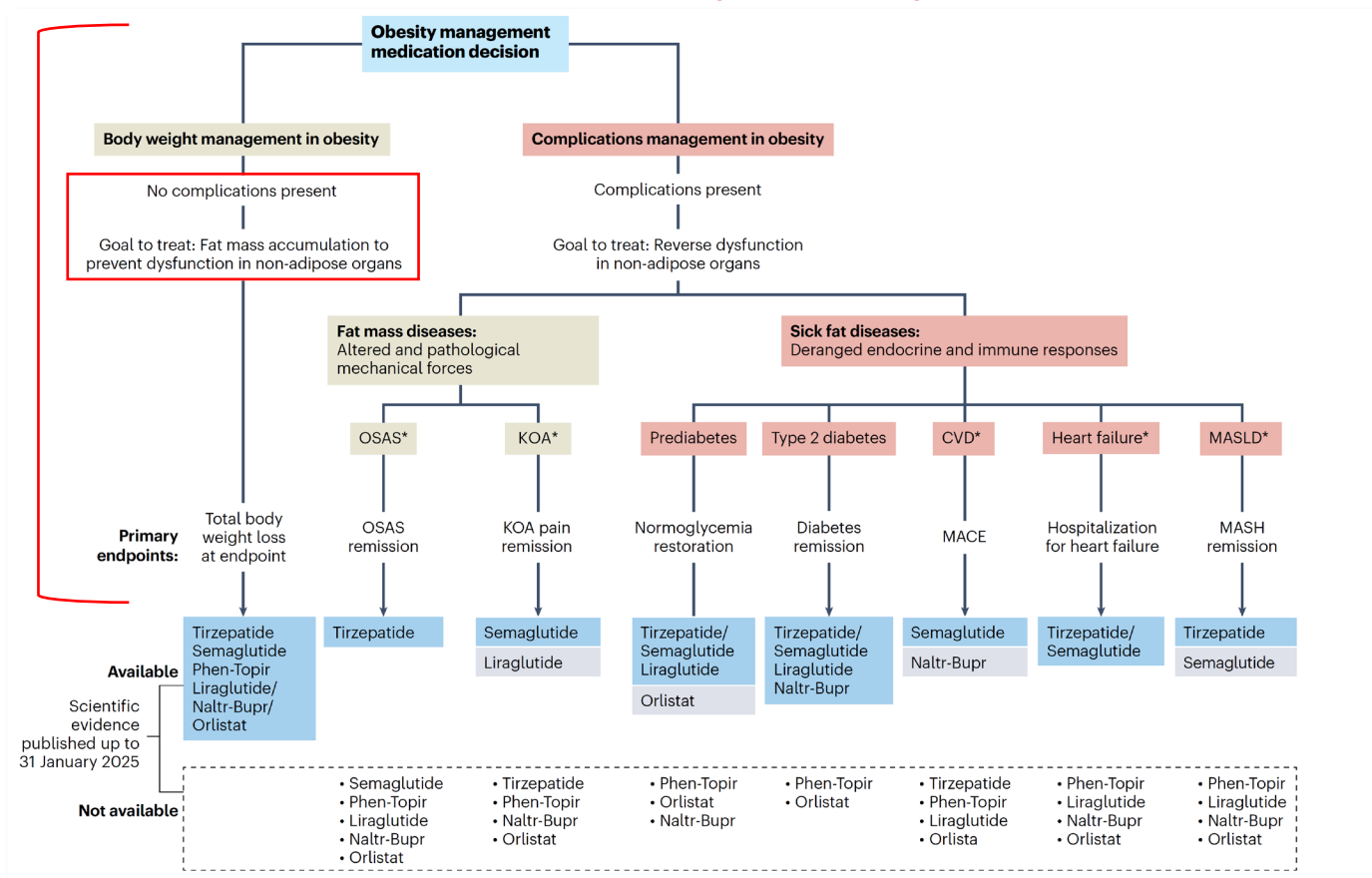
EASO RESPONSE TO THE LANCET COMMISSION REPORT ON OBESITY DIAGNOSIS AND MANAGEMENT

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

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



Obesity

Excess fat mass



No ongoing
illness

Preclinical



Ongoing
illness

Clinical



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

Donna Ryan, MD

Professor Emerita

Pennington Biomedical Research Center