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### Obesity and Comorbidities: Strategies for Effective Patient Management

#### Announcer:

Welcome to CME on ReachMD. This activity is provided by Medcon International. This episode is part of our MinuteCE curriculum.

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#### Dr. Cebrián:

This is CME on PACE-CME and ReachMD, and I am Dr. Ana Cebrián. Here with me today is Dr. Michael Crotty.

Let's dive in and discuss the complications of obesity and which patients we should target for treatment.

#### Dr. Crotty:

Thank you, Ana. I'm delighted to be here to talk about obesity as a chronic disease. And from previous modules, we've discussed that we're looking beyond body mass index and size. We're looking at excess adipose tissue that's causing an impairment of health. We could consider this as medical metabolic health, physical functional health, psychosocial health, or even future health.

I suppose it's worth noting that not every person living in a bigger body lives with obesity. Not every person has an impairment of health. As well as this, the impact of excess adiposity on an individual can be highly variable. We shouldn't make assumptions about somebody's health or well-being based on their size and body shape. We should be asking questions and interested. There are over 236 different conditions that are associated with obesity or complications of obesity, and they affect almost every system in the body. We're already treating many of the complications of obesity, but perhaps not addressing the underlying pathophysiology: the excess adiposity.

In treating our patients, our goal is to improve health, not simply cause weight loss. We should have a health focus in discussing weight with our patients. It's very important that we are aware of the bias and stigma that exist in society, the judgment of people with obesity, the lack of understanding of obesity as a chronic disease. And bear this in mind: our patients may have had negative experiences with healthcare practitioners in the past when discussing weight.

As far as starting a conversation, this may be something that our patient has come to us to discuss, or it may be something that is appropriate to bring up in the consultation when talking about other health issues or screening. For me, one of the biggest steps is asking permission to talk about weight. This is a highly sensitive and personal issue, and people may not be in a position to talk about it when we bring it up in consultation. So by asking permission, we are putting the patient at the center of the conversation, and we're allowing them to engage on this topic. If they're not in a position to discuss it on that day, we're planting a seed that we're here for this conversation.

If they give us permission to talk about weight, I like to start by broadly asking them if they feel that excess fatty tissue or excess weight is having an impact on their health and listening to them as far as how they are affected. They may be mostly concerned about the physical function or psychosocial impact it's having on their health. As a healthcare practitioner, I may be more focused on the metabolic medical side of things. But really, it's important that we understand how the patient is affected because that's going to guide our treatment, and that's how we gauge response to treatment.

Once we've started the conversation, we can carry out an assessment, we can discuss different treatment options with our patients, and we can make a personalized plan, finding the right treatment for the right person at the right time. And again, this is a chronic progressive disease that we will be treating across the life course; it is not treated in 15 minutes. We can start a conversation. We can bring people back. We should be taking a chronic disease–management approach to managing obesity and its complications.

**Dr. Cebrián:**

Many thanks, Dr. Crotty. We have learned that obesity is not just about weight; it's a key factor for many serious conditions. The earlier we address it, the better patients' long-term health. With the reduction, you tell us that it can improve blood sugar levels, cardiovascular risk, and overall well-being. So it's not just about losing weight—it's about winning health.

We should be targeting the right patients. And in how to start the conversation, it is important to ask for permission, as you told us. Remember, use nonstigmatizing language; focus on health, not only appearance; and explore patients' perspective and offer personalized health solutions. A supportive, individualized approach makes a difference.

Thanks for the great discussion, Dr. Crotty, and thanks to our audience for tuning in.

**Announcer:**

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