



Anschutz Health and Wellness Center

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

# Integrating Lifestyle and Medications into Obesity Treatment

Daniel Bessesen, MD

Professor of Medicine,

Division of Endocrinology, Metabolism and Diabetes

University of Colorado, School of Medicine

Director, Anschutz Health and Wellness Center

Anschutz Foundation Endowed Chair in Health and Wellness

[Daniel.Bessesen@cuanschutz.edu](mailto:Daniel.Bessesen@cuanschutz.edu)



# Best Practices: Current State

- People living with obesity should have access to a care provider who can knowledgeably discuss lifestyle, medications and surgery.
- Patient centered decision making should be employed to tailor treatment to the unique characteristics of the patient, available local resources and insurance coverage.
- Goal is optimizing overall health.



# Actual Current State

- Care providers are constrained in discussing obesity by training (stigma and bias persist), time and reimbursement.
- Evidence based treatments are not covered by insurance to a degree comparable to other metabolic diseases.
- Treatment often goes to those who can pay rather than those who might benefit the most.
- Focus of obesity treatment is on weight/BMI rather than health.

# Future State

- Highly effective antiobesity medications (HEAOMs) will eventually be widely prescribed. The question is how will we get there?
- HEAOMs will give weight loss comparable to surgery but with the advantage of dose flexibility, choice of mechanisms, combinations, potential additional health benefits and likely higher lifetime costs.



# Knowledge gaps, challenges

- How do we really conceptualize obesity in the context of health?
  - Clinical assessment
  - FDA approval of HEAOMs
  - Insurance coverage
  - Integration of treatments for weight related conditions
- What is the goal of therapy and how do we define it?
- In what circumstances is there a cost/benefit that is sustainable?
- How do we integrate older and newer AOMs into care?



# Knowledge gaps, challenges

- Is the role of lifestyle different in the context of HEAOMs?
- Do we start treatment early or wait until complications develop?
- Is there such a thing as too much weight loss?
- Is there an optimal tempo for weight loss?
- How do we prepare people for large weight loss?
- When less wt loss is needed, is it better to use a low dose of a HEAOM or an older AOM?

# Path Forward

- In the long run, HEAOMs will require a conceptual shift in how we treat obesity
- Could systematically get input from regulators, insurers, employers, clinicians and researchers as to the key questions that need to be answered
- Then could prioritize these questions and determine the best approaches for answering them.
- Then decide the best ways to disseminate and implement the new “best practices”