

CLINICAL JUSTIFICATION

Obesity is not only a chronic disease that affects over 35 percent of adults in the US, but it is often the root cause or associated with over 59 comorbidities



THE OBESITY EPIDEMIC

New estimates suggest that more than two-thirds of Americans are either overweight or obese. It is estimated that about 40 percent of men and 30 percent of women are overweight and 35 percent of men and 37 percent of women are obese. To date, obesity is not only the fastest growing health problem in the US; it is also proving to be among the most deadly. It kills more Americans every year than AIDS, cancer and all accidents combined, and is the second leading cause of preventable death just below smoking.



Children

Children born to obese mothers are twice as likely to be obese and to develop type 2 diabetes later in life.



Midlife

Both overweight and obesity at midlife independently increase the risk of dementia, Alzheimer's disease and vascular dementia.



Health & Mortality

U.S. Preventive Services Task Force associated obesity with increased risk for death, particularly in adults younger than 65 years.

PHYSICIANS CAN CHANGE LIVES.
TREAT THE DISEASE OF OBESITY,
NOT JUST THE SYMPTOMS

Obesity remains underdiagnosed and undertreated. According to the American Medical Association, only **42% of adult obesity patients reported receiving any prior advice from a physician to lose weight.**



OBESITY IS ASSOCIATED WITH POOR **ASTHMA** CONTROL.

Findings support the need to actively pursue healthy weight loss measures in patients with asthma.

- Asthma is 1.47 times higher in obese people than non-obese people.
- Asthma severity can be improved with weight loss.
- American College of Chest Physicians supports the active treatment of comorbid obesity in individuals with asthma.



HYPERTENSION AFFECTS NEARLY ONE THIRD OF THE AMERICAN POPULATION.

There is a higher prevalence of hypertension among individuals with obesity.

- Lifestyle modifications that demonstrate a decrease in blood pressure include: weight loss, exercise, decreased sodium intake, smoking cessation and mindfulness/meditation practice.
- As a result of weight loss from a Very Low Calorie Diet (VLCD), patients often experience about a 10 percent decreased risk of heart disease, stroke, a-fib and Abdominal Aortic Aneurysm (AAA) while on a VLCD.
- As patients are able to decrease their hypertension medications, they enjoy fewer medication side effects and a decreased risk of medication interactions.



OBESITY IS A MAJOR FAVOR FOR **TYPE 2 DIABETES.**

More than 90 percent of type 2 diabetics are overweight or obese.

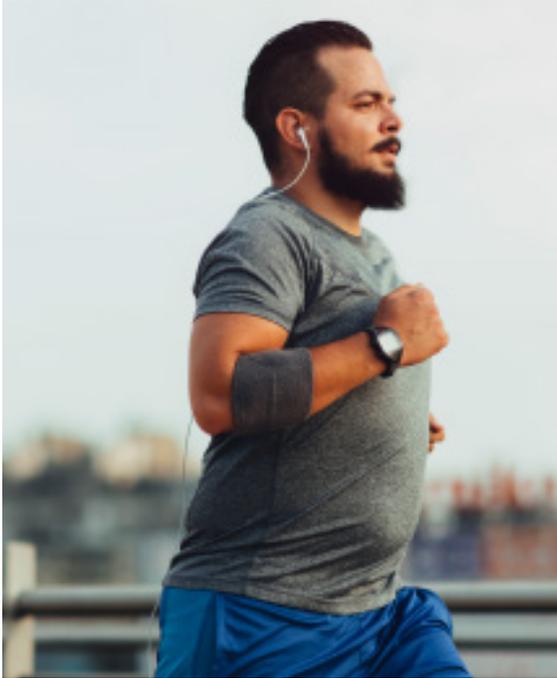
- Statistics show that 58 percent of diabetes is attributable to a BMI above 21.
- Prevention and treatment of obesity is of utmost importance to help control or minimize the effects of type 2 diabetes. Studies show that metabolic control of diabetes can reduce the associated complications.
- Studies show weight loss improves glucose control, as well as blood pressure and cholesterol, contributing to reduced medications and higher quality of life.



AN OBESE PERSON HAS A 60% GREATER RISK OF DEVELOPING **ARTHRITIS.**

One in five Americans has been diagnosed with arthritis, but that number jumps to more than one in three among people with obesity.

- Total knee arthroplasty is estimated to be at least 8.5 times higher among patients with a BMI of 30 or greater.
- One study found that 72 percent of those who underwent joint replacement surgery were obese.
- A study of overweight women showed that a weight loss of 11 pounds reduced their risk of developing knee osteoarthritis by half.



OBESITY SIGNIFICANTLY INCREASES THE RISK OF **CARDIOVASCULAR DISEASE.**

The incidence of Coronary Heart Disease (CHD), Congestive Heart Failure (CHF), stroke, Atrial Fibrillation (AF), and Deep Venous Thrombosis (DVT) increases with increasing BMI.

- Extensive weight reduction following gastrointestinal surgery reduces cardiovascular mortality.
 - Weight loss reduces blood pressure, improves insulin sensitivity and lipids - all of which have an important benefit on cardiovascular risk.
 - Weight loss can have a benefit on both systolic and diastolic cardiac function, especially in patients with New York Heart Association Class II/III heart failure.
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40% OF ALL U.S. **CANCER** DIAGNOSES ARE LINKED TO BEING OVERWEIGHT OR OBESE.

Out of all cancer diagnoses, nearly 55 percent of female cases and 24 percent of male cases were linked to being overweight or obese.

- Being overweight or obese is implicated in 15 percent to 20 percent of total cancer-related mortality.
- Obesity related cancers increased by seven percent from 2005 to 2014, while the rates of non-obesity related cancers dropped.
- Amid recent findings, the CDC is urging health care providers to begin addressing cancer risk by supporting patients to manage their weight.



OBESITY CAN BE A RISK FACTOR FOR **INFERTILITY.**

Weight loss can often improve success of conception.

- Ovulatory dysfunction may be the closest association with obesity and is more commonly related to Polycystic Ovarian Syndrome (PCOS).
- Weight loss may increase testosterone levels and improve sperm quality.
- Often, a five percent weight loss will markedly improve ovulation, while a 10 percent weight loss further improves the chances of pregnancy.



RESULTS SPEAK VOLUMES

Treating obesity can benefit overall patient health. Studies have shown that resolution and/or significant reduction of chronic medical conditions can be achieved by successfully treating overweight patients and those with obesity. Even a five to 10% reduction of weight in a patient can make a significant difference in comorbid conditions, quality of life, and health care costs.



Julie
Before



Julie
After



Melanie
Before



Melanie
After

To download the full clinical justification white paper, visit
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