

# A View of the Future for Obesity Treatment and Prevention



March 31, 2015  
ASN Obesity RIS  
Business Meeting  
Ted Kyle

# Disclosures

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- **3D Communications**
- **Enteromedics**
- **Esai**
- **Novo Nordisk**
- **The Obesity Society**
- **The Obesity Action Coalition**

# Objectives

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- **Describe the current state of efforts to treat and prevent obesity**
- **Assess the gap between available options & unmet needs**
- **Provide perspective on what to expect from the future**

# Current State

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- **Pervasive bias hinders progress**
- **Prevalence is approaching equilibrium**
- **Data for prevention mixed & incomplete**
- **Limited options for treatment**
- **Poor access to care**
- **Outsized spending to treat obesity's consequences**

# The Prevailing Bias Toward Obesity

*The best place to start is by simply telling the patient the truth. “Sir or Madam, it’s not OK to be obese. Obesity is bad. You are overweight because you eat too much. You also need to exercise more. Your obesity cannot be blamed on the fast food or carbonated beverage industry or on anyone or anything else. You weigh too much because you eat too much. Your health and your weight are your responsibility.”*

Robert Doroghazi, MD

AJM, Mar 2015

# Pervasive Bias

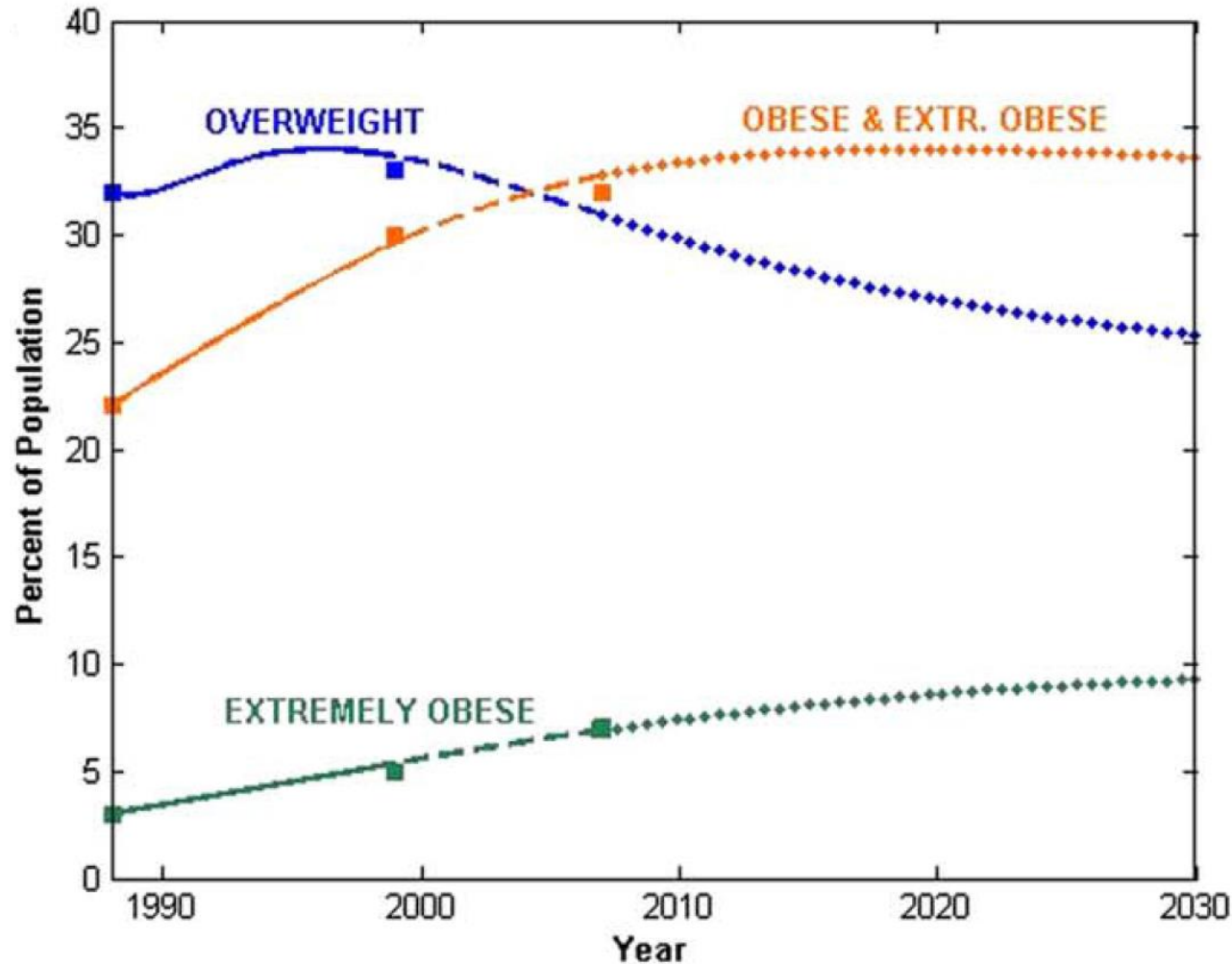
## Affects Every Aspect of Obesity

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- Research affected by a dearth of curiosity
- Prevention efforts weakened by measurement gaps
- Access to care limited by patient experiences, provider bias, and health plans
- Quality of care suffers when patients are blamed
- Conflicting agendas complicate straightforward healthcare

# Prevalence

## Approaching a New Equilibrium



Source: Thomas et al,  
*Obesity* Feb 2014

# Mixed Data on Prevention

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- **Reduced prevalence in selected early childhood populations** (Ogden et al, Feb 2014)
- **Continuing increases in severe childhood obesity** (Skinner and Skelton, Jun 2014)
- **“No intervention strategy consistently produced benefits.”** (Peirson et al, Feb 2015)



# Limited Options for Treatment

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- **Efficacy of behavioral treatment is modest**
- **Drugs are few, with modest efficacy**
- **Surgery unacceptable to many**

# Poor Access to Care

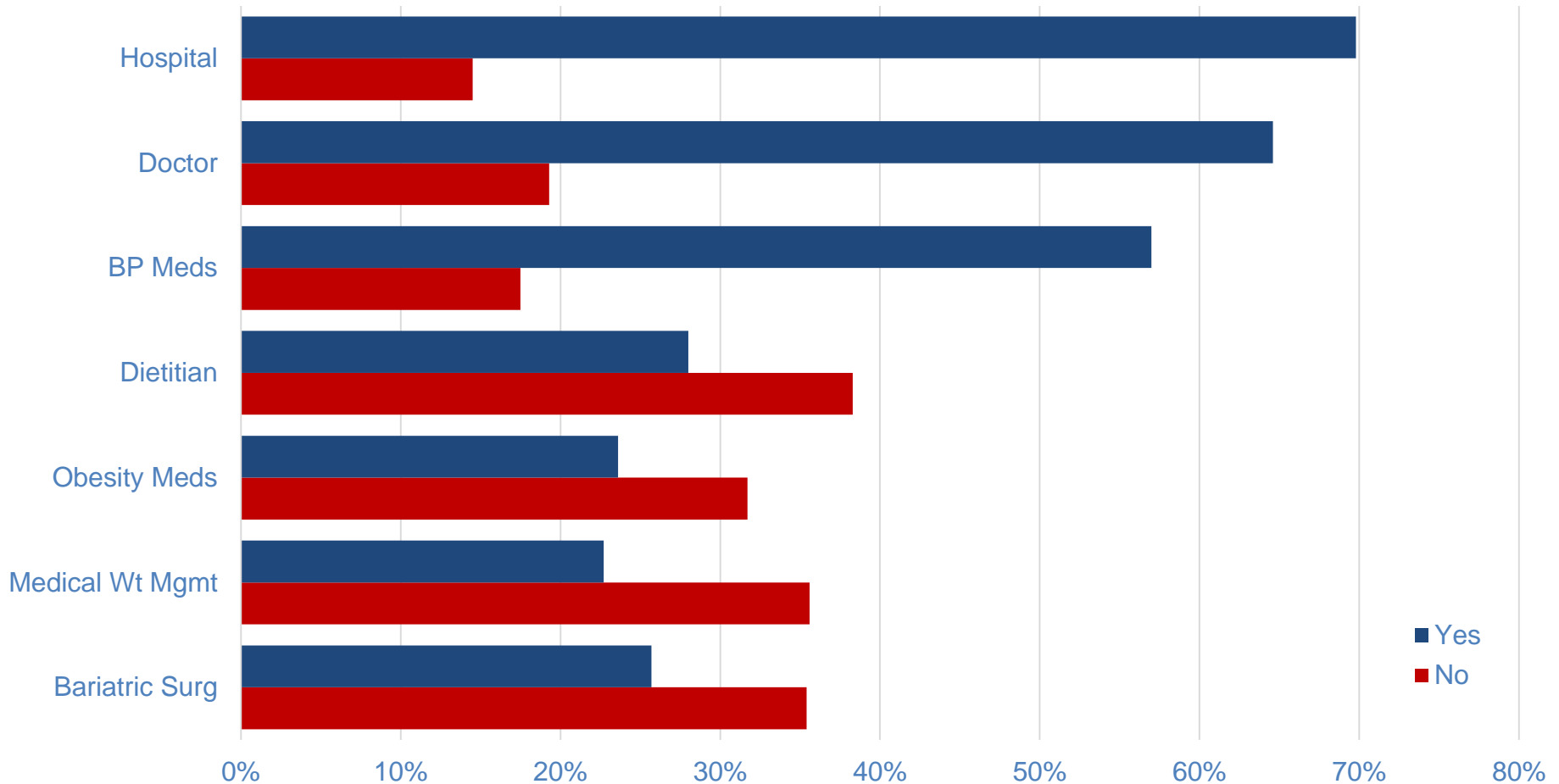
- **Self-care**

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- **Intensive behavioral treatment**
- **Expert Clinicians**  
**(RDNs, Obesity Medicine Physicians)**
- **Pharmacotherapy**
- **Surgery**

# Poor Access to Care

“Do you have health insurance that would pay the cost of [ ] if you needed it?”



# Outsized Spending to Treat the Consequences

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- **Heart disease**
  - Dyslipidemia
  - Hypertension
  - Coronary Artery Disease
  - \$444 billion
- **Diabetes**
  - Heart attacks
  - Strokes
  - Kidney failure
  - Amputations
  - \$245 billion
- **Cancer, liver disease, and more**

# Critical Gaps

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- **Incomplete biological insight**
- **Prevention that makes a difference**
- **Differential diagnosis**
- **Individually tailored, effective treatment**

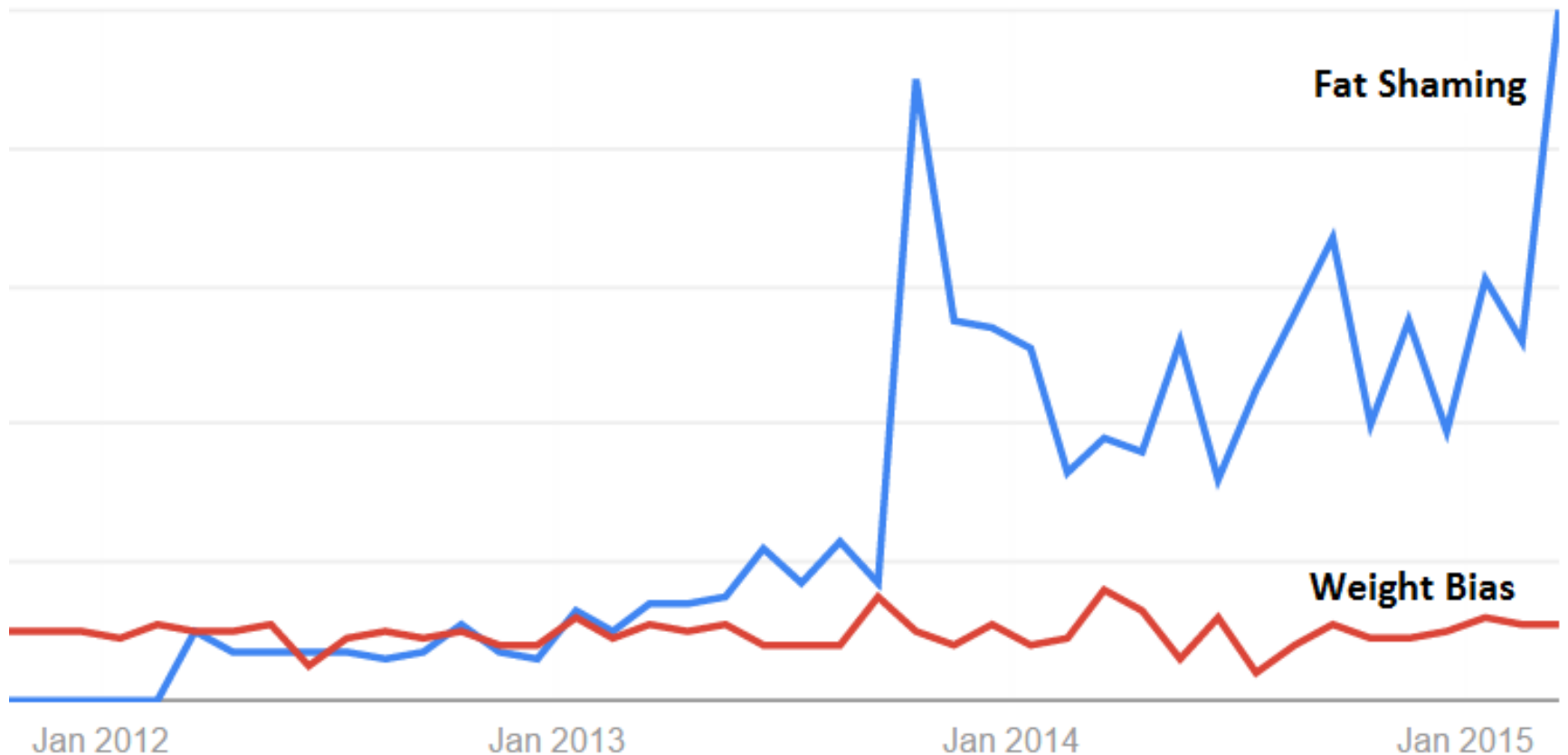
# Hopes for the Future

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- **Repudiation of bias & discrimination**
- **Evidence-based prevention**
- **Deeper insight into the biology of obesity**
- **Better access to care**
- **Expanded options for treatment**
- **Integration of treatment and prevention**

# Repudiation of Bias & Discrimination

Google Trends: Interest over Time



# Evidence-Based Prevention

- Growing application of rigorous, objective effectiveness analysis
- Innovative experimentation



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COLLABORATION**



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# Deeper Insight into the Biology of Obesity

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- **Superficial models of energy balance giving way to sophisticated modeling**
- **Growing understanding of neurohormonal pathways**
- **Investigation of the role for microbiota**
- **Differentiation of distinct subtypes**
- **Transgenerational transmission**
- **Important leads for better interventions**

# Better Access to Care

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- **The emerging specialty of obesity medicine**
- **Allied health certifications**
- **The Affordable Care Act**
  - **More people with insurance and medical care**
  - **Mandated preventive services**
  - **Prohibitions on discriminatory benefit design**
- **Slowly but steadily improving coverage**

# Expanded Options for Treatment

## Four new medications since 2012

- Qsymia  
phentermine/topiramate
- Belviq  
lorcaserin
- Contrave  
naltrexone/bupropion
- Saxenda  
liraglutide

## Investigational

- Beloranib
- Early stage drugs

## Expanding Surgical Options

- Growing use of gastric sleeve
- VBLOC implantable device

## Investigational

- Gastric balloons
- Gastric sleeve
- Gastric aspiration

# Integrated Treatment and Prevention

- Prevention and treatment intertwined
- Children are linked to the status of parents
- Interventions for one generation affect the other



# The Future of Obesity Treatment & Prevention

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- **Respect for the people affected**
- **Prevention with measurable effects**
- **Understanding of the disease in all forms**
- **Straightforward provision of care**
- **More options that work**
- **Healthier families, communities, schools**

# More Information

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- [www.obesityaction.org](http://www.obesityaction.org)
- [www.conscienhealth.org/news](http://www.conscienhealth.org/news)
-  Facebook.com/ConscienHealth
-  @ConscienHealth
- Ted.Kyle@ConscienHealth.org