AMCP Foundation Symposium: Obesity As a Chronic Disease

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Overview

• Obesity negatively and strongly affects society and individuals
• Obesity should be treated as we do other chronic diseases
• We know a lot about what works
Prevalence of Obesity in US Adults

Economic Costs

Direct Costs of Obesity Include:
- Health Care Services
- Medical Tests
- Drugs to Treat Comorbidities

Indirect Costs of Obesity Include:
- Value of Lost Work
- Insurance Premiums and Compensations
- Lower Wages

~$200 Billion

~$65 Billion

Obesity Comorbid Conditions

- Pulmonary disease
  - abnormal function
  - obstructive sleep apnea
  - hypoventilation syndrome

- Idiopathic intracranial hypertension
- Stroke
- Cataracts

- Nonalcoholic fatty liver disease
  - steatosis
  - steatohepatitis
  - cirrhosis

- Gall bladder disease

- Gynecologic abnormalities
  - abnormal menses
  - infertility
  - polycystic ovarian syndrome

- Osteoarthritis
- Skin
- Gout

- Coronary heart disease
- Diabetes
- Dyslipidemia
- Hypertension

- Severe pancreatitis

- Cancer
  - breast, uterus, cervix
  - colon, esophagus, pancreas
  - kidney, prostate

- Phlebitis
  - venous stasis
Effect of Obesity, Aging, Smoking, Drinking on Health and Quality of Life

![Chart showing the effect of obesity, aging, smoking, and drinking on health and quality of life.](chart.png)

Obesity is globally recognised as a chronic disease and health issue. Obesity is a chronic disease, prevalent in both developed and developing countries, and affecting children as well as adults.

Obesity is recognised as a chronic clinical condition and is considered to be the result of interactions of genetic, metabolic, environmental, and behavioural factors and is associated with increases in both morbidity and mortality.

Overweight and obese people are a majority today in the OECD area. The obesity epidemic continues to spread, and no OECD country has seen a reversal of trends since the epidemic began.

Recognizing obesity as a disease will help change the way the medical community tackles this complex issue that affects approximately one in three Americans.

...obesity is a primary disease, and the full force of our medical knowledge should be brought to bear on the prevention and treatment of obesity as a primary disease entity...

It is important for health care providers to recognize obesity as a disease so preventive measures can be put in place and patients can receive the appropriate treatment.
SUBJECT: Supplemental Guidance: Management of Obesity in Adults

Carrier Letter 2013-10 summarizes the management of adult obesity within the FEHB program. This letter provides new, supplemental information in the areas of weight loss medications and preferred facilities for bariatric surgery. All other information in Carrier Letter 2013-10 remains current.

Weight Loss Medications

Diet and exercise are the preferred methods for losing weight. We appreciate that FEHB plans have refined wellness activities, health coaching, nutrition counseling and disease management to achieve a greater focus on obesity. Additionally, drug therapy can assist obese adults who do not achieve weight loss goals through diet and exercise alone. The Food and Drug Administration (FDA) has approved several anti-obesity drugs, including two new ones in 2012. Complete prescribing information for Belviq (Lorcaserin) and Qsymia (Phentermine/topiramate ER) is available at www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm

It has come to our attention that many FEHB carriers exclude coverage of weight loss medications. Accordingly, we want to clarify that excluding weight loss drugs from FEHB coverage on the basis that obesity is a “lifestyle” condition and not a medical one or that obesity treatment is “cosmetic”- is not permissible. In addition, there is no prohibition for carriers to extend coverage to this class of prescription drugs, provided that appropriate safeguards are implemented concurrently to ensure safe and effective use.
Why Is It So Hard To Manage Weight?

Hormone Changes and Hunger Persistently Oppose Diet-Induced Weight Loss

Lifestyle Intervention for Obesity

% REDUCTION IN INITIAL WEIGHT

YEAR 1
>0%: 92.8%
≥5%: 68.0%
≥10%: 37.7%
≥15%: 15.6%

YEAR 8
>0%: 73.6%
≥5%: 50.3%
≥10%: 26.9%
≥15%: 11.0%
Obesity Pharmacotherapy

Bariatric Surgery

Combining Treatments Works Even Better

Adapted from Wadden, et al. NEJM, 2005.
CDC Framework for Addressing Obesity

- Home and family
- School
- Community
- Work Site
- Healthcare

- Genetics
- Psychosocial
- Knowledge
- Motivation
- Treatment

- Food and beverage industry
- Agriculture
- Education
- Media
- Government
- Public health systems
- Healthcare industry
- Business and workers
- Land use and transportation
- Leisure and recreation

Sectors of Influence

Social Norms and Policies

Individual Factors

Behavioral Settings
Framework for Integrated Clinical and Community Systems of Care

Care Delivery
- Information Systems
- Decision Support
- Delivery System Design
- Self Management Support
- Local patient environment
- Clinicians

Family & Individual Empowerment and Engagement

Community Systems
- Resources
- Services
- Supportive Environment
- Social norms

Integration
- Convener, Advocacy, Data Exchange, Financing, Governance/Regulation, Referral Processes, Communications

Metrics

Equity

Training & Education

Population Health
Thank you.

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