

Canada gets a failing grade on access to obesity treatments for adults

May 2 2017, by Peter Janiszewski, Ph.d.



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The Canadian Obesity Network (CON) recently conducted an investigation into Canadians' access to publicly and privately funded medical care for obesity. The results of the research have been published

as a "[Report Card on Access to Obesity Treatment for Adults in Canada 2017](#)" and reveal a number of shortcomings when it comes to patient access to adequate obesity management options.

The report covered 4 key areas:

- Access to specialists and interdisciplinary teams for behavioural intervention
- Access to anti-[obesity](#) medications through public and private means
- Access to medically supervised weight management programs with meal replacements
- Access to [bariatric surgery](#) and wait times

Here are some of the highlights of the report:

- Despite the Canadian Medical Association declaring obesity to be a "a chronic medical disease requiring enhanced research, treatment and prevention efforts" back in 2015, no level of the Canadian government has officially adopted this definition
- Few Canadian physicians are pursuing formal training and certification in obesity management; only 40 physicians across all of Canada have been certified in the management of obesity by the American Board of Obesity Medicine
- Canadians who may benefit from medically supervised weight-management programs involving meal replacements are expected to pay out-of-pocket between \$1,000-\$2000 to cover the meal replacements
- Neither of the two anti-obesity medications approved in Canada are covered under any provincial or federal drug benefit. By contrast, the provincial public drug benefit programs in all provinces and territories cover at least two medications for diabetes.

- An estimated 8.8% of Canadians have private drug benefit plans have access to anti-obesity medications through their plans.
- On a yearly basis, bariatric surgery is available to only one in 183 (or 0.54% of) eligible adult Canadians (Class II or Class III obesity). Average wait times between consultation with a specialist and surgery range between 6-12 months.

Although the picture looks somewhat bleak, some of the trends observed in the [report](#) are positive. For instance, year over year, more physicians are being trained in [obesity management](#) while more bariatric surgeries are being performed.

I would encourage all of our Canadian readers to [check out the full report](#), which is tremendously informative and presented in a very accessible manner (lots of helpful infographics). It also offers 7 key recommendations that, if enacted, could significantly improve access to adequate medical [management](#) to Canadian patients with obesity.

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