

Treatment of obesity must be multifaceted, publication says

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According to ["Insights & Implications in Gerontology: The Chronic Disease of Obesity"](#)—a new publication from the Gerontological Society of America (GSA)—overweight and obesity are now recognized as

chronic health conditions with specific pathophysiologic causes, with complications if these conditions are not addressed, and with treatments that are safe and effective. For most older adults, treating overweight and obesity can add years to their lifespan and quality to the years of life when they are healthy.

Obesity rates for adults 65 years of age and older nearly doubled from 22% in 1988 to 42% in 2020. With the new publication, GSA aims to enhance the understanding among health care professionals, [policy makers](#), and consumers of [obesity](#) as a [disease](#) and the need to intently treat individuals with obesity using guideline-based and standard-informed multidisciplinary and multifaceted plans of care. It calls attention to the steps included in GSA's [Toolkit for the Management of Obesity in Older Adults](#) and provides readers with insights into a variety of obesity care guidelines.

The [faculty](#) who oversaw the publication's development include John A. Batsis, MD, FACP, AGSF, FGSA, FTOS, of the University of North Carolina at Chapel Hill; Rodolfo J. Galindo, MD, FACE, of the University of Miami, UMiami Health System, and Jackson Memorial Health System; Anna Pendrey, MD, of Indiana University; and Kathryn Porter Starr, Ph.D., RDN, of Duke University School of Medicine and Durham VA Medical Center.

Batsis emphasized the importance of challenging common, biased beliefs about people living with obesity and enhancing the importance of obesity as a disease that needs to be managed accordingly.

"Obesity was designated as a chronic disease by the American Medical Association several years ago," he said. "The challenge here is whether it really has been implemented and accepted as part of being a chronic disease by health care practitioners."

Batsis added that obesity needs to be viewed along the lines of hypertension, diabetes, high cholesterol, and other comorbidities.

"We need to consider it as a chronic disease, not as a failure of behavioral management among patients across the entire lifespan," he said. "It's about biology. Everybody is an individual and with each chronic disease, it's a biological basis of what triggers the onset of the disease."

Porter Starr discussed the importance of involving a variety of professionals in the older adult's care team who can go beyond assessment of physiological and metabolic conditions to address social, environmental, and economic risk factors that often go unrecognized.

"We know that our [older adults](#) experience more [social isolation](#) than any other population, with over 50% of individuals 60 years of age an older being at risk for social isolation. We also know that social isolation may limit the nutrient density and amount of foods that are consumed. So, we may see someone who has obesity who is not actually getting all the nutrients that they need because they're eating alone and eating prepackaged meals," she said.

"Transportation is another big issue that we don't always talk about and ask about. Do people have transportation to and from a grocery store? Do they have the ability to get groceries or carry the groceries? Do they have the ability to be able to prepare food?"

Provided by The Gerontological Society of America

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