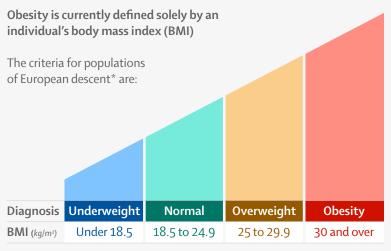
Diagnosing clinical obesity

Limitations of the current definition of obesity



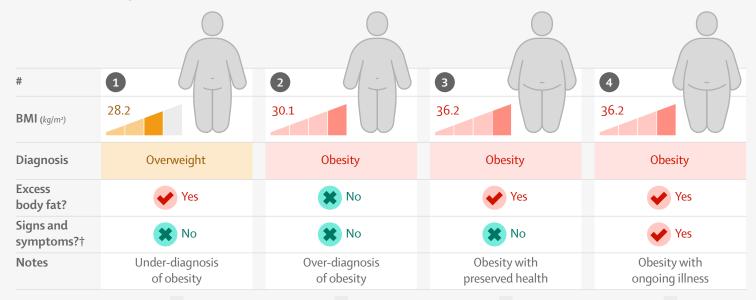
Although BMI is <u>useful</u> for identifying individuals at increased risk of health consequences...

It <u>is not</u> a direct measure of fat

It <u>does not</u> establish the distribution of fat around the body

It <u>cannot</u> determine when excess body fat is a health problem

Relying on BMI alone to establish if someone has obesity is problematic as this can inaccurately classify a person as having or not having excess body fat, and also lead to under-diagnosis of many whose health is impaired and over-diagnosis of many who are healthy.



Limitations of BMI-based diagnosis



People with excess body fat do not always have a BMI above 30, meaning that their health risk can go unnoticed.

Individuals with high muscle mass (eg, athletes) tend to have high BMIs despite normal fat mass. Diagnosing such people as having obesity or a disease is inappropriate. Some people with excess body fat (and high BMI) can nevertheless maintain normal organ function and an unhindered ability to conduct daily activities (hence, they have no illness); others instead manifest objective evidence of ongoing illness. Current definition and measures of obesity do not reflect health/illness at individual level and are therefore inadequate for disease diagnosis.

Read the Lancet Diabetes & Endocrinology Commission on the definition and diagnostic criteria of clinical obesity online at: www.thelancet.com/commissions/clinical-obesity

^{*}Criteria for other ethnic groups are different

Diagnosing clinical obesity

A more accurate and clinically relevant approach

The Commission proposes a new diagnostic approach to obesity that focuses on other measures of body fat and objective signs and symptoms of ill health. The Commission also introduces two new categories of obesity: preclinical obesity and clinical obesity.

Preclinical obesity

A condition of excess body fat associated with variable level of health risk, but no ongoing illness

People living with preclinical obesity:



Have no evidence of reduced organ or tissue function due to obesity



Can complete day-to-day activities unhindered



Are generally at a higher risk of developing diseases, such as:

- Clinical obesity
- Cardiovascular disease
- Some cancers
- Type 2 diabetes

Clinical obesity

A chronic disease due to obesity alone, and characterised by signs and symptoms of ongoing organ dysfunction and/or reduced ability to conduct daily activities

People living with clinical obesity have reduced tissue or organ function due to obesity, such as:



Breathlesness caused by effects of obesity on the heart or lungs

Knee or hip pain with joint stifness

and reduced range

of motion

Clinical obesity



A cluster of metabolic abnormalities



Dysfunction of other organs including kidneys, upper airways, nervous, urinary, and reproductive systems.

Full details of these new categories can be found in the Commission report

The pathophysiology of preclinical and clinical obesity

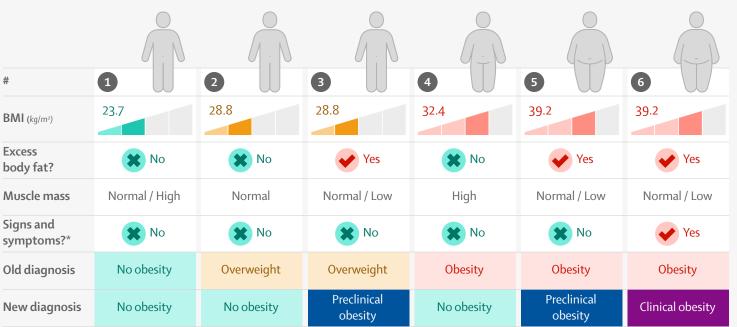
Preclinical obesity

Excess body fat

Alterations of organ structure

Alterations of organ function

Traditional measurement of obesity vs new diagnostic method

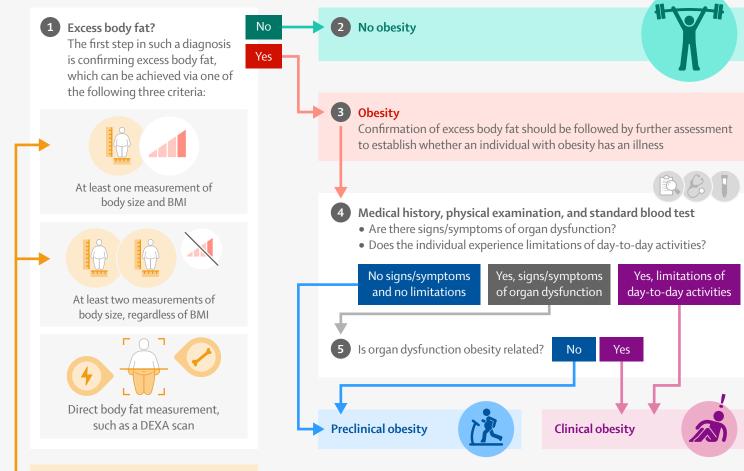


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Diagnosing clinical obesity

Diagnosis and management of clinical and preclinical obesity





Measurements of body size

The commission defines three measurements of body size that can be used to confirm excess body fat:



Waist circumference ≥102 cm for men* ≥88 cm for women*



Waist-to-hip ratio >0.90 for men* >0.85 for women*



Waist-to-height ratio >0.50 for all*

Excess body fat can pragmatically be assumed if BMI is >40 kg/m²

Management

This new diagnosis approach will support evidence-based, personalised prevention and treatment, ensuring more efficient and cost-effective use of resources

Preclinical obesity management

Focus on risk reduction and prevention of progression to clinical obesity or other obesity-related diseases



Health counselling for weight loss or prevention of weight gain



Monitoring over time



Active weight loss interventions in people at higher risk of developing clinical obesity, and other obesity-related diseases

Clinical obesity management

Focus on improvement or reversal of organ dysfunction



Evidence-based treatment and management, with an aim to fully regain or improve functions



Treatment type should be informed by individual risk—benefit assessments and decided via an active discussion with the patient



Success should be assessed by improvement of signs and symptoms, rather than measures of weight loss

Read the Lancet Diabetes & Endocrinology Commission on the definition and diagnostic criteria of clinical obesity online at: www.thelancet.com/commissions/clinical-obesity

*White Caucasians only. Criteria for other ethnic groups may be different