

# Need for individualized and long-term programs for the management of overweight and obese people

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## Editorial

Obesity is a complex metabolic disease<sup>1,2</sup> in which several factors concur: genetics, eating habits, low physical activity, sleep abnormalities, medications<sup>3</sup> and psychological disturbances, such as eating disorders, addictive behaviors and inattention and hyperactivity disorders.

Initially it was considered an aesthetic problem, and its management was aimed at temporary weight loss through calorie restrictions and increased physical activity. After a short period of time, weight regain was observed, even with continued dietary guidelines and physical activity.

Currently, programs aimed at treating obesity are multidisciplinary approaches that include: modifications in eating habits including with the help of psychotherapy,<sup>4</sup> increased physical activity, drugs and invasive procedures such as gastric balloon placement and bariatric surgery, with generally disappointing results, mainly because the therapeutic approaches remains the consequence rather than the cause.

We have to keep in mind that obesity is a chronic and complex disease, which requires a very long treatment, if not throughout the whole life of the person, so this treatment should be carried out by multidisciplinary teams that include: experienced specialist in endocrinology and nutrition, psychologists, psychiatrists, expert bariatric surgeon acting in a coordinated manner.

The first step in the treatment of overweight or obese individuals is the modification of eating and lifestyle habits, including increased physical activity, which should be individualized, including behavior modification techniques<sup>5</sup>, in long-term programs. This form of intervention is basic at any stage of the disease and may be sufficient for people with overweight and grade I obesity.

Another component of the treatment are drugs, the following are approved by almost all countries: Orlistat, Phentermine-Topiramate, Naloxone-Bupropion. Among the drugs, the most effective and safest are incretin agonists, glucose-dependent insulinotropic peptide (GIP), and glucagon-like peptide-1 (GLP-1), both of which directly activate the GLP-1 receptor, leading to improved glucose tolerance and weight loss. The mechanism by which these substances produce weight loss is not fully understood. GLP-1 increases satiety and decreases gastric fullness, and also has a direct effect on adipocytes. GIP positively influences the regulation of lipid deposition in fat tissue and has an effect on the central nervous system.<sup>6-8</sup> Some questions remain to be answered about these drugs, how long do they have to be used?, do the weight loss and other metabolic benefits are lost when treatment is stopped?.

Patients who do not respond to the aforementioned therapies may be susceptible to treatment with devices such as the gastric balloon, reserved for the preparation of the patient for bariatric surgery, as they should indicated for relatively short periods of time. Finally, we

have bariatric surgery in its various forms, which is mainly indicated for patients with grade III obesity, and those with comorbidities, which has to be applied after careful explanation to patients and their relatives about the risk-benefit balance in the patient's specific case.<sup>9</sup>

In conclusion, the treatment of overweight and obese people requires the inclusion in long-term structured programmes managed by experienced professionals to achieve the desired goals, weight loss and correction of concomitant metabolic abnormalities on a permanent basis, with as few side effects as possible.

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## Conflicts of interest

The authors declare no conflicts of interest.

## References

1. Gregg EW, Shaw JE. Global Health effects of overweight and obesity. *N Engl J Med.* 2017;377(1):80–81.
2. Heymsfield SB, Wadden TA. Mechanisms, pathophysiology and management of obesity. *N Engl J Med.* 2017;376(15):1492.
3. Wharton S, Raiber L, Serodio KJ, et al. Medications that cause weight gain and alternatives in Canada: a narrative review. *Diabetes Metabol Syndrom Obes Targ Ther.* 2018;11:427–438.
4. Larranaga A, Garcia-Mayor RV. Psychological treatment for obesity. *Med Clin (Barc.).* 2007;129(10):387–391.
5. Castelnovo G, Pietrabissa G, Manzoni GM, et al. Cognitive behavioral therapy to aid weight loss in obese patients: current perspectives. *Psychol Res Behav Manag.* 2017;10:165–173.
6. Pi-Sunyer X, Astrup A, Fujioka K, et al. A randomized, controlled trial of 3.0 mg of liraglutide in weight management. *N Engl J Med.* 2015;373(1):11–22.

7. Wilding JPH, Beterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity. *N Engl J Med.* 2021;384(11):989–1002.
8. Aminian A, Chang J, Brethaus SA, et al. ASMBS updated position statement on bariatric surgery in class I obesity. *Surg Obes Relat Dis.* 2018;14(8):1071–1087.