

Treating Obesity: What are my options?



Rx

Diet & Exercise

Medicine

Surgery

Let's get started...

Losing weight can be hard. Like so many people, you've probably tried dieting and exercise. Sometimes that works, but it doesn't always last. It's easy to get caught in a cycle of weight loss and gain. It can even feel like your body is fighting you.

It may feel like you've run out of options, but you haven't. You still have many choices. You also have places to go for help. Sometimes it takes the help of a doctor to get you in control of your weight and health, so talk with your doctor today.

The information in this brochure can help explain the different treatment options available to you.

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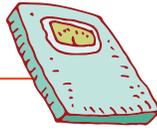
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What is obesity?



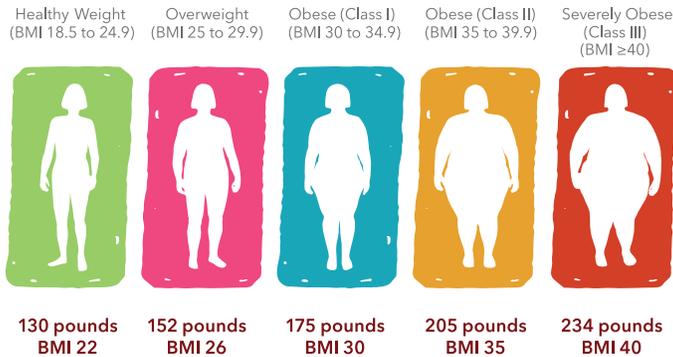
A treatable disease

The *American Society for Metabolic and Bariatric Surgery* defines obesity as a disease in which fat has accumulated to the extent that health is impaired.¹

Obesity can lead to many health-related issues. It is a major cause of type 2 diabetes, heart disease, and other serious health problems.^{2,3} The good news is that obesity can be treated. The first step in treating obesity is understanding what causes it.

What obesity looks like

Since so many people are overweight or obese, it can be difficult to identify which category you fall into. The pictures below show what a woman who is 5'4" would look like at various weight and body mass index (BMI) categories.^{4,5}

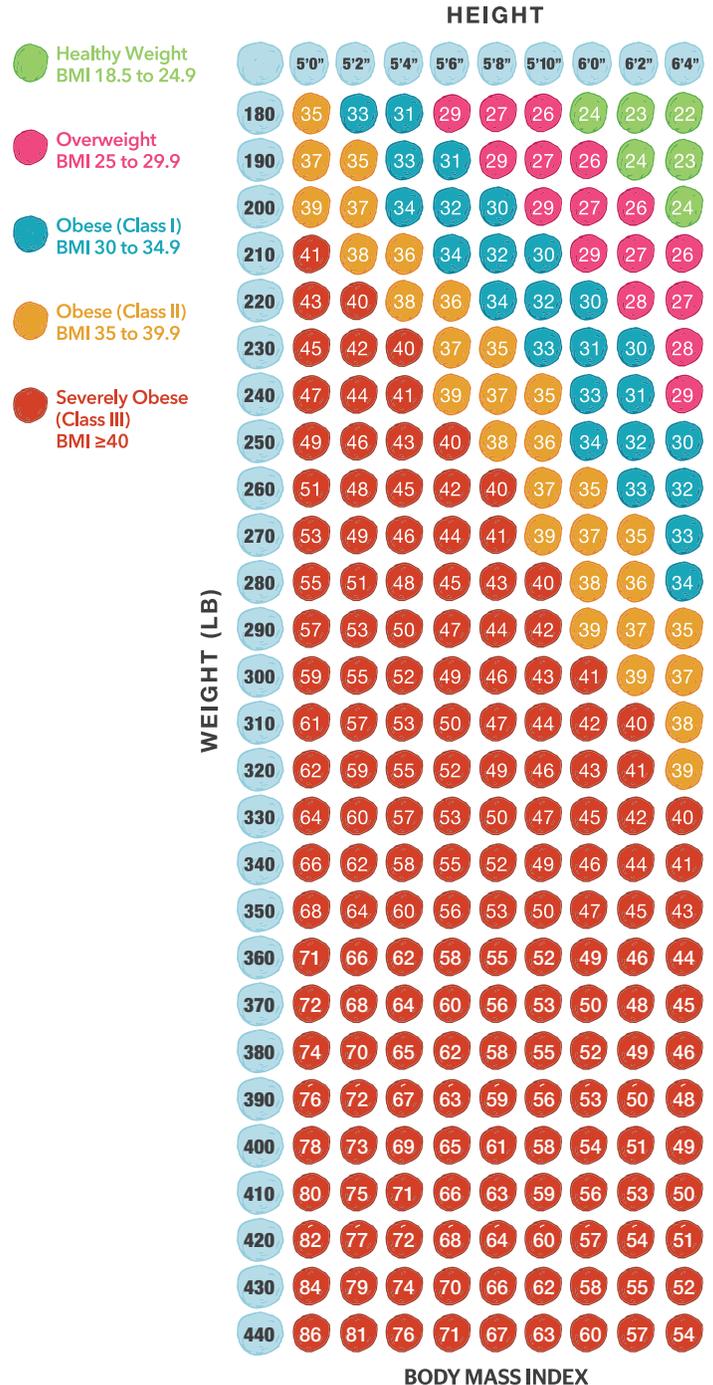


Measuring your BMI

Body mass index calculates the relationship of weight to height and gives you an indication of whether you are obese, overweight, or at a healthy weight for your height. An adult with a BMI of 30 or higher is considered obese.⁶ Obesity becomes severe when an adult is 100 pounds or more over his or her ideal body weight or has a BMI of 40 or higher.^{2,6}

Know your number

The chart below can help you identify your BMI. To estimate your BMI, select your height and weight on the chart. Then see where they meet. That number is your BMI.



BODY MASS INDEX

What does obesity cost?

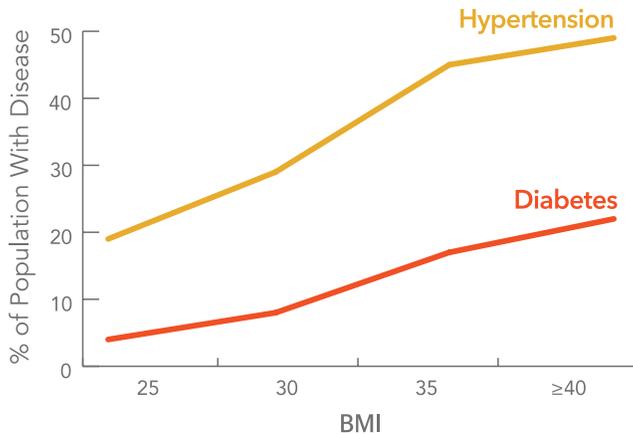


Your health

Obesity affects almost every organ in your body. It can also increase your chances of developing serious health problems such as:

- Type 2 diabetes⁶
- High blood pressure⁶
- High cholesterol levels⁶
- High levels of triglycerides³ (a type of blood fat)⁶
- Heart disease and stroke⁶
- Arthritis or joint disease⁶
- Obstructive sleep apnea⁶

As you can see from the chart below, your risk of developing one or more of these health problems increases as your BMI increases.



For example, diabetes occurs in only 4% of people with a BMI of lower than 25.³ However, 22% of patients with a BMI greater than 40 are diabetic.³

Your well-being

Living with excess weight can also put your emotional and mental health at risk. Feeling hopeless and struggling with depression or anxiety are common among patients with obesity. These feelings should be noticed and, if possible, addressed.

Your money

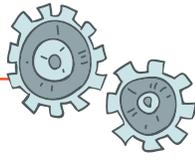
In addition to the negative effects of obesity on your health and well-being, it can also cost you a lot of money.



Patients with obesity may have to spend 50% more on health care than patients without obesity, and 80% more on prescription drugs.^{7,8}

Obesity can be very costly to your health, well-being, and financial situation. It can also have an impact on the way you live your life.

What causes obesity?



Your body's weight control system

Obesity can be caused by a number of factors including genetics, an inactive lifestyle, medications, health conditions, and unhealthy eating habits.⁹ Once you become obese, it is very difficult to lose weight and keep it off, because of the way that your body controls your weight.

Your body has a complex system that manages your weight and body fat levels. Its job is to keep your weight relatively steady around a certain weight range or "set point." This system is designed to ensure that your body weight and fat levels do not become too low. To keep your body weight around your set point, your body sends signals that control your appetite, digestion, energy balance, and metabolism.

Everyone's set point is different. Set points are determined and affected by genetic, developmental, and environmental factors. Set points can change over time and may become too high. When people develop obesity, their set points become too high and their bodies work to maintain this higher weight, even though it's unhealthy. While body systems prevent weight from becoming too low, they do not appear to prevent weight from becoming too high.

When it comes to losing weight, is your set point holding you back?



Why is it so difficult to lose weight and keep it off?

Because your body works to maintain your set point weight to keep you from becoming too thin, it resists your weight loss efforts. This is why so many people struggle to keep weight off with traditional diet and exercise programs. When your weight and body fat levels fall below your set point, your body sends out hormone signals that encourage your body to return to its previous weight.

A *New England Journal of Medicine* study showed that while dieters may initially lose weight, their bodies increase levels of hormones that encourage weight regain in response to the weight loss. These hormones increase appetite, decrease feelings of fullness, and slow down metabolism. The study also found that these hormones had not returned to pre-diet levels even 12 months after the initial weight loss, meaning their bodies were still encouraging weight regain a year after they stopped dieting.¹⁰

Your body's systems make it very difficult for you to keep your weight below your set point following a diet. Without medical intervention, many patients with obesity are unsuccessful in managing their weight and obesity-related conditions. Some treatments for obesity can reset your body's weight management system and lower your set point to enable successful long-term weight loss.

Struggling to lose weight and keep it off long term? It may not be your fault, and there may be many treatment options available to you.

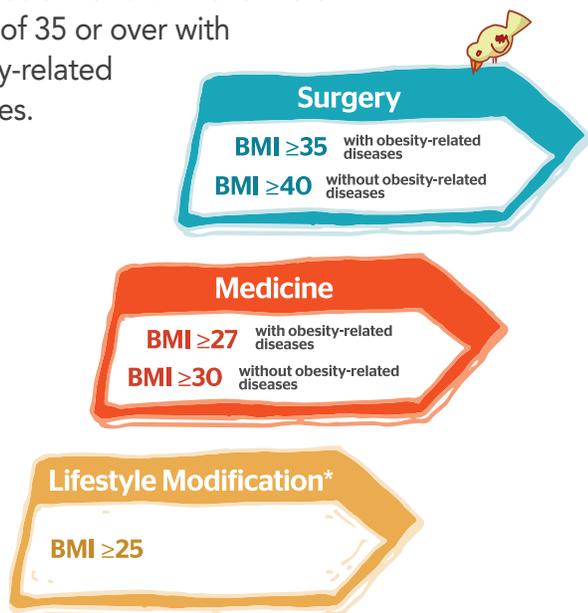
How is obesity treated?



Find the treatment that's right for you

If you are one of those people who can lose weight but have trouble keeping it off, you are not alone. Most people with obesity who try to lose weight with just diet and exercise aren't able to keep the weight off. It eventually comes back. You may need the help of your doctor to help treat your obesity.

Your doctor will consider your BMI and previous weight loss attempts to determine which treatment option is right for you. The figure below shows the current treatment recommendations for patients who are overweight. The first treatments prescribed are typically lifestyle changes. This may include supervised diets, increased physical activity, and/or behavior modifications. Medications may be prescribed for patients who have obesity. Bariatric surgery is a treatment option for individuals with a BMI over 40 or a BMI of 35 or over with obesity-related diseases.



*Diet, physical activity, behavior modification.

Diet and exercise

Changes in diet and exercise habits are the foundation of any obesity treatment plan.

In general, a plan may include:

- Reducing your intake by 500 to 1000 calories per day
- Keeping daily food logs for 4 to 6 weeks
- Weighing in weekly
- Increasing physical activity
- Drinking mostly water

The table below shows typical success rates for common diet programs.

Type of diet	Completing 1 year	Weight loss at 1 year
Atkins ^{®11}	21/40 (53%)	2.1 kg (4 lb)
Zone ^{®11}	26/40 (65%)	3.2 kg (7 lb)
Weight Watchers ^{®11}	26/40 (65%)	3.0 kg (6 lb)
Ornish ¹¹	20/40 (50%)	3.3 kg (7 lb)

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If you are having a hard time losing weight and keeping it off, you may need more than diet and exercise. Many people with obesity need additional help from their doctor or a weight management center. These centers have personalized programs that may include a combination of supervised diet and exercise plans, medicine, surgery, education, and behavioral therapy.

Medicine

If diet and exercise programs don't help with long-term weight loss, you may consider talking with your doctor about different medicines. Medicines approved by the FDA for long-term treatment of obesity can be helpful. They are used as part of a treatment program that can include diet, exercise, and behavior therapy. There are several FDA-approved weight-loss medicines on the market. Medicines available include Xenical®, Adipex-P®, Qsymia®, and Belviq®.

Examples of medicines available include, but are not limited to:

Medicines	Average weight loss	Concerns
Xenical® ¹² (orlistat)	13.4 lb at 1 year	GI symptoms, risk of liver damage
Adipex-P® ¹³ (phentermine)	7.92 lb at 1 year	Monitor blood pressure
Qsymia® ¹⁴ (phentermine/ topiramate extended-release)	5.1%–10.9% of body weight at 1 year	Monitor heart rate
Belviq® ¹⁵ (lorcaserin HCl) CIV	5.8% of body weight at 1 year	Possible risk of cardiac event

GI=gastrointestinal.



Surgical treatments

Surgical treatments have helped thousands of people with severe obesity discover life at a healthier weight. Surgery can also help resolve obesity-related diseases for many patients.¹⁶ Surgery is effective because it lowers the body-weight set point and changes the hormone signals in the body. After surgery, your hormones readjust and send signals to decrease your appetite, increase feelings of fullness, speed up metabolism, and cause healthier food cravings.

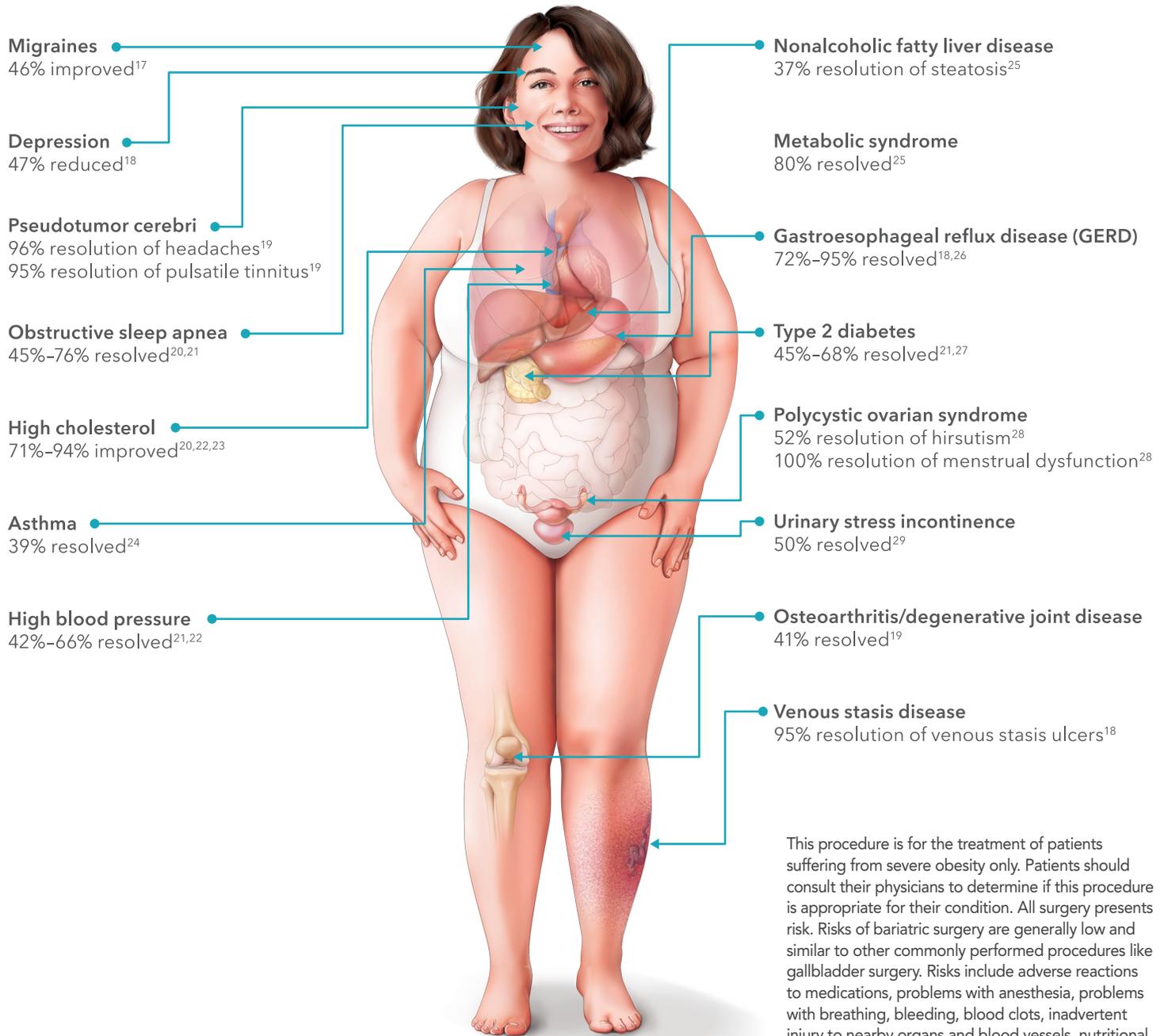
There are several common and effective surgical treatments for obesity. No single surgical treatment is right for all patients. Deciding on which one is best for you should be left up to you and your doctor. The 3 most widely performed surgeries for obesity are:

- Gastric bypass
- Sleeve gastrectomy
- Gastric banding

How surgery helps

Surgical treatments can not only help you lose weight, but also help you become a lot healthier. Surgery has been effective in resolving many different obesity-related diseases.

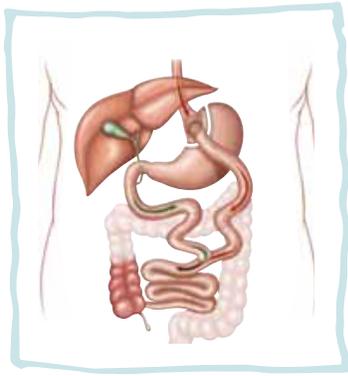
The numbers in the image below represent the percentage of obesity-related diseases that have been shown to be resolved or improved by surgery.



This procedure is for the treatment of patients suffering from severe obesity only. Patients should consult their physicians to determine if this procedure is appropriate for their condition. All surgery presents risk. Risks of bariatric surgery are generally low and similar to other commonly performed procedures like gallbladder surgery. Risks include adverse reactions to medications, problems with anesthesia, problems with breathing, bleeding, blood clots, inadvertent injury to nearby organs and blood vessels, nutritional deficiency, even death.

Gastric bypass

The gastric bypass is the most commonly performed bariatric and metabolic procedure in the world. The gastric bypass works in 2 ways: it creates a physical and chemical change in your body. The physical change reduces the amount of food you eat at one time and where the calories are absorbed during digestion. The chemical change affects the signals in your body that control your blood sugar levels, whether you feel hungry or full and how your body processes food.



When surgeons do a gastric bypass, they make physical changes by creating a small stomach pouch and bypassing, or going past, a section of small intestine.

- The surgeon creates a stomach pouch that makes the stomach a lot smaller and reduces the amount of food it can hold. The smaller stomach size helps you feel full more quickly, which reduces the amount of calories you eat.
- The stomach pouch is then surgically attached to the middle of the small intestine, skipping the rest of the stomach and the upper portion of the small intestine (duodenum). Going past part of the intestine may also limit the amount of calories that are absorbed and sends messages to your brain so you feel full.

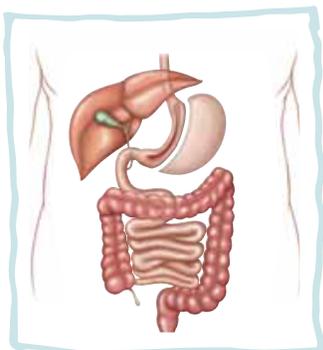
Gastric bypass also changes the chemical signals in your body so you feel less hungry and more full. By reducing the amount of food you can eat and changing the signals in your body, gastric bypass helps reset your body's ability to manage weight. This surgery is referred to as "metabolic," because it helps your body establish a new, lower, healthier body fat set point by changing the signals between the stomach, brain, and liver.

Studies have also shown that the changes from gastric bypass surgery can improve type 2 diabetes before patients even begin to lose weight.²¹

With gastric bypass, patients have been found to have an average 83% decrease in excess body weight within 3 years.³⁰

Sleeve gastrectomy

The sleeve gastrectomy is a bariatric and metabolic procedure that causes weight loss by creating physical and chemical changes in your body.



The sleeve gastrectomy works physically by changing the shape and size of your stomach, reducing the amount of food you eat at one time. Surgeons create a small stomach "sleeve," or pocket. It's about the size of a banana, usually holding about 3 ounces. After the "sleeve" is created, the leftover part of the stomach is removed. When you eat, the food goes from the sleeve to the intestine, where it is absorbed.

The sleeve gastrectomy works chemically by changing the signals your stomach sends to the rest of your body, including your brain. These signals in your body control your blood sugar levels, increase feelings of fullness, decrease hunger, and affect how your body processes and stores the calories from food.

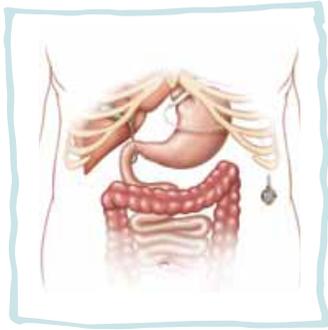
These physical and chemical changes help your body better manage the food you eat and the amount of fat you store. In fact, these changes actually help reset your body's ability to manage fat and weight. Like other metabolic surgeries, the sleeve gastrectomy changes your body's fat set point to a lower, healthier level. The surgery does this by changing the signals between the stomach, brain, and liver.

Sleeve gastrectomy may change your body fat set point and cause weight loss, but it also has an impact on a condition called metabolic syndrome. Metabolic syndrome often comes before type 2 diabetes. Similar to the gastric bypass, studies have also shown that the changes from sleeve gastrectomy can improve metabolic syndrome and type 2 diabetes before patients even begin to lose weight.²¹

Patients have seen an average of
66% decreases in their total excess
body weight with sleeve gastrectomy
over 3 years.³⁰

Gastric banding

Gastric banding is a procedure that helps you lose weight by physically changing the size of your stomach. When your stomach is smaller, it reduces the amount



of food you can eat at one time. Gastric banding may also help you feel full sooner and for longer than usual. As you eat less food, your body will stop storing the excess calories and start using its fat supply for energy.

- During this procedure, the surgeon places a gastric band around the stomach, creating a small stomach pouch above the band and the rest of the stomach below the band.
- The small upper pouch holds about 4 ounces (½ cup) of food, limiting the amount of food that can be eaten at a meal.
- Food goes into the smaller stomach pouch and then continues through the digestive tract in the usual order. This allows the food to be fully absorbed into the body.
- The size of the stomach pouch can be changed by adding or removing saline solution from the band. This is done through a port that is placed below the skin on the abdomen. The tightness of the band affects the amount of time it takes for food to leave the stomach pouch.
- The surgery can be reversed.

Patients have lost an average of 44.6% of their total excess body weight over 3 years with gastric banding.³⁰

Important safety information

This procedure is for the treatment of patients suffering from severe obesity only. Patients should consult their physicians to determine if this procedure is appropriate for their condition. All surgery presents risk. Risks of bariatric surgery are generally low and similar to other commonly performed procedures like gallbladder surgery. Risks include adverse reactions to medications, problems with anesthesia, problems with breathing, bleeding, blood clots, inadvertent injury to nearby organs and blood vessels, nutritional deficiency, even death.

Any surgery—cholecystitis, cholelithiasis, dilated pouch, dysphagia, GERD, incisional hernia, malnutrition, and vitamin and mineral deficiency.

Gastric bypass—nutrient deficiency, anastomotic stenosis, leak or fistula, marginal ulcer/gastritis and stenosis, bowel injury or obstruction, nausea/vomiting, internal/incisional hernia, and pouch dilation.³⁴

Sleeve gastrectomy—gastric leak, intra-abdominal abscess, pulmonary embolism, delayed gastric emptying, splenic injury, stricture, and late choledocholithiasis.³⁵

Gastric banding—gastric perforation, port rotation or leak, band or port-site infection, band obstruction, malposition, nausea/vomiting, and band erosion.³⁴

The percentage of serious events following all 3 types of bariatric surgeries has been found to be below

2%³⁶

The percentage of mortality was less than

.25%³⁶

Typical treatment results

Diet and exercise, medicine, and surgery can be effective treatments for obesity.*

*Potential results based on published data from several recent studies; treatments were not directly compared in head-to-head trials.

Treatment	Average weight loss	Average weight loss
Diet and exercise	-0.1% ³⁷ at 2 years	-1.6% ³⁷ at 10 years
Medicine	3% ¹² at 1 year	2.5% ¹² at 4 years
Surgery	Excess weight loss at 3 years	Excess weight loss at 5 years
Gastric bypass	83% ³⁰	74.8% ³⁰
Sleeve gastrectomy	66.3% ³⁰	65.1% ³⁰
Gastric banding	44.6% ³¹	30% ³²

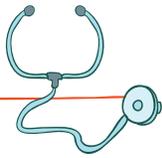
Percent average weight loss = % of total body weight lost as a result of treatment.
Percent excess weight loss = % of body weight in excess of the ideal body weight that is lost as a result of treatment.

For example, a female at 5'6" and 260 pounds weight loss for each treatment could be:

Treatment	Pounds lost	Pounds lost
Diet and exercise	.3 lb (weight gain)	4 lb (weight gain)
Medicine	8 lb	7 lb
Treatment ¹	Pounds lost at 3 years	Pounds lost at 5 years
Gastric bypass	107 lb	96 lb
Sleeve gastrectomy	86 lb	84 lb
Gastric banding	58 lb	39 lb

¹Based upon an ideal weight of 131 lb calculated using the J.D. Robinson Formula (1983): 52 kg + 1.9 kg per inch over 5 feet (male); 49 kg + 1.7 kg per inch over 5 feet (female).

Where do you go from here?



Make an appointment with your doctor

Every day you delay treating obesity, you put your health at risk. No single treatment for obesity is right for everyone. Diet and exercise programs, medicine therapies, and surgery have all been linked to successful weight loss. It's important that both you and your doctor decide together which course of action is right for you. So don't wait—talk with your doctor today about your next steps to success.

Important questions to ask

To understand the different treatments available to you, all it takes is a conversation with your doctor. Make sure you get the most out of your doctor visit by asking these important questions:

- How much weight do I need to lose?
- Will diet and exercise alone help me lose enough weight?
- Should I go to a weight-management clinic?
- What happens if I lose weight and then regain it?
- Is my excess weight the result of a hormonal problem?
- Based on my medical history and BMI, which obesity treatment is best for long-term weight loss?
- Is surgical treatment for obesity an option I should consider?



Learn more about obesity

The resources listed below may help you better understand obesity before you visit your doctor:

- National Institutes of Health
- Obesity Action Coalition
- TheHealthPartner.com/WLS
- The Obesity Society
- Treat Obesity Seriously
- American Society of Metabolic and Bariatric Surgery

In order to better understand the options available to you, it's important to learn as much as you can before you arrange to meet with your doctor.



Have you set up an appointment with your doctor to discuss your treatment plan?

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Why weight?

It's time to take action today. Living with obesity can cause serious damage to you and your health. High blood pressure, type 2 diabetes, and heart disease are just a few health problems caused by obesity. Obesity can not only damage your health; it can also be a major emotional and financial burden.

If you have tried to treat obesity but haven't had long-term success, it might be time for something different. Talk with your doctor about your previous attempts at weight loss, what has worked and what hasn't. There are different treatment options. Together, you'll decide what's right for you.