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Editorial

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CHALLENGES AND NEW DIRECTIONS IN OBESITY MANAGEMENT: LIFESTYLE MODIFICATION PROGRAMMES, PHARMACOTHERAPY AND BARIATRIC SURGERY

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ABSTRACT

Obesity is a growing health problem worldwide, and it is associated with serious medical and psychosocial comorbidities, impairment of health-related quality of life (HRQoL) and an increased risk of mortality. This article aims to discuss challenges faced by health-care providers when managing patients with obesity and to highlight sustainable policies in clinical practice and future research. All health professionals dealing with obesity should consider lifestyle-modification programmes within a multidisciplinary setting as the key element of weight management. However, standardisation is needed in terms of nature, content and duration of these programmes in order to facilitate their implementation in clinical practice at different levels. Moreover, health professionals should be aware that these programmes, for patients indicating “non-response,” can be combined with recently approved anti-obesity drugs such as liraglutide, naltrexone/bupropion, lorcaserin and phentermine/topiramate, as well as with relatively less invasive bariatric surgery techniques such as Lap Band, endoscopic sleeve gastropasty and gastric bypass. In any case, neither anti-obesity medication nor bariatric surgery should be considered as a miracle treatment in itself. At the same time, the field of obesity is still lacking in literature on some hot topics that need further investigation, including (i) a new phenotype termed *sarcopenic obesity*, to clarify its definition, potential health consequences and eventual treatment if necessary; (ii) issues that go beyond body weight, for instance, HRQoL that has been poorly studied in some populations affected by obesity; and (iii) the long-term effect of sleeve gastrectomy technique, which is becoming the most

commonly used bariatric surgical procedure, perhaps to be studied using long-term randomised controlled trials that guarantee completeness of follow-up, in order to avoid misunderstanding and bias in interpretation of results.

Keywords: *Bariatric surgery; Lifestyle modification; Obesity; Sarcopenic obesity; Weight loss; Weight regain*

Obesity is an increasing health problem, becoming one of the most serious conditions worldwide, known to be associated with several comorbidities that lead to an increase in disability and mortality.¹ This has prompted international guidelines that recommend a wide range of weight-loss interventions.² However, despite this, weight regain is common in patients with obesity who have intentionally lost weight, regardless of the type of intervention.³ This editorial aims therefore to discuss challenges faced by health-care providers when managing patients with obesity and to highlight sustainable policies in clinical practice and future research.

Lifestyle modification programmes are considered the key element of weight management for patients with obesity.^{4,5} However, this term is normally used broadly to describe interventions that range from the simple “educational programme” to more sophisticated ones such as behavioural or cognitive behavioural treatment for weight management.⁶ In fact, several so-called lifestyle modification programmes for weight management seem to fail, because they are based on mere dietary and physical activity prescriptions with no structured intervention.⁷ It is stressed that a lifestyle modification programme involves more than diet and exercise; patients with obesity know what to do, but also need to know how.⁷ For this reason, standardisation of lifestyle modification programmes is needed, especially in terms of well-structured content and duration within a multidisciplinary setting.⁷ This will help in testing their effectiveness in a research setting, as well as their implementation in clinical practice.⁷ To achieve this aim, health professionals dealing with patients with obesity need to receive training in valid and well-tested lifestyle

modification programmes in order to be more skilled in the management of obesity. In fact, well-developed and manual-based lifestyle modification programmes are now available and require a relatively short period of training.^{8–12}

Moreover, health professionals should be aware that lifestyle modification programmes, for patients indicating “non-response,” can be combined with recently approved anti-obesity drugs such as liraglutide, naltrexone/bupropion, lorcaserin and phentermine/topiramate,^{13,14} as well as with relatively less invasive bariatric surgery techniques such as Lap Band, endoscopic sleeve gastropasty and gastric bypass.¹⁵ However, the non-reversibility of, and the certain risk involved in, some surgical techniques within this therapeutic option should be clearly discussed,¹⁶ as should the fact that patients are not immune from weight regain in the long term.¹⁷ In any case, neither anti-obesity medication nor bariatric surgery can be considered as a miracle treatment in itself.

At the same time, the field of obesity is still lacking in literature on some hot topics that need further investigation. One of these is the new phenotype termed *sarcopenic obesity*, defined as the increase in body fat mass deposition and the reduction in lean mass and muscle strength.¹⁸ As many uncertainties still surround this condition, studies are needed to define it more precisely and to clarify the potential health consequences and eventual treatment if necessary.¹⁹ Another important area to investigate is health-related quality of life (HRQoL), which seems relatively neglected, at least in some parts of the world.²⁰ In Arabic-speaking countries, for example, especially in the Gulf Cooperation Council countries, very little is known about HRQoL.²⁰ Finally, in view of the

relative lack of data deriving from endoscopic sleeve gastrectomy technique, a third area worth investigating is the long-term effect of this technique. It is becoming the most common bariatric surgical procedure.²¹ Long-term randomised controlled trials could perhaps be held that guarantee the completeness of follow-up with low rates of attrition, in order to avoid misunderstanding and bias in interpretation of results.²¹ The *Journal of Population Therapeutics and Clinical Pharmacology* is seeking quality research with the ultimate aim of providing conclusive, evidence-based answers to these important questions.²¹

CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

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