





MADRID, 6 de octubre de 2015

jcome sano y muévete!





Cambio de paradigma en el tratamiento del sobrepeso y obesidad

Gema Frühbeck

Dpto. de Endocrinología y Nutrición Lab. de Investigación Metabólica

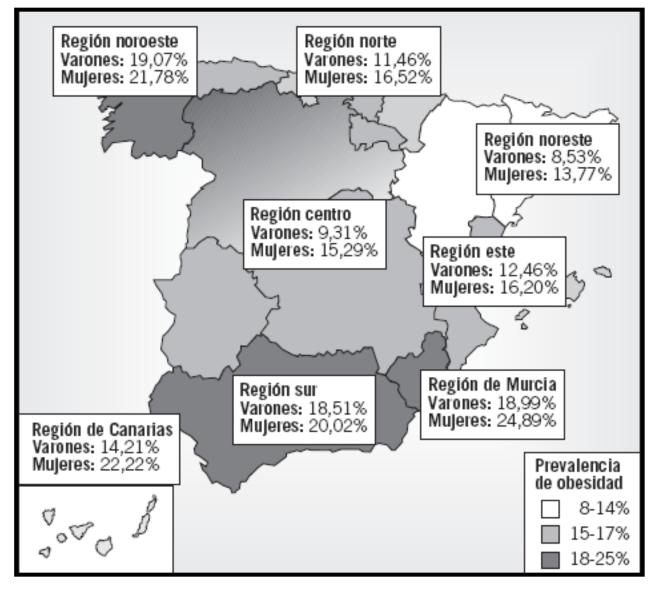








Prevalencia de la obesidad en España





Evolución alarmante de la prevalencia de la obesidad:

ENS (1987): **7,7%**

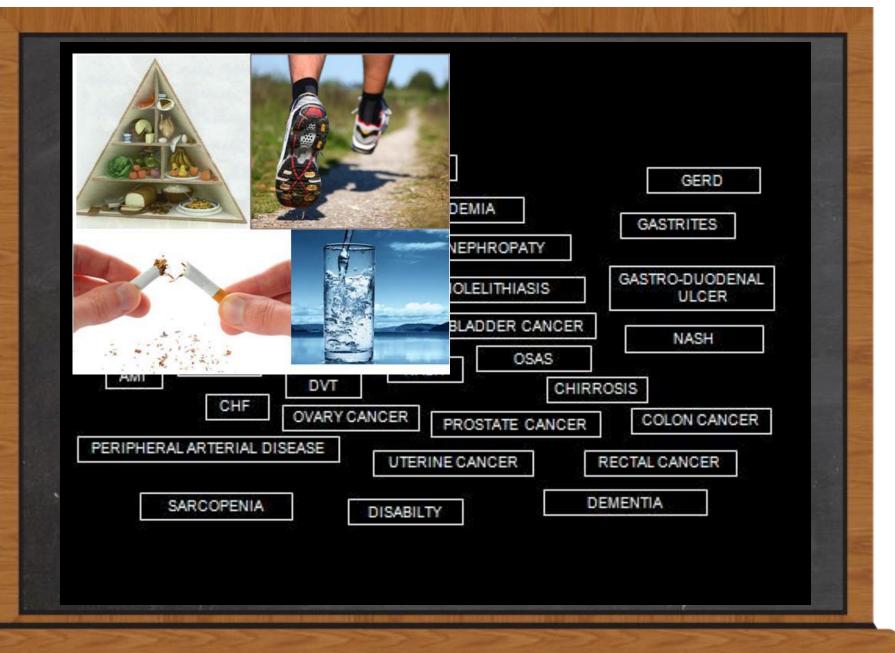
ENS (1993): 9,9%

ENS (2001): **13,6%**

DORICA (2005): **15,5%**

DRECE (2007): **24,0%**

Distribución de la prevalencia de la obesidad (IMC≥30 kg/m²) por región geográfica y sexo en el estudio DORICA

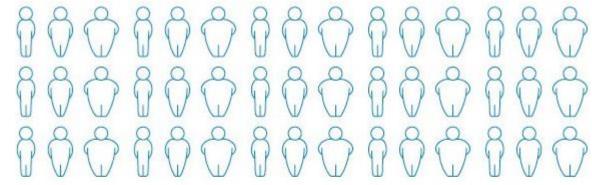


Perception Survey









May 2015

Survey across seven European countries reveals low public awareness of the adverse effects of obesity

OBESITY IDERESTIMATED THREAT

PUBLIC PERCEPTIONS OF OBESITY IN EL





















Survey conducted among 14,000 people in 7 EU countries (Belgium, Denmark, Finland, France, Germany, Italy & UK)

Reveals low public awareness of the adverse effects of obesity, its causes and treatment

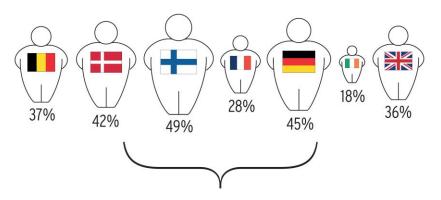
OBESITY AN UNDERESTIMATED THREAT PUBLIC PERCEPTIONS OF OBESITY IN EUROPE



A HIGH PROPORTION OF PEOPLE UNDERESTIMATE THEIR OWN WEIGHT

Many people misjudge their own weight, believing they are in a lower weight category than they are. One in five people who would describe themselves as a normal or healthy weight are technically overweight, and a

third of people who describe themselves as overweight are in fact obese. In Denmark and Finland, nearly half of people who thought they were overweight are in reality classified as obese.



PERCENTAGE OF PEOPLE WHO DESCRIBE THEMSELVES AS OVERWEIGHT
WHO ARE ACTUALLY OBESE

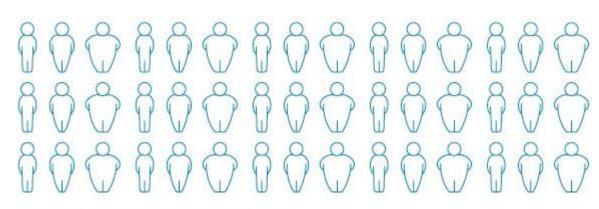


Perception Survey









MISCONCEPTIONS OF OBESITY

One of the 'Misconceptions of Obesity' is that many people in Europe do not realise that it creates many secondary illnesses (also referred to as comorbidities).

84% of people



did not know

that obesity increases the causes of cancer, even when prompted



More than half



did not know

that obesity can increase the risk of stroke



One in four



did not know

that being obese can put you at risk for heart disease, diabetes and high blood pressure





Abordaje Terapéutico Global

Algoritmo clásico

Cambio estilo de vida (personal)

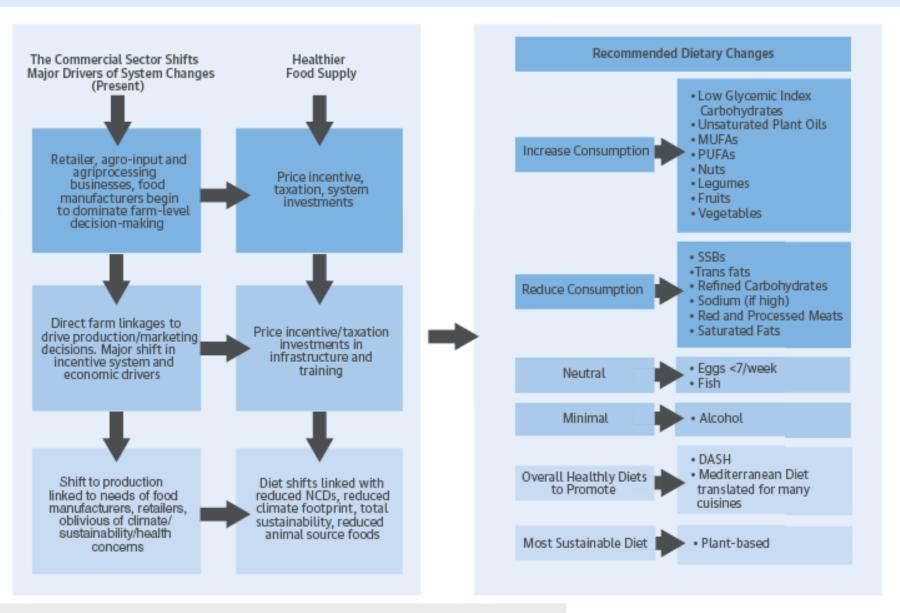
Cambio estilo de vida (indicado x profesional)

Farmacoterapia

Cirugía bariátrica / metabólica

Combinaciones terapéuticas

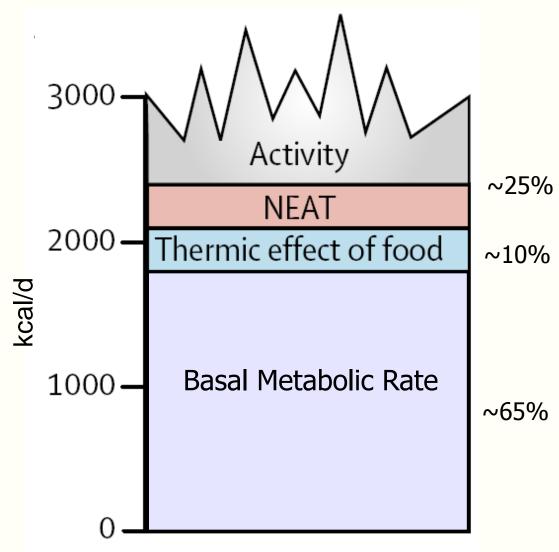
CENTRAL ILLUSTRATION Diet, Cardiovascular Disease, and the Food System: Recommendations for Global Food System Changes Needed to Create a Sustainable Healthy Diet



Anand et al. J Am Coll Cardiol 2015

Componentes del gasto energético

BALANCE ENERGÉTICO = ENERGÍA INGERIDA - GASTO ENERGÉTICO



Frühbeck. Lancet 2005

Actividad física – Recomendaciones

ACSM/AHA Recommendations

Physical Activity and Public Health

Updated Recommendation for Adults From the American College of Sports Medicine and the American Heart Association

William L. Haskell, PhD, FAHA; I-Min Lee, MD, ScD; Russell R. Pate, PhD, FAHA; Kenneth E. Powell, MD, MPH; Steven N. Blair, PED, FACSM, FAHA; Barry A. Franklin, PhD, FAHA; Caroline A. Macera, PhD, FACSM; Gregory W. Heath, DSc, MPH, FAHA; Paul D. Thompson, MD; Adrian Bauman, PhD, MD

Adultos de 18-65 años

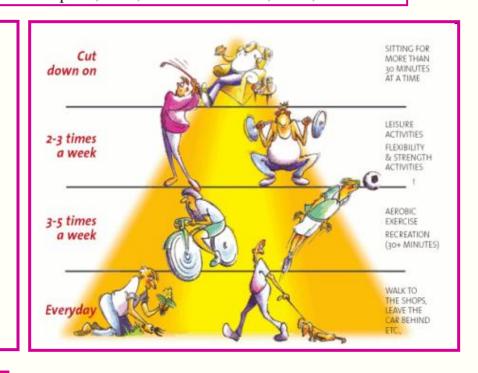
30 min/5 d por semana de ejercicio aeróbico moderado

ó

20-25 min/3 d por semana de ejercicio aeróbico vigoroso

+

2 sesiones semanales de entrenamiento anaerobico



Haskell et al. Circulation 2007

Actividad física – Recomendaciones

ARTÍCULO ORIGINAL

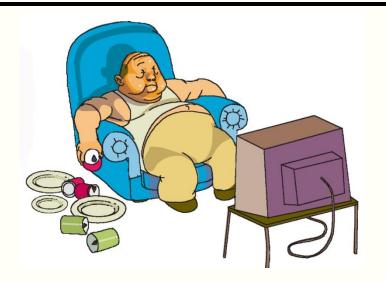
Actividad física de tiempo libre en un país mediterráneo del sur de Europa: adherencia a las recomendaciones y factores asociados

Carmen M. Meseguera, Iñaki Galánb, Rafael Herruzoc, Belén Zorrillaby Fernando Rodríguez-Artalejoc, d

Inactivos 20,4%

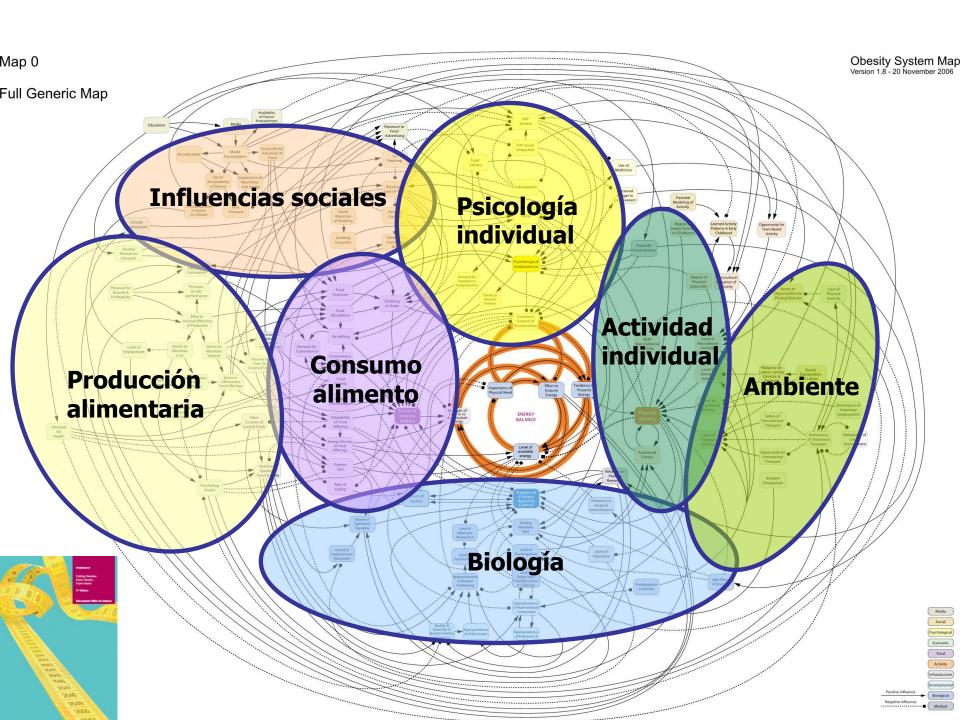
Activos no cumplen 50,8%

Activos cumplen 28,8%



- Encuesta telefónica
- 12.037 personas
- Edad 18-64 años
- Madrid
- Cuestionario de Minnesota

Meseguer at al. Rev Esp Cardiol 2009





Assess Obesity Class and Stage

- Obesity Class (I-III) is based on BMI and is a measure of how BIG the patient is.
- Obesity Stage (0-4) is based on the MEDICAL, MENTAL, and FUNCTIONAL impact of obesity and is a measure of how HEALTHY the patient is.
- Waist circumference provides additional information regarding CARDIOMETABOLIC risk.

Obesity Class

ВМІ	kg/m2
Underwei <mark>ght</mark>	≤18.5
Normal Weight	18.6 - 24.9
Overweight	25.0 - 29.9
Obesity Class I	30.0 - 34.9
Obesity Class II	35.0 - 39.9
Obesity Class III	≥ 40

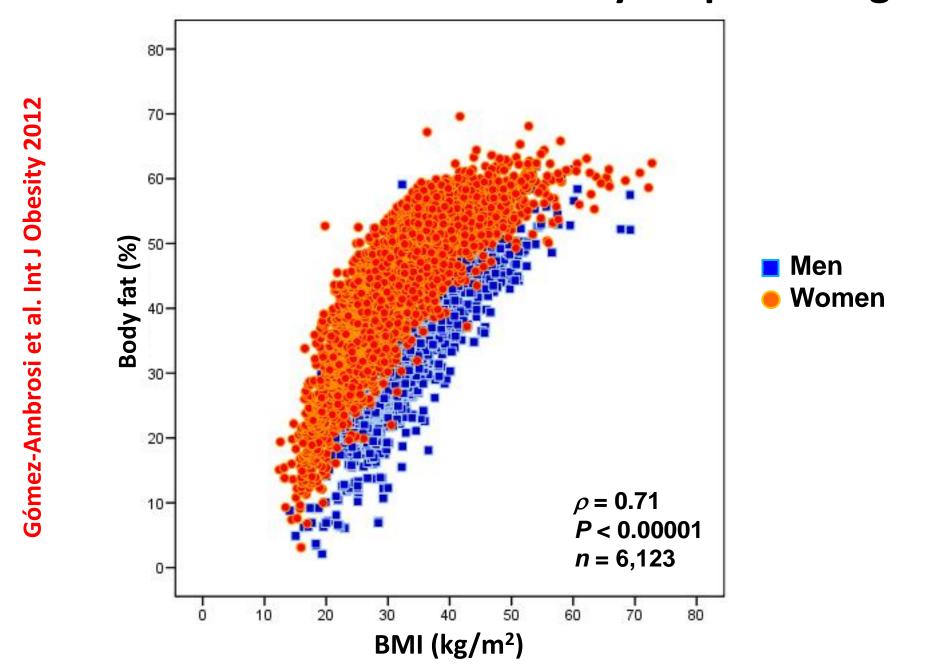
Obesity Stages (EOSS*)

Stage 4: End-Stage Stage 3: End-Organ Damage Stage 2: Established Co-Morbidity Stage 1: Preclinical Risk Factors Stage O: No Apparent Risk Factors

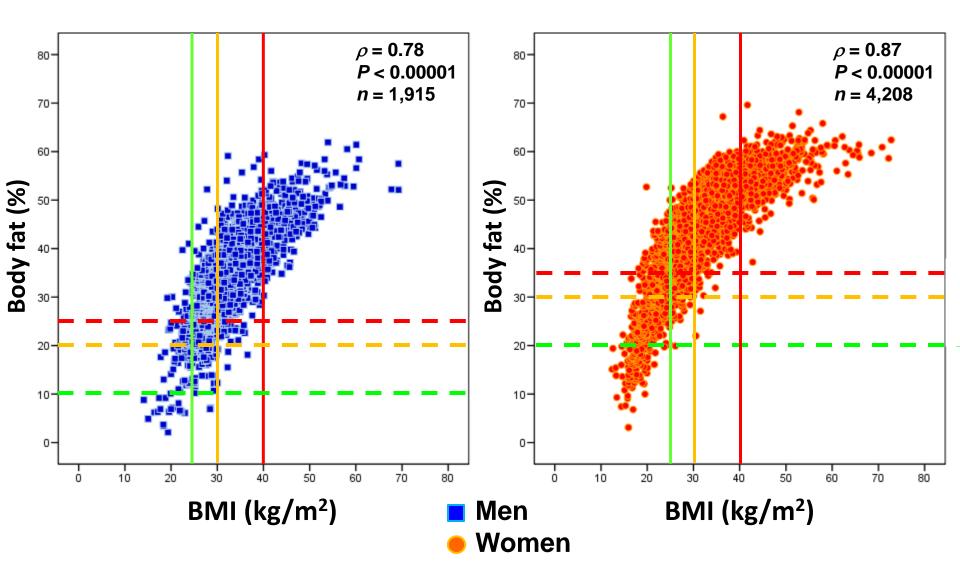
*Edmonton Obesity Staging System

Waist Circumference Risk Threshold: Europid: $\sigma \ge 94$ cm; $\varphi \ge 80$ cm; Asian and Hispanic: $\sigma \ge 90$ cm; $\varphi \ge 80$ cm

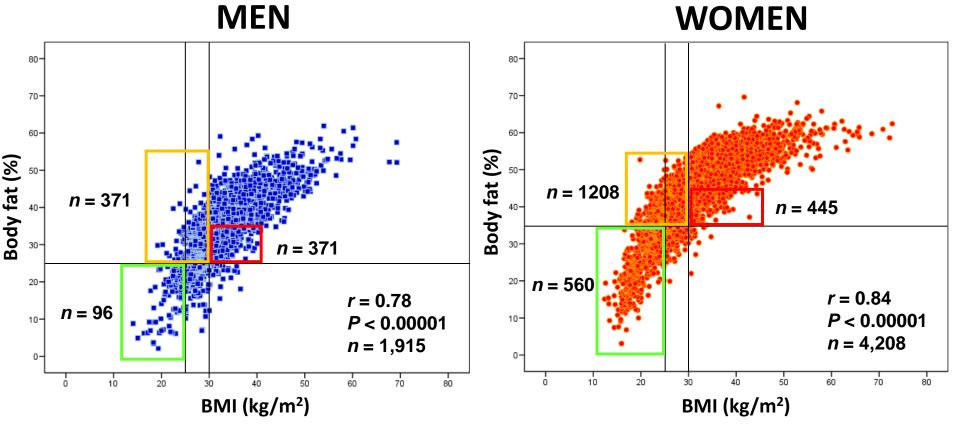
Correlation between BMI & body fat percentage



Correlation between BMI & body fat percentage



Gómez-Ambrosi et al. Int J Obesity 2012



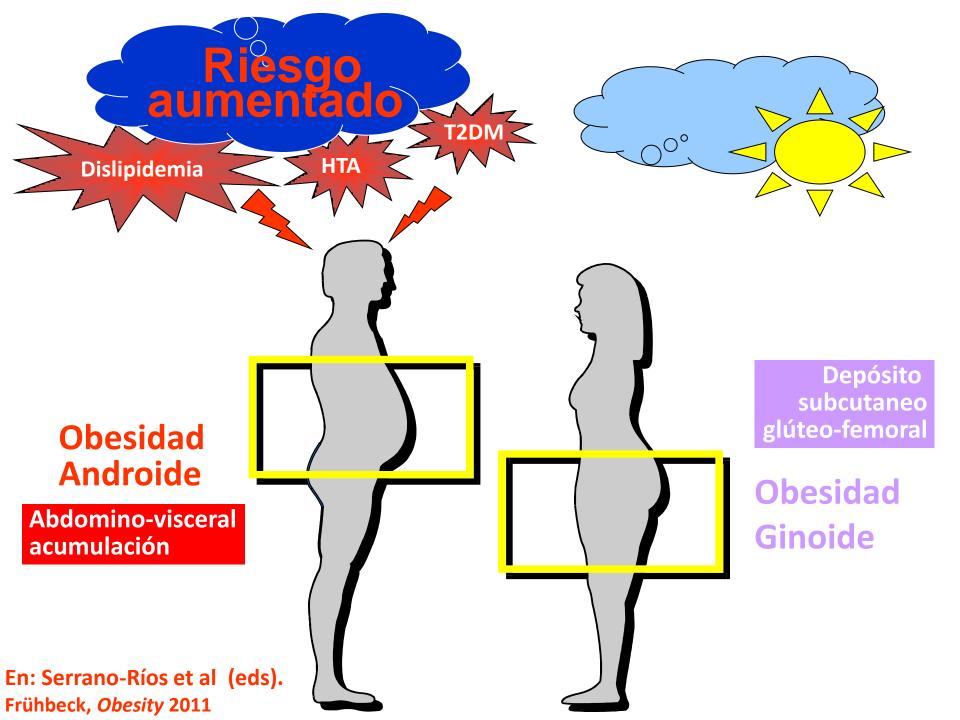
Non-obese subjects by the BMI criterion but obese by BF% exhibit:



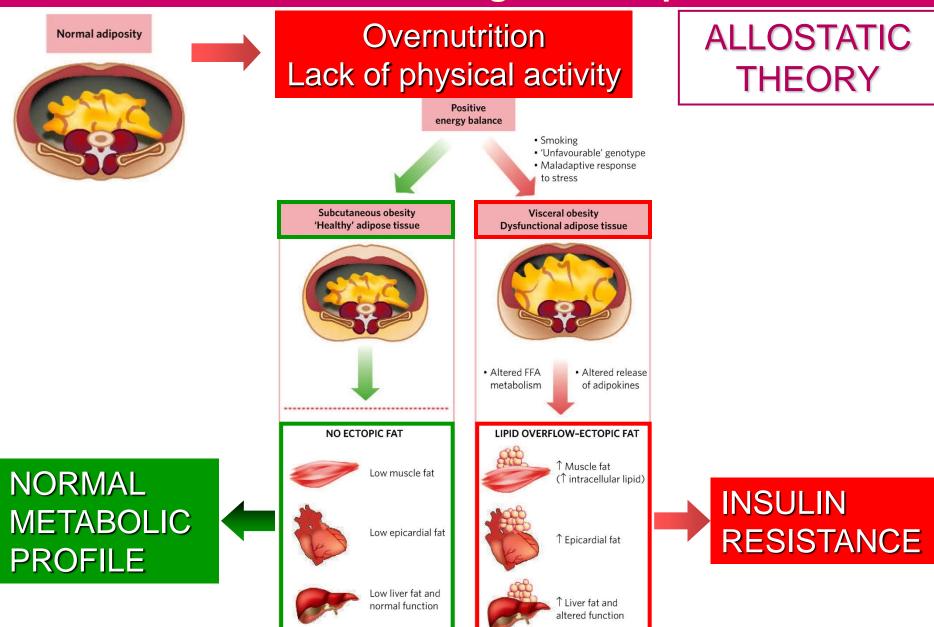
- Waist circumference
- Blood pressure
- Glucose, insulin, triglycerides
- Total cholesterol and LDL-chol. concentrations

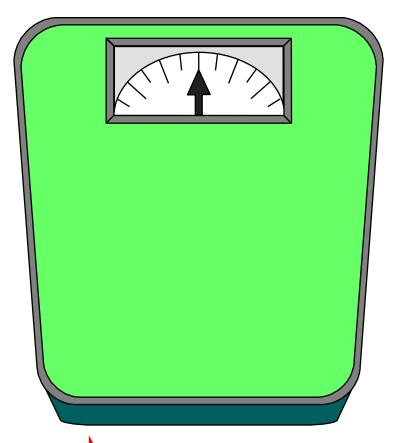


HDL-cholesterol levels

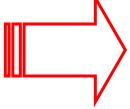


Acumulación de grasa ectópica





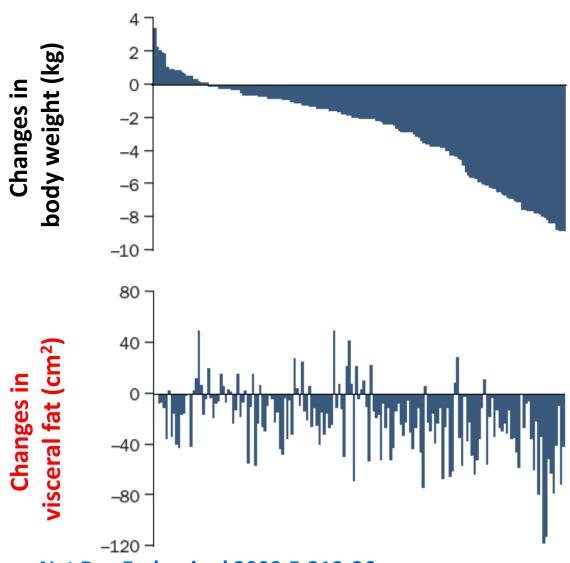




Necesidad de ir más allá del peso y el IMC Tanto en el diagnóstico como seguimiento

Pérdida peso ≠ pérdida grasa visceral!

3-year changes



Ross & Bradshaw, Nat Rev Endocrinol 2009;5:319-26



Retos

Tiempo de acción frente a complacencia

Social

- Cambio de paradigma "problema global frente a individual"
- Estrategias comprehensivas a largo plazo con initiativas multidimensionales "convertir enemigos en aliados"

Profesionales sanitarios

- Educación
- Enfermedad crónica vs "problema estético"
- Objetivos realistas
- Acciones a corto plazo Diagnóstico Tratamiento
- Cambios a largo plazo
 Más Unidades de Obesidad
 Entorno urbano facilitador







Obes Facts 2014;7:408-416

DOI: 10.1159/000370038 Received: October 30, 2014 Accepted: October 31, 2014

Published online: December 5, 2014

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Clinical Information

Need for a Paradigm Shift in Adult Overweight and Obesity Management – an EASO Position Statement on a Pressing public Health, Clinical and Scientific Challenge in Europe

Gema Frühbeck^{a, b} Hermann Toplak^{a, c} Euan Woodward^a Jason C.G. Halford^{a, d} Volkan Yumuk^{a, e}







A Statement of the members of the European Association for the Study of Obesity to EXPO 2015



Gema Frühbeck, on behalf of EASO

A Statement of the members of the European Association for the Study of Obesity to EXPO 2015

Signatories:

EASO	national	Associations:	

Austria Austrian Obesity Association President Prof. Bernhard Ludvik

Belgium Association for the Study of Obesity

President Prof. Dr. Jean-Paul Thissen

Bulgaria Bulgarian Association for Study of Obesity and Related Diseases

President Prof. Svetoslav Handijev

Croatian Obesity Association President Prof. Davor Stimac

Czech Republic Czech Society for the Study of Obesity *President Prof. Martin Haluzik*Denmark Dansk Selskab for Adipositasforskning *President Prof. Jens Bruun*

Finland Finnish Association for the Study of Obesity *President Dr. Kirsi Virtanen*France Association Française d'Etudes et de Recherches sur l'Obesite

President Prof. Olivier Ziealer

Georgian Association for the Study of Obesity President Dr. Ketevan Asatiani

Germany Deutsche Adipositas Gesellschaft *President Prof. Dr. Martin Wabitsch*Greece Hellenic Medical Association for Obesity *President Prof. Anthony Alaveras*

Hungary Hungarian Society for the Study of Obesity President Dr. Eszter Halmy

President Dr. Erla Gerdur Sveinsdóttir

Ireland Association for the Study of Obesity on the Island of Ireland (ASOI)

President Dr. Grace O'Malley

Israeli Society for the Study and Prevention of Obesity

President Prof. Yishai Levy

Italy Societa Italiana dell'Obesita President Prof. Paolo Sbraccia

Macedonia Macedonian Association for Obesity President Prof. Dr. Slavika Subeska

Montenegro Society for Obesity President Dr. Igor Bjeladinovic

Norway Norwegian Association for the Study of Obesity President Prof. Gunnar Mellgren

President Associate Prof. Magdalena Olszanecka-Glinianowicz

Poland Polish Association for the Study of Obesity

Portugal Sociedade Portuguesa para o Estudo da Obesidade

President Prof. Davide Carvalho

Romania Romanian Association for the Study of Obesity

President Associate Prof. Gabriela Roman

Russian National Association of Dieticians and Nutritionists, Working Group for

the Study of Obesity President Prof. Gennadii Ivanovich Storozhakov

Serbian Association for the Study of Obesity President Prof. Dr. Dragan Midc

Slovakia Slovak Obesitology Section of Slovak diabetology Society

President Dr. Lubomira Fabryova

Slovenia Professional Section of the Slovenian Association for Obesity

President Prof. Tina Sentocnik

Spain Sociedad Espanola para el Estudio de la Obesidad

President Prof. Felipe Casanueva

Sweden Swedish Association for the Study of Obesity President Prof. Car-Erik Flodmark

Switzerland Swiss Assosciation for the Study of Metabolism and Obesity

President Prof. Kurt Laederach

Turkey Turkish Association for the Study of Obesity President Prof. Nazif Bagriacik

UK Association for the Study of Obesity President Prof. Pinki Sahota

World Obesity Federation President Prof. Walmir Coutinho (Brazil)

The International Federation for the Surgery of Obesity and Metabolic Disorders European

Chapter President Prof. Alberic Fiennes (UK)

EASO Executive Committee

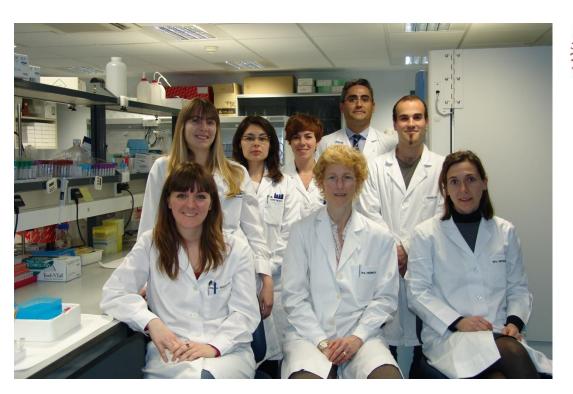
EASO Network of Collaborating Centres for Obesity Management (COMs)



Agradecimientos

Clínica Universidad de Navarra - CIBERobn

Javier Salvador, Camilo Silva, María J. Gil, Víctor Valentí, Rafael Moncada























A STATEMENT ON BEHALF OF MEMBERS OF THE EUROPEAN ASSOCIATION FOR THE STUDY OF OBESITY MADE AT THE 9TH EUROPEAN CONGRESS ON OBESITY, MILAN, ITALY. JUNE 3-6 1999

CALL FOR ACTION ON OBESITY

PREAMBLE

There is great concern about the serious health, social and economic impact of overweight and obesity on individuals and communities within Europe and the rest of the world.

Current estimates indicate that among European adults the prevalence of obesity is on average 15% and in many countries it is rising. In addition a substantial proportion of Europeans are already overweight when judged against WHO criteria. The effect is uneven across Europe. There are very high rates of obesity of 40-50%

in some areas, with national rates ranging from 5-22%. No country has been able to avoid the impact of this widespread disease.

Despite this health burden, few European countries have a comprehensive national strategy for the prevention of weight-related disease or the management of individuals who suffer an existing weight problem. Of particular concern is the proportion of children within Europe who are classified as overweight. Their future health and well being is being put at risk through inaction on this issue.

The current high prevalence and trends in obesity reflect changing lifestyles in a changing environment throughout Europe. The comprehensive management and prevention of obesity can only be achieved by promoting healthier lifestyles, with improved activity levels, a reduction in sedentary lifestyles and improved dietary habits.

- STATEMENT -

In view of the urgent need for action to deal with the epidemic of obesity and weight-related health issues, we members of the European Association for the Study of Obesity, with the support of others, call on governments and health agencies in Europe to:

- · recognize that overweight and obesity are major causes of ill health which present a huge social and economic burden to communities within Europe
- · immediately begin the process of developing comprehensive national and European strategies for action on obesity which take into account the needs of each country, build upon existing initiatives and are based on sound evidence of benefit
- · support continued research and analysis of the problem of overweight and obesity that will inform the development of improved obesity prevention and management strategies
- · increase the provision of health services with professional staff qualified to treat obesity

We also resolve to:

· provide leadership, support and guidance to governments and agencies towards the development of coherent national and Europe-wide strategies for the prevention and management of overweight and obesity

SIGNATORIES -

Austria

Austrian Obesity Association (Oestreichische Adipositasgesellschaft) President Prof. Dr. Herman Toplak

Belgian Assocition for the Study of Obesity President-elect Prof. Dr. Luc Van Gaal

Bulgarian Association for the Study of Obesity Czech Republic

Czech Society for the Study of Obesity (CSSO) Ceská obezitologická spolecnost

President Prof. Doctor Vojtech Hainer

Danish Association for the Study of Obesity (Dansk Selskab For Adipositasforskning DSAF) President Prof. Berit L. Heitmann

Finland

Finnish Association for the Study of Obesity President Prof. Aila Rissanen

Association Française d'Etudes et de Recherches sur l'Obesité (AFERO)

President Prof. Max Lafontan

Deutsche Adipositas-Gesellschaft President Prof. J.G. Wechsler

Hellenic Society for the Study of Obesity President Prof. George Panotopoulos

Hungarian Foundation for the Study of Obesity President Prof. László Halmy

Israel Society for the Study and Prevention of Obesity President Prof. Elliott Berry

Association of Italian Societies for the Study of Obesity

President Prof. Maria Rosa Bollea

Netherlands

Netherlands Association for the Study of Obesity (NASO) President Dr. Marleen van Raak

Norwegian Association for the Study of Obesity President Dr. Serena Tonstad

Polish Society for Pathogenesis and Therapy of Obesity President Prof. Dr. Andrzej Milewicz

Polish Scientific Association of Obesity and Metabolism President Prof. Wiktor B Szostak

Portuguese Society for the Study of Obesity (Sociedade Portuguesa para o estudo da obesidade)

President Dr. José Luis Medina

Roumanian Association for the Study of Obesity, RASO

President Prof. Dr. Nicolae Hâncu

Obesitology Section of the Slovak Society of Diabetology President Prof. Dr. Igor Beño

Spanish Society for the Study of Obesity (SEEDO) President Prof. Dr. Màrius Foz

Swedish Association for the Study of Obesity (Svensk Förening för Obesitasforskning) President Dr. Lauren Lissner

Switzerland

Swiss Association for the Study of Obesity President Dr. Yves Schutz

Turkish Association for the Study of Obesity Prof. Dr. Nazif Bagriacik

United Kingdom

Association for the Study of Obesity President Prof. Ian Macdonald

Yugoslavia

Yugoslav Association for the Study of Obesity President Prof. Dr. Dragan Micic

Prepared in collaboration with

A Statement of the members of the European Association for the Study of Obesity to EXPO 2015

Statement:

It is clear that weight management must now play a major role in reducing morbidity and mortality of populations in Europe and world-wide. EASO resolves to provide leadership, guidance and support to governments, as part of its mission of facilitating and engaging in actions that reduce the burden of unhealthy excess weight in Europe through prevention and management, but a wider effort is needed. EASO therefore calls on governments, health agencies and all relevant stakeholders to:



 Recognise that individuals and communities who are obese require understanding, respect and support.

A Statement of the members of the European Association for the Study of Obesity to EXPO 2015

Statement:

Cont.

- Recognise that overweight and obesity are major causes of ill health which present huge social and economic burdens to European states.
- Recognise that obesity, beyond being in some cases a highly disabling and fatal disease per se, represents a major contributor to NCDs.
- Recognise that by prioritising the prevention and management of obesity, health agencies can cost effectively reduce the burden of NCDs (particularly if management is commenced early in life)
- Adopt and promote a multi-stakeholder approach to identifying and implementing practical solutions for tackling obesity.



A Statement of the members of the European Association for the Study of Obesity to EXPO 2015

Statement:

Cont.

- Prioritise obesity as a national health action, by developing, supporting and implementing national strategies for action on obesity. These strategies must prioritise medical education (undergraduate and HCPs) and public information campaigns.
- Prioritise the identification of critical unmet needs in obesity research, clinical care, education and training and other areas that have yet to be adequately addressed.
- Support national and European research that will inform and develop new and effective prevention and management strategies, thus delivering real societal benefit



CUN-BAE Body Adiposity Estimator

Age (years)

Gender $\binom{\text{male} = 0}{\text{female} = 1}$

Height (m)

Weight (kg)

BMI (kg/m²)

Fill in the marked boxes



Predicted Body Fat %

%

Gómez-Ambrosi et al. Diabetes Care 2012