

New Canadian guidelines for the management of Obesity

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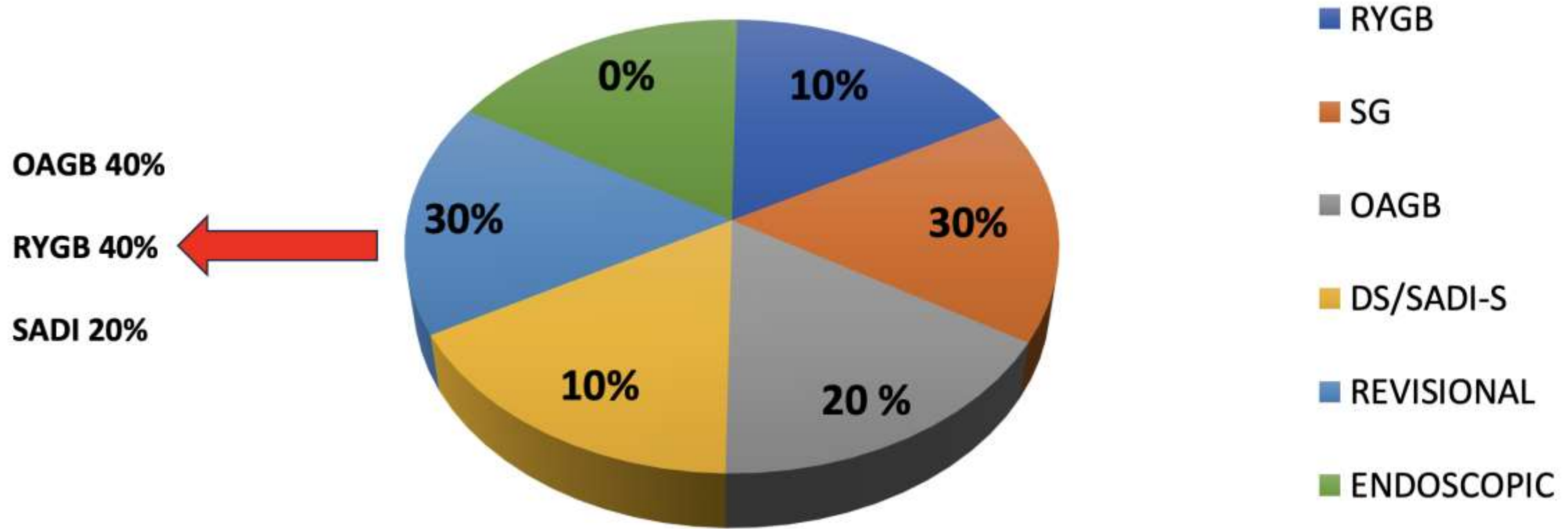
Executive Board Member, IFSO North American Chapter



I have the following potential conflict(s) of interest to report:

- Educationnal Grant from Medtronic
- Speaker for Novo Nordisk

CASE MIX DISCLOSURE





NAPOLI
2023

Health Care System in Canada

- Public system since 1966
- Free medical access
- Managed by each province
- Less than 10 “private” bariatric surgeons in Canada..
- Insurance companies don't convert surgery!

RECOMMANDER
LES BONNES PRATIQUES

RECOMMANDATION

Obésité de l'adulte : prise en charge de 2^e et 3^e niveaux

PARTIE I : PRISE EN CHARGE MÉDICALE

Cette RBP sera complétée en 2023 avec le travail sur la chirurgie bariatrique en cours.



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2023

Prevention and Treatment of Obesity

Evidence-based Guideline of the DDG

Authors:

H. Hauner (responsible), G. Buchholz, A. Hamann, B. Husemann, B. Koletzko, H. Liebermeister, M. Wabitsch, J. Westenhöfer, A. Wirth, G. Wolfram

Editors:

German Obesity Society
German Diabetes Association
German Nutrition Society
German Society for Nutritional Medicine

For the German Diabetes Association: W. A. Scherbaum, W. Kerner



ASMBS Professional Resource Center

62 in Position and Consensus
Statements





XXVI IFSO WORLD CONGRESS



Naples (Italy), August 30-September 1, 2023

IFSO CONSENSUS CONFERENCE 2023: DEFINITIONS AND CLINICAL PRACTICE GUIDELINES

Friday, September 1

h. 09.00 - 10.30

Congress Centre "Mostra d'Oltremare"

Via J. F. Kennedy, 54





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Canadian guidelines for the management of Obesity

- Target users for this guideline are primary health care professionals
- Intended to improve the standard
- Access to care for individuals with obesity in all regions of Canada
- Focused on obesity in adults



Canadian guidelines for the management of Obesity

- Obesity is not officially recognized as a chronic disease by the federal despite declarations by the Canadian Medical Association and the World Health Organization...
- The lack of recognition of obesity as a chronic disease has a trickle-down effect on access to treatment
- Obesity continues to be treated as a self-inflicted condition

The Canadian Adult Obesity Clinical Practice Guidelines (CPGs)

- Patient-centred framework for:
 - healthcare professionals
 - patients
 - policy makers
- First comprehensive update in Canadian obesity guidelines since 2007
- One of the most extensive review of published evidence yet conducted in obesity worldwide



Canadian guidelines for the management of Obesity

- The goal of this update is to disseminate to primary care practitioners evidence-informed options for:
 - assessing people living with obesity
 - treating people living with obesity
- Incorporate interprofessional primary care providers with experts on obesity management and researchers
- This guideline incorporates the perspectives of people with lived experience (patient partner)



5 steps in the patient arc to guide a health care provider

1. Recognition of obesity as a chronic disease
2. Assessment of an individual living with obesity
3. Discussion of the core treatment options
4. Agreement with the person living with obesity regarding goals of therapy
5. Engagement by health care providers with the person with obesity in continued follow-up

THE PATIENT JOURNEY IN OBESITY MANAGEMENT



1

ASK PERMISSION

"Would it be all right if we discussed your weight?"

Asking permission

- Shows compassion and empathy
- Builds patient-provider trust



3

ADVISE ON MANAGEMENT

Medical nutrition therapy

- Personalized counselling by a registered dietitian with a focus on healthy food choices and evidence-based nutrition therapy

Exercise

- 30-60 min of moderate to vigorous activity most days



2

ASSESS THEIR STORY

- Goals that matter to the patient
- Obesity classification (BMI and waist circumference)
- Disease severity (Edmonton Obesity Staging System)



Psychological

- Cognitive approach to behaviour change
- Manage sleep, time and stress
- Psychotherapy if appropriate



Medications

- For weight loss and to help maintain weight loss

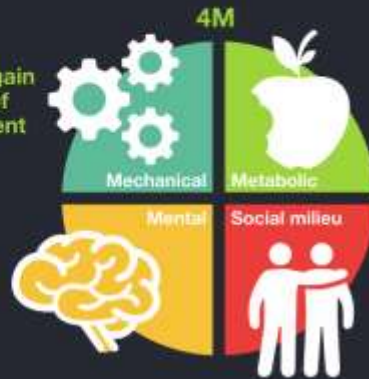


Bariatric surgery

- Surgeon-patient discussion

Treating the root causes of weight gain is the foundation of obesity management

Focus on patient-centred health outcomes versus weight loss alone



4

AGREE ON GOALS

Collaborate on a personalized, sustainable action plan



5

ASSIST WITH DRIVERS AND BARRIERS



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2023

The Canadian Adult Obesity Clinical Practice Guidelines (CPGs)

GUIDELINE **CPD**

Obesity in adults: a clinical practice guideline

Sean Wharton MD, David C.W. Lau MD PhD, Michael Vallis PhD RPsych, Arya M. Sharma MD PhD, Laurent Biertho MD, Denise Campbell-Scherer MD PhD, Kristi Adamo PhD, Angela Alberga PhD, Rhonda Bell PhD, Normand Boulé PhD, Elaine Boyling PhD, Jennifer Brown RD MSc, Betty Calam MD, Carol Clarke RD MHSc, Lindsay Crowshoe MD, Dennis Divalentino MD, Mary Forhan OT PhD, Yoni Freedhoff MD, Michel Gagner MD, Stephen Glazer MD, Cindy Grand MPH, Michael Green MD MPH, Margaret Hahn MD PhD, Raed Hawa MD MSc, Rita Henderson PhD, Dennis Hong MD, Pam Hung MScOT BSc, Ian Janssen PhD, Kristen Jacklin PhD, Carlene Johnson-Stoklossa RD MSc, Amy Kemp BKin BA, Sara Kirk PhD, Jennifer Kuk PhD, Marie-France Langlois MD, Scott Lear PhD, Ashley McInnes PhD, David Macklin MD, Leen Naji MD, Priya Manjoo MD, Marie-Philippe Morin MD, Kara Nerenberg MD MSc, Ian Patton PhD, Sue Pedersen MD, Leticia Pereira PhD, Helena Piccinini-Vallis MD PhD, Megha Poddar MD, Paul Poirier MD, Denis Prud'homme MD MSc, Ximena Ramos Salas PhD, Christian Rueda-Clausen MD PhD, Shelly Russell-Mayhew PhD RPsych, Judy Shiau MD, Diana Sherifali RN PhD, John Sievenpiper MD PhD, Sanjeev Sockalingam MD MHPE, Valerie Taylor MD PhD, Ellen Toth MD, Laurie Twells PhD, Richard Tytus MD, Shahebina Walji MD, Leah Walker BA RCT, Sonja Wicklum MD

■ Cite as: *CMAJ* 2020 August 4;192:E875-91. doi: 10.1503/cmaj.191707

This article is available in French at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.191707/-/DC1

CMAJ Podcasts: author interview at <https://www.cmaj.ca/lookup/doi/10.1503/cmaj.191707/tab-related-content>

- Published in the Canadian Medical Association Journal
- 19 CPG chapters
 - open-source
 - free access and download
 - 2 chapters revised every year
- 80 key recommendations



Composition of participating groups

The executive committee

- 2 co-chairs
- 1 primary care physician
- 1 psychologist
- 1 bariatric surgeon
- 1 nephrologist

Steering committee ($n = 16$)

Chapter leads and chapter authors ($n = 60$)



- Reducing Weight Bias in Obesity Management, Practice and Policy
- Epidemiology of Adult Obesity
- The Science of Obesity
- Prevention and Harm Reduction of Obesity (Clinical Prevention)
- Enabling Participation in Activities of Daily Living for People Living with Obesity
- Assessment of People Living with Obesity
- The Role of Mental Health in Obesity Management
- Medical Nutrition Therapy in Obesity Management [Updated 2022]
- Physical Activity in Obesity Management
- Effective Psychological and Behavioural Interventions in Obesity Management
- Pharmacotherapy in Obesity Management [Updated 2022]
- Bariatric Surgery: Selection and Preoperative Work-up
- Bariatric Surgery: Surgical Options and Outcomes
- Bariatric Surgery: Postoperative Management
- Primary Care and Primary Healthcare in Obesity Management
- Commercial Products and Programs in Obesity Management
- Emerging Technologies and Virtual Medicine in Obesity Management
- Weight Management over the Reproductive Years for Adult Women Living with Obesity
- Obesity Management with Indigenous Peoples

CHAPTER 12

Bariatric Surgery: Selection & Pre-Operative Workup

Stephen Glazer MDⁱ, Laurent Biertho MDⁱⁱ

- i) Department of Internal Medicine, University of Toronto
- ii) Department of Surgery, Laval University

RECOMMENDATIONS

- We suggest a comprehensive medical and nutritional evaluation be completed and nutrient deficiencies corrected in candidates for bariatric surgery (Level 4, Grade D).^{1,2}
- We suggest sleep apnea be treated in candidates for bariatric surgery (Level 4, Grade D).^{4,5}
- Pre-operative smoking cessation can minimize post-operative complications (Level 2a, Grade B).³

KEY MESSAGES FOR HEALTHCARE PROVIDERS

- Criteria for selection of appropriate candidates for bariatric surgery have been established to minimize surgical complications and to maximize the benefit of these impor

KEY MESSAGES FOR PEOPLE LIVING WITH OBESITY

- Bariatric surgery is the beginning of a life-long journey. You should educate yourself about the necessary changes required to optimize your long-term outcomes for a healthier life.
- Before surgery you will be asked to perform several investigations, such as blood work and cardiac or pulmonary
- You must understand the risks and benefits of surgery before your surgery.
- If you have any medical conditions, you should discuss them with your doctor before surgery.

Obesity Management and Indigenous Peoples

Rita Isabel Henderson PhD MAⁱ, Elaine Boyling PhDⁱ, Ashley McInnes PhD MAⁱ, Michael Green MD MPHⁱⁱ, Kristen Jacklin PhDⁱⁱⁱ, Leah Walker BA, RCT^{iv}, Betty Calam MD MCISc^v, Ellen Toth MD^{vi}, Lynden (Lindsay) Crowshoe MD^{vii}

RECOMMENDATIONS

We suggest that healthcare providers for Indigenous people living with obesity:

- Engage with patient social realities.
- Validate the patient's experiences of stress and systemic disadvantage influencing poor health and obesity, exploring elements of their environment where reduced stress could shift behaviours (Level 4, Grade D, Consensus).
- Advocate for access to obesity management resources within publicly funded healthcare systems, recognizing that resources beyond may be unaffordable and unattainable for many (Level 4, Grade D, Consensus).
- Help patients recognize that good health is attainable, and they are entitled to it (Level 4, Grade D, Consensus).
- Negotiate small attainable steps relevant to the patient's context (Level 4, Grade D, Consensus).
- Address resistance, seeming apathy and paralysis in patients and providers (Level 4, Grade D (Consensus)).
- Self-reflect on anti-Indigenous sentiment common within healthcare systems, exploring patient motivations and mental health (e.g., trauma, grief) as alternative understandings of causes and solutions to their health problems. Explore one's own potential for bias influenced by systemic racism (Level 4, Grade D, Consensus).
- Expect patient mistrust in health systems; reposition yourself as a helper to the patient instead of as an expert, which may stir resistance and be a barrier to their wellness (Level 4, Grade D, Consensus).

Table 1 (part 3 of 5): Recommendations on management of obesity in adults*

Recommendations		Category of evidence and strength of recommendation†
Pharmacotherapy in obesity management		
35	Pharmacotherapy for weight loss can be used for persons with BMI ≥ 30 kg/m ² or BMI ≥ 27 kg/m ² with adiposity-related complications, in conjunction with medical nutrition therapy, physical activity and psychological interventions (liraglutide 3.0 mg, naltrexone-bupropion combination, orlistat).	Level 2a, grade B
36	Pharmacotherapy may be used to maintain weight loss that has been achieved by health behaviour changes, and to prevent weight regain (liraglutide 3.0 mg or orlistat).	Level 2a, grade B
37	For people living with type 2 diabetes and a BMI ≥ 27 kg/m ² , pharmacotherapy can be used in conjunction with health behaviour changes for weight loss and improvement in glycemic control: liraglutide 3.0 mg (level 1a, grade A), naltrexone-bupropion combination (level 2a, grade B), orlistat (level 2a, grade B).	See recommendation
38	We recommend pharmacotherapy in conjunction with health behaviour changes for people living with prediabetes and overweight or obesity (BMI ≥ 27 kg/m ²) to delay or prevent type 2 diabetes (liraglutide 3.0 mg, orlistat).	Level 2a, grade B
39	We do not suggest the use of prescription or over-the-counter medications other than those approved for weight management.	Level 4, grade D (consensus)
40	For people living with overweight or obesity who require pharmacotherapy for other health conditions, we suggest choosing drugs that are not associated with weight gain.	Level 4, grade D (consensus)
Bariatric surgery: selection and preoperative workup		
41	We suggest that a comprehensive medical and nutritional evaluation be completed and nutrient deficiencies corrected in candidates for bariatric surgery.	Level 4, grade D
42	Preoperative smoking cessation can minimize perioperative and postoperative complications.	Level 2a, grade B
43	We suggest screening for and treatment of obstructive sleep apnea in people seeking bariatric surgery.	Level 4, grade D
Bariatric surgery: surgical options and outcomes		
44	Bariatric surgery can be considered for people with BMI ≥ 40 kg/m ² or BMI ≥ 35 kg/m ² with at least 1 adiposity-related disease (level 4, grade D, consensus) to: <ul style="list-style-type: none"> • Reduce long-term overall mortality (level 2b, grade B) • Induce significantly better long-term weight loss compared with medical management alone (level 1a, grade A) • Induce control and remission of type 2 diabetes, in combination with best medical management, over best medical management alone (level 2a, grade B) • Significantly improve quality of life (level 3, grade C) • Induce long-term remission of most adiposity-related diseases, including dyslipidemia (level 3, grade C), hypertension (level 3, grade C), liver steatosis and nonalcoholic steatohepatitis (level 3, grade C). 	See recommendation
45	Bariatric surgery should be considered in patients with poorly controlled type 2 diabetes and class I obesity (BMI between 30 and 35 kg/m ²) despite optimal medical management.	Level 1a, grade A
46	Bariatric surgery may be considered for weight loss and/or to control adiposity-related diseases in persons with class I obesity, in whom optimal medical and behavioural management has been insufficient to produce significant weight loss.	Level 2a, grade B
47	We suggest that the choice of bariatric procedure (sleeve gastrectomy, gastric bypass or duodenal switch) be decided according to the patient's need, in collaboration with an experienced interprofessional team.	Level 4, grade D (consensus)
48	We suggest that adjustable gastric banding not be offered owing to unacceptable complications and long-term failure.	Level 4, grade D
49	We suggest that single anastomosis gastric bypass not be routinely offered, owing to long-term complications in comparison with Roux-en-Y gastric bypass.	Level 4, grade D

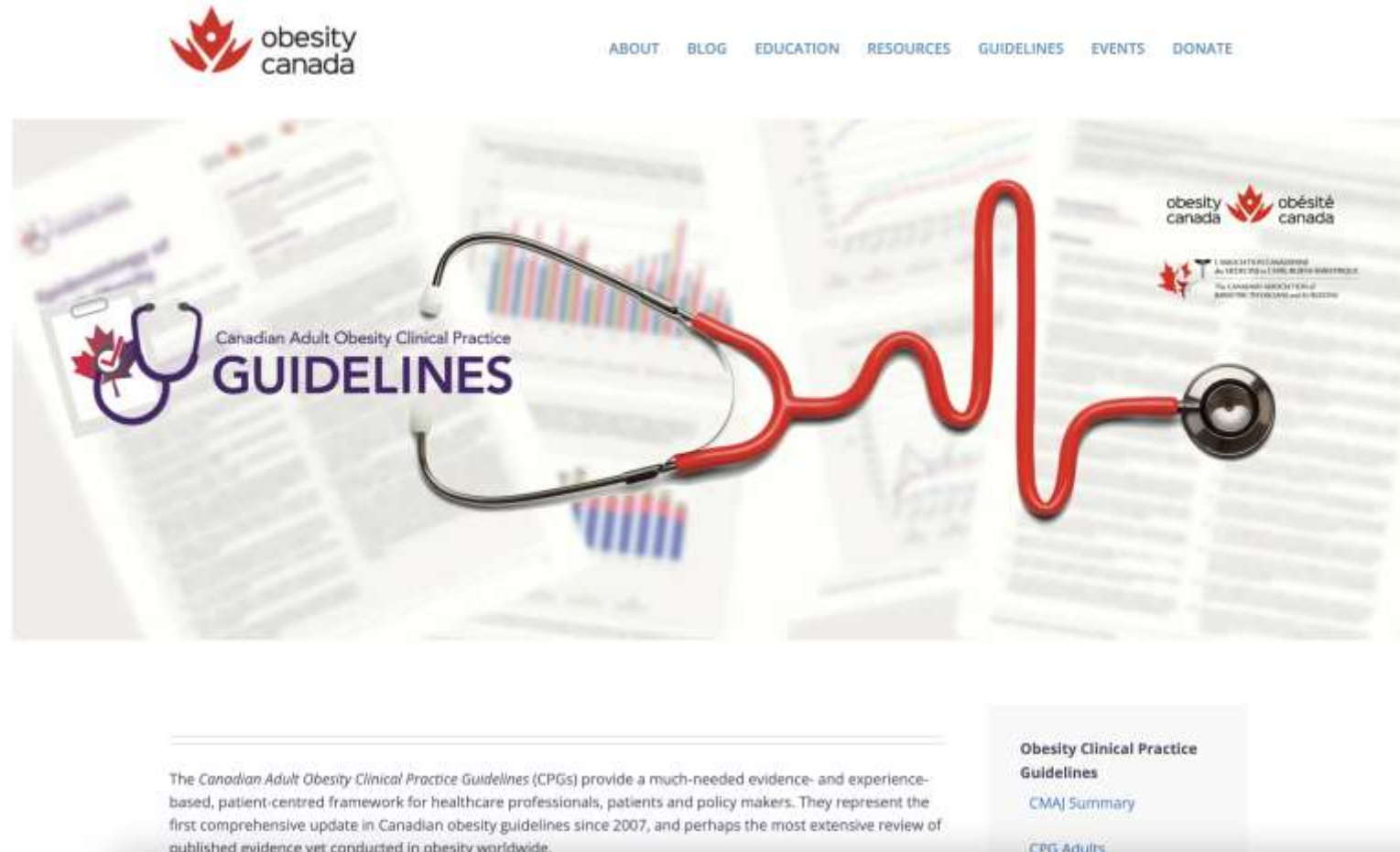
Table 3: Definitions of actionable verbs used in the recommendations⁸²⁻⁸⁴

Grade level	Suggested terms
Level 1, grade A recommendations	Use the term “should”
Level 2, grade B recommendations	Use the terms “may” or “can”
Level 3, grade C recommendations	Use the term “recommend”
Level 4, grade D and consensus recommendations	Use the term “suggest”

Implementation

Obesity Canada and the Canadian Association of Bariatric Surgeons and Physicians (CABPS) have created a joint guideline website that hosts the full guideline

<http://obesitycanada.ca/guidelines>





Chilean Healthcare NGOs Release Adaptation of Exhaustive Canadian Obesity Guidelines: Press Release

By [Nicole Pearce](#) | November 14th, 2022 | Categories: [Canadian Adult Clinical Practice Guidelines](#) | Tags: [Chile](#), [CPGs](#), [featured](#), [guidelines](#)

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Irish Health Organizations Launch Adaptation of Landmark Canadian Obesity Guidelines: Press Release

By [Nicole Pearce](#) | October 25th, 2022 | Categories: [Canadian Adult Clinical Practice Guidelines](#) | Tags: [cpg](#), [featured](#), [guidelines](#), [ireland](#)

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Updating the Canadian clinical practice guideline for managing pediatric obesity: a protocol

Bradley C. Johnston PhD, Roah Merdad MBBS MSc, Diana Sherifali PhD RN, Maryam Kebbe PhD, Catherine S. Birken MD MSc, Annick Buchholz PhD, Long Ge PhD, Nicole D. Gehring MSc, Stasia Hadjiyannakis MD, Jill Hamilton MD, Dawn Hatanaka MA, Mélanie Henderson PhD MD, Tracy Lebel, Sarah A. Moore PhD, Katherine M. Morrison MD, Ximena Ramos Salas PhD, Meghan Sebastianski PhD, Ian S. Zenlea MD MPH, Geoff D.C. Ball PhD RD

Abstract

Background: Since the first national guideline for managing obesity in adults and children in Canada was published in 2007, new evidence has emerged and guideline standards have evolved. Our purpose is to describe the protocol used to update the Canadian clinical practice guideline for managing pediatric obesity.

Methods: This guideline will update the pediatric components of the 2007 Canadian clinical practice guideline for the management of obesity. In partnership with Obesity Canada, we began preliminary work in 2019; activities are scheduled for completion in 2022. The guideline will follow standards developed by the National Academy of Medicine and the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) working group. Guideline development will be informed by 5 complementary literature reviews: a scoping review that focuses on clinical assessment in pediatric obesity management and 4 systematic reviews to synthesize evidence regarding families' values and preferences as well as the safety and effectiveness of interventions (psychological and behavioural; pharmacotherapeutic; and surgical). We will use standard systematic review methodology, including summarizing and assessing the certainty of evidence and determining the strength of recommendations. Competing interests will be managed proactively according to recommendations from the Guidelines International Network. Diverse stakeholders, including families and clinicians, will be engaged throughout guideline development.

Interpretation: The guideline will support Canadian families and clinicians to make informed, value-sensitive and evidence-based clinical decisions related to managing pediatric obesity. The guideline and accompanying resources for end-users will be published in English and French, and we will partner with Obesity Canada to optimize dissemination using integrated and end-of-project knowledge translation.

CONCLUSION

- Obesity is a prevalent, complex chronic disease that affects a large number of adults in Canada and globally
- Small fraction of people living with obesity who could benefit from treatment have access to care
- This updated evidence-informed guideline is an attempt to enhance access and care
 - reducing weight bias and stigma
 - understanding the root causes of obesity
 - supporting patient-centred behavioural
 - interdisciplinary care teams is essential

MERCI!

