IFSO

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

ifso2026.org

FROM CHOICE TO DESIGN

Moving Beyond Either/Or in Obesity Treatment

Carlos A Schiavon, MD, FACS

OBESIDADE BRASIL
MUDANDOVIDAS

A Beneficência Portuguesa de São Paulo

Disclosure

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XXIX IFSO World Congress
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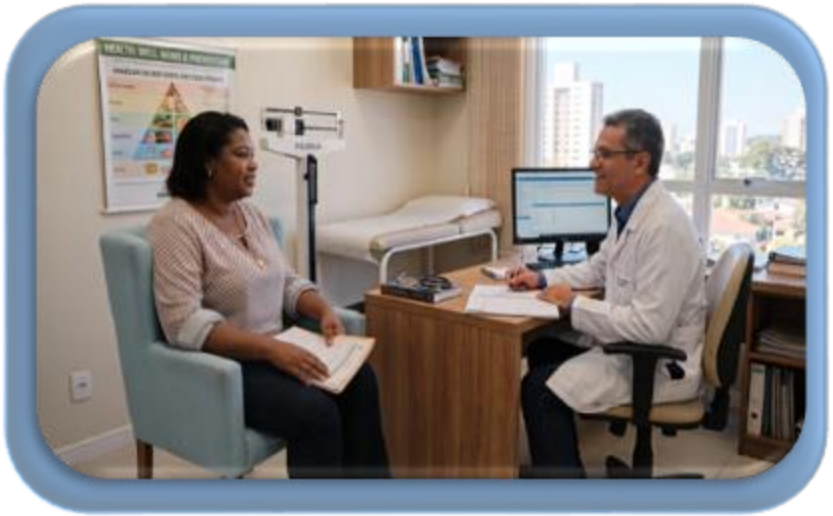
NOTHING TO DISCLOSE

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

In the past (and even today), obesity treatment was often framed as a binary conflict. You were(are) either pursuing lifestyle modifications (diet and exercise) or you were(are) seeking medical interventions, like bariatric surgery or OMMs.

A Fork in the Road

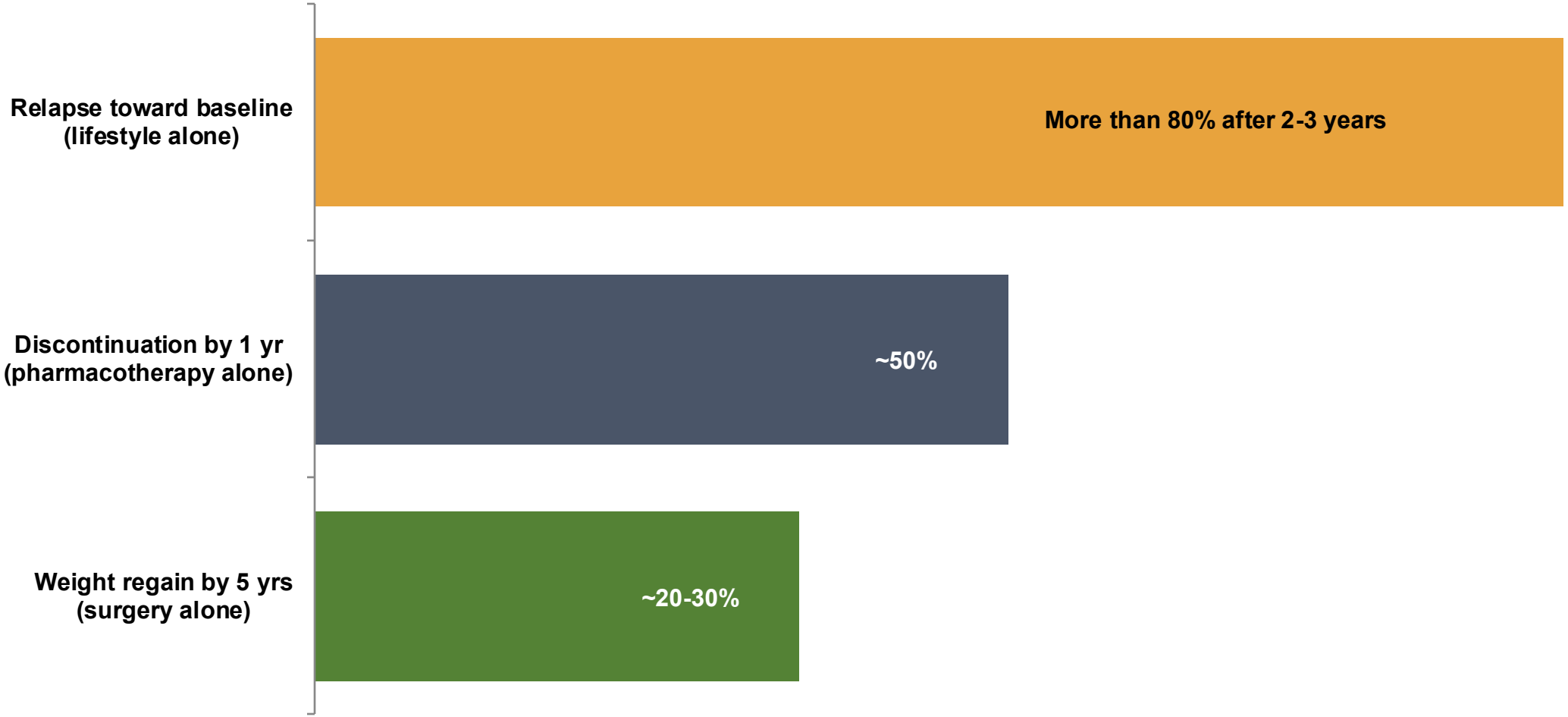


"Eat less, Move more"

Medication

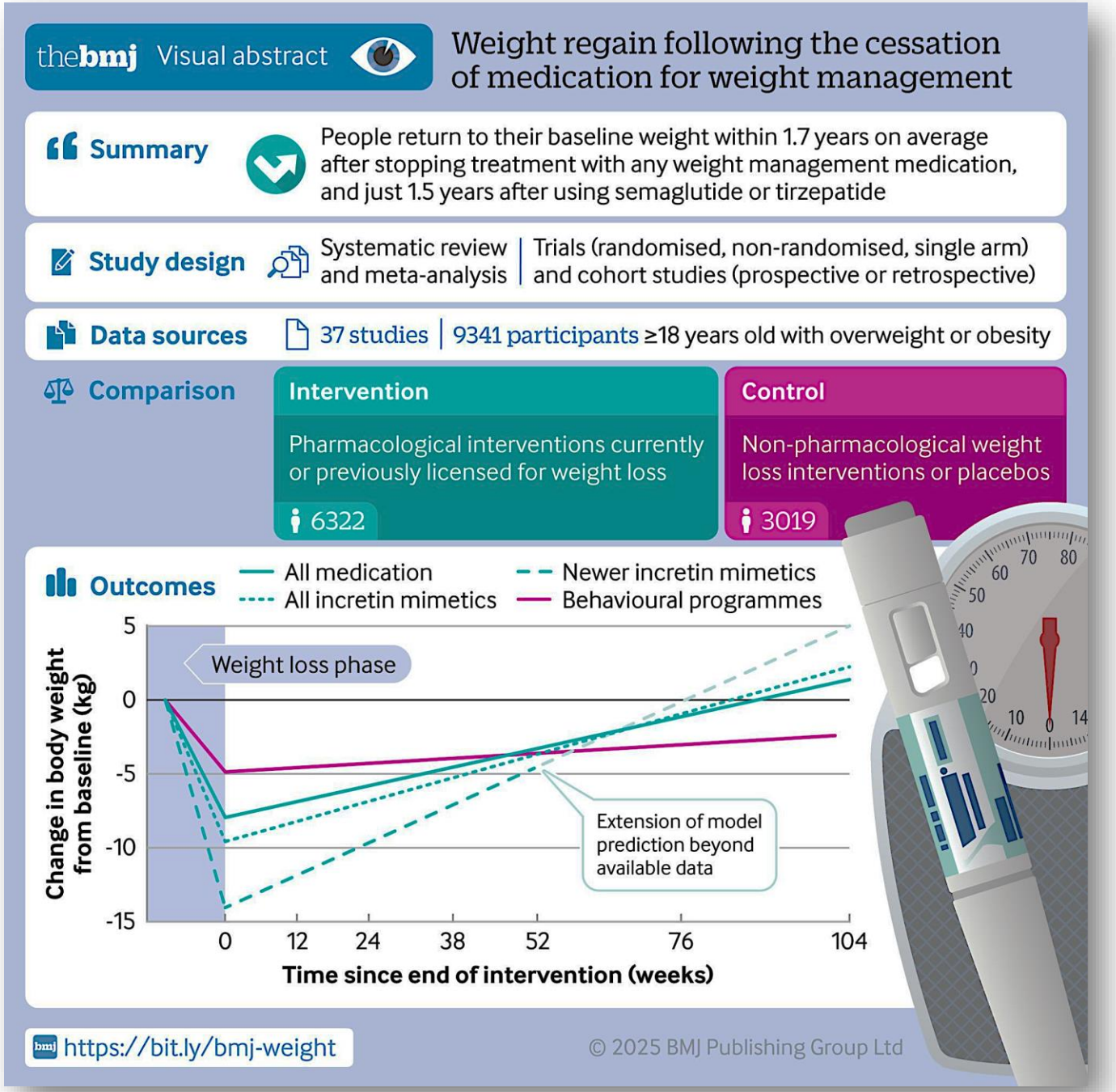
Surgery

The Cost of Either/Or Thinking



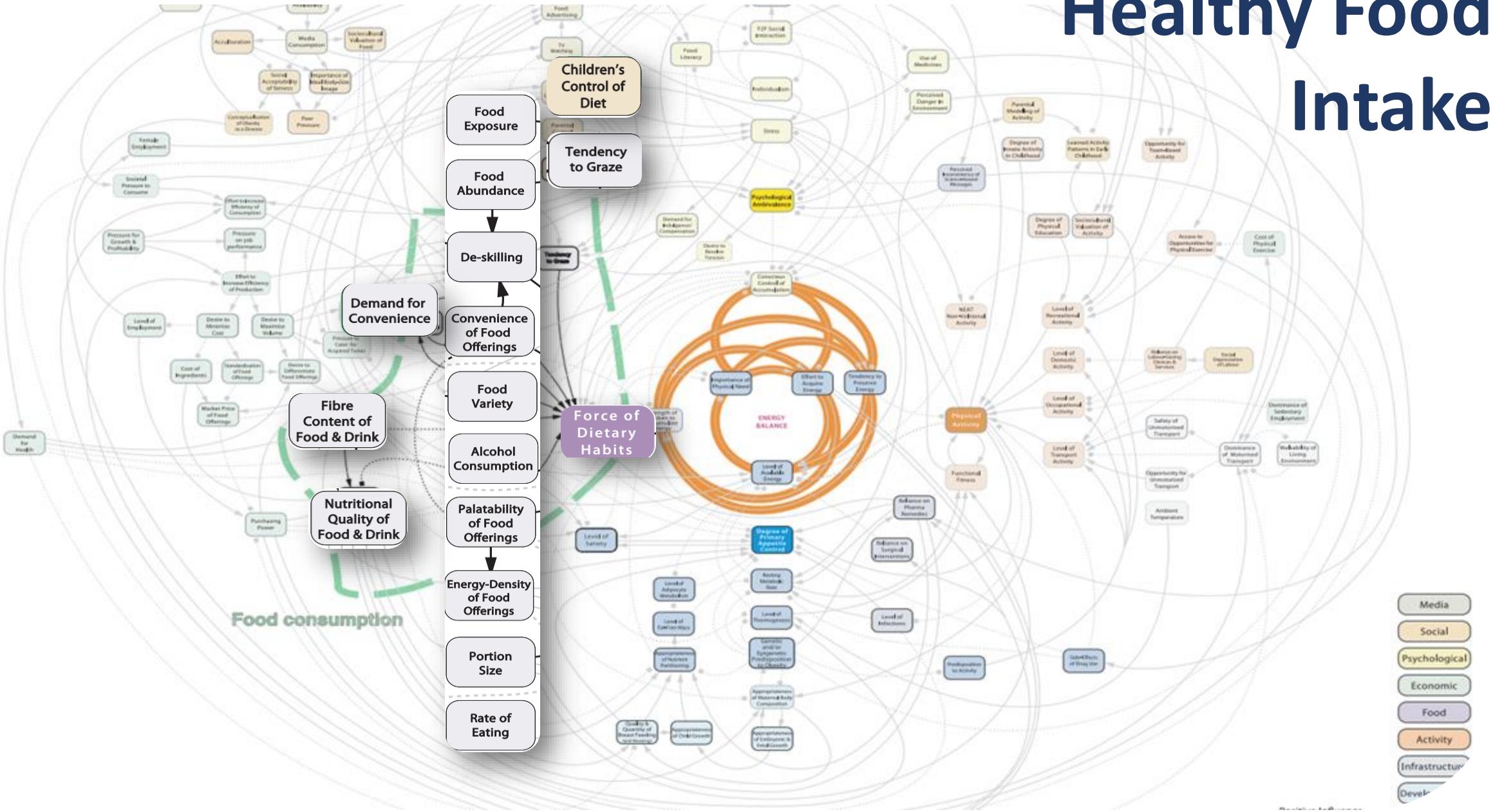
Single-modality outcomes, without FU, erode over time

The question isn't which lever is pulled alone, but it's how they work together over time.

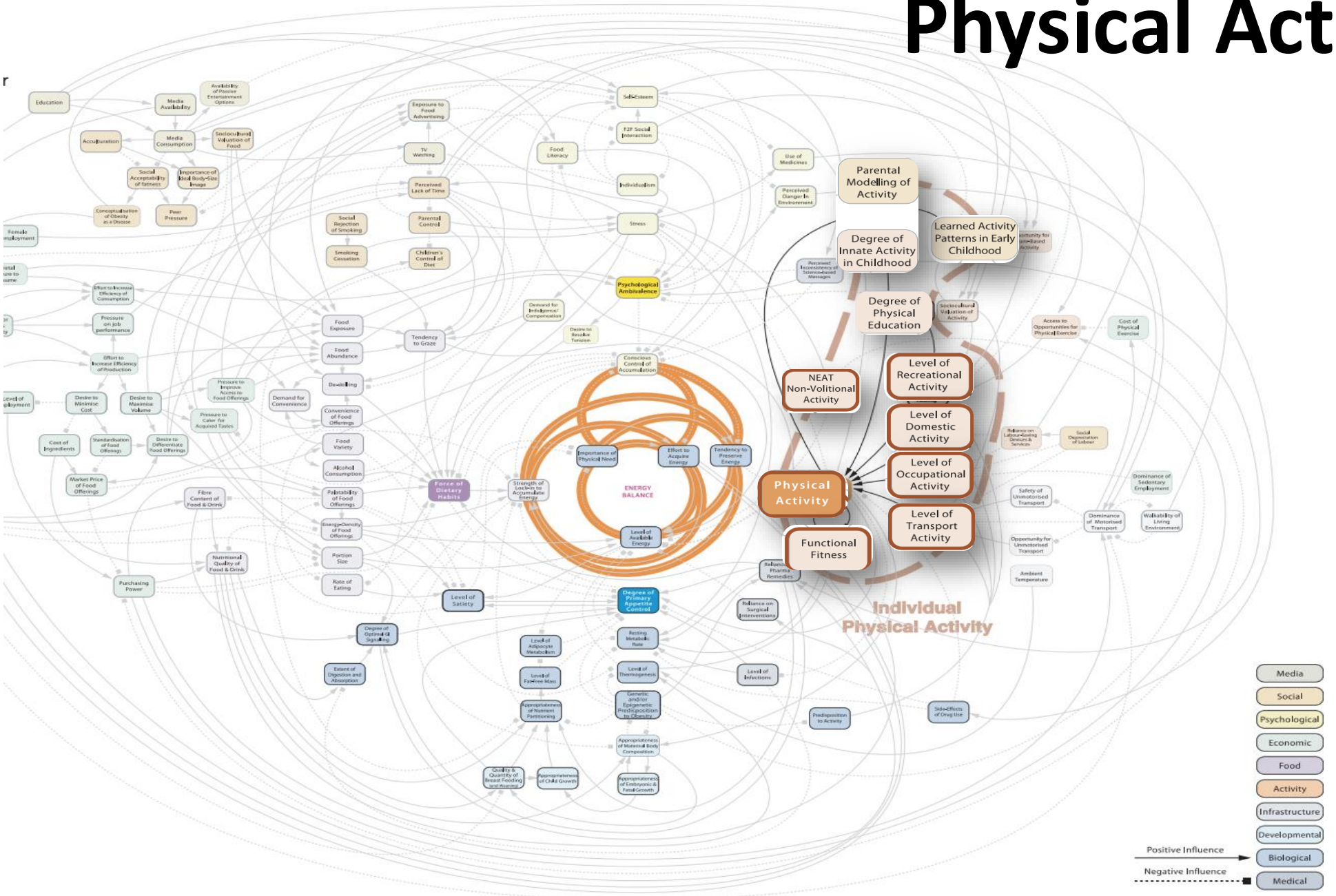


Sam West et al. BMJ 2026;392:bmj-2025-085304

Healthy Food Intake



Physical Activity



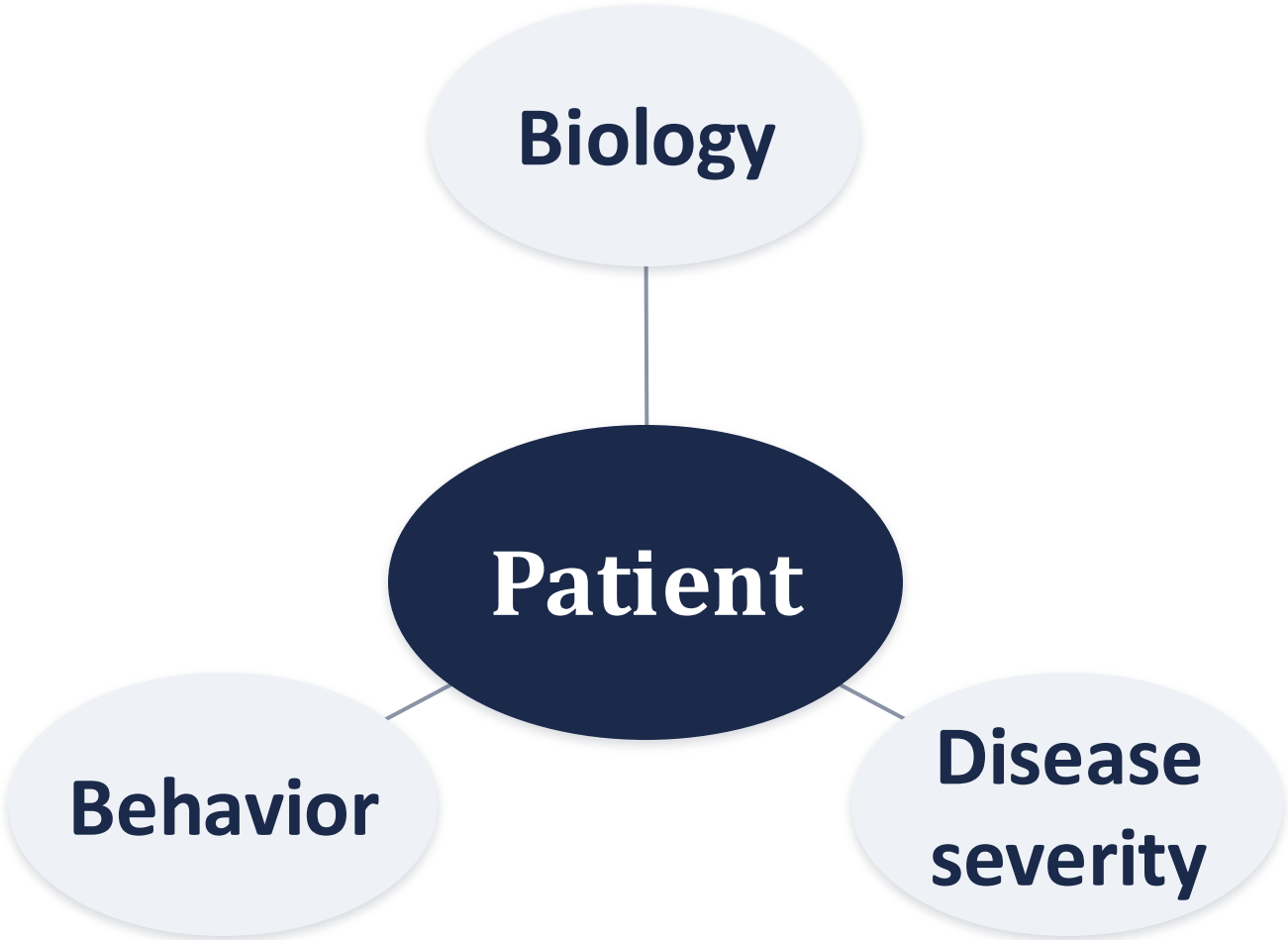
We Have to move

From ~~Choice~~ to Design

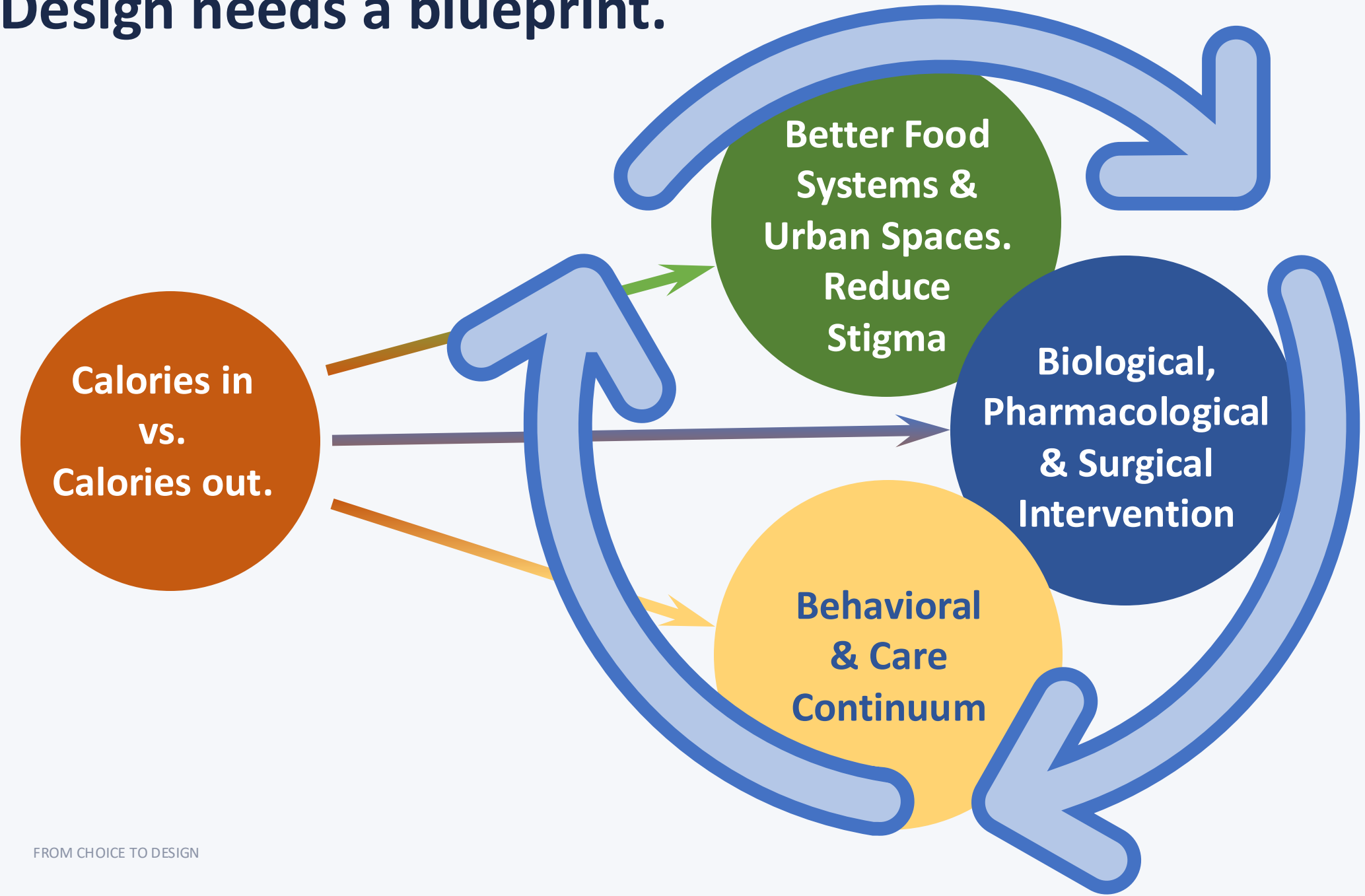
Patients Are Already (or will be soon) Rejecting the Binary

> *“By the time a patient sits in a surgical office, they may already be on a GLP-1/GIP, already tracking macros, already asking not ‘should I have surgery?’ but ‘how does surgery fit with what I'm already doing?’”*

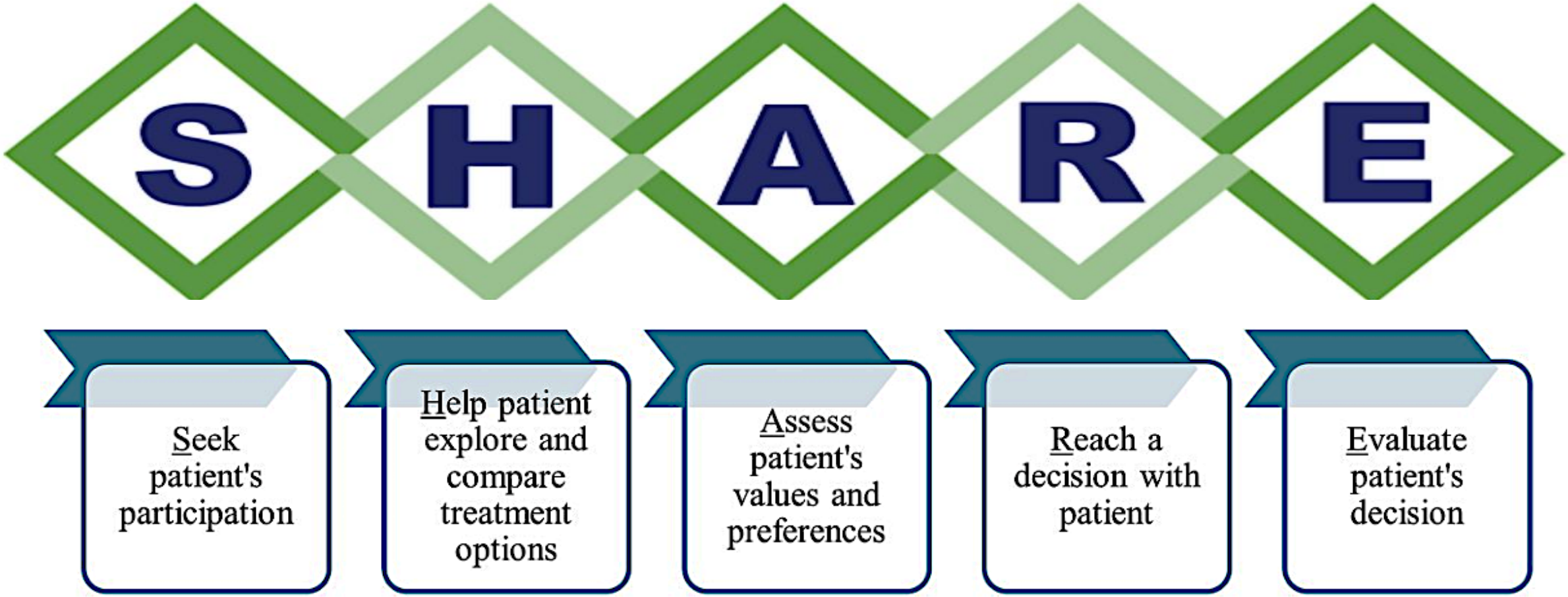
It Starts With the Patient



Design needs a blueprint.



Shared Decision Making



https://www.ahrq.gov/sdm/share-approach/index.html

What “Design” Means Clinically – The 5As Framework

01	ASK	For permission if you can discuss his/her weight
02	ASSESS	For obesity-related comorbidities and patient’s risk factors.
03	ADVISE	On health benefits of lifestyle change and weight reduction
04	AGREE	On quantifiable and achievable goals
05	ASSIST	In selecting treatment using a shared decision-making approach

JAMA. 2023;330(20):2000-2015. doi:10.1001/jama.2023.19897

CMAJ 2020 August 4;192:E875-91.

Multimodal treatment

TABLE 3 | Weight-loss responses with tirzepatide, semaglutide, and retatrutide across phase 3 trials.

	Retatrutide (GIP/GLP-1/glucagon)		Tirzepatide (GIP/GLP-1)	Semaglutide (GLP-1)
Clinical trial	TRIUMPH-4 (68 weeks)[a]		SURMOUNT-5 (72 weeks)[b]	
	9 mg	12 mg		
Mean weight loss	26.4%	28.7%	20.2%	13.7%
≥ 10% weight loss	/	/	81.6%	60.5%
≥ 15% weight loss	/	/	64.6%	40.1%
≥ 20% weight loss	/	/	48.4%	27.3%
≥ 25% weight loss	47.7%	58.6%	31.6%	16.1%
≥ 30% weight loss	30.5%	39.4%	19.7%	6.9%
≥ 35% weight loss	18.2%	23.7%	/	/

Obesity, 2026; 34:1708–1717

EASO OBESITY MANAGEMENT ALGORITHM SUMMARY

European Association for the Study of Obesity

Obesity is a chronic, relapsing disease requiring long-term management, not short-term intervention

1. PRINCIPLES

Recognise obesity as an adiposity-based chronic disease (ABCD)

Assess severity and complications to guide treatment

Management must be individualised and sustained

2. CORE INTERVENTIONS

Lifestyle intervention: nutrition, physical activity,

Obesity Management Medications (OMMs):

- **Orlistat** – modest efficacy, lipid benefits
- **Naltrexone/Bupropion** – moderate efficacy, mood effects, ↑ BP risk
- **Liraglutide** – weight loss, T2D benefit, some QoL improvement
- **Phentermine/Topiramate** – higher weight loss, ↓ BP
- **Semaglutide** – substantial weight loss (>10%), ↓ MACE, ↓ all-cause mortality, T2D remission, ↓ pain in knee OA

Metabolic Bariatric Surgery: for severe disease or insufficient medical therapy

4. LONG-TERM PERSPECTIVE

Weight regain is common if medication is stopped → continuous therapy is supported by evidence

Combine lifestyle with pharmacotherapy, and surgery as appropriate

Always monitor safety, mental health, and QoL

Type 2 Diabetes
Tirzepatide or **Semaglutide** most effective

Cardiovascular disease
Semaglutide (MACE reduction)

Heart failure
Semaglutide or **Tirzepatide**

Prediabetes
Semaglutide, Tirzepatide, Liraglutide, Orlistat

Liver disease (MASH/MASLD)
Tirzepatide - best evidence

Obstructive sleep apnoea
Tirzepatide

Knee osteoarthritis
Semaglutide

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KEY TAKEAWAY

The algorithm highlights that early, sustained intervention with appropriate medication choice guided by complications supports patients with obesity. Obesity management must be long-term, multi-component, and personalised.

The algorithm is based on the EASO Framework:
https://doi.org/10.1038/s41591-024-03095-3

www.easo.org

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Lifestyle intervention: nutrition, physical activity, behaviour therapy (foundation of care)

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- **Semaglutide** – substantial weight loss (>10%), ↓ MACE, ↓ all-cause mortality, T2D remission, ↓ pain in knee OA
- **Tirzepatide** – highest weight loss (≥15%), T2D remission, OSAS and MASH remission, ↓ HF hospitalisation

Metabolic Bariatric Surgery: for severe disease or insufficient medical therapy

3. TAILORING BY COMORBIDITIES

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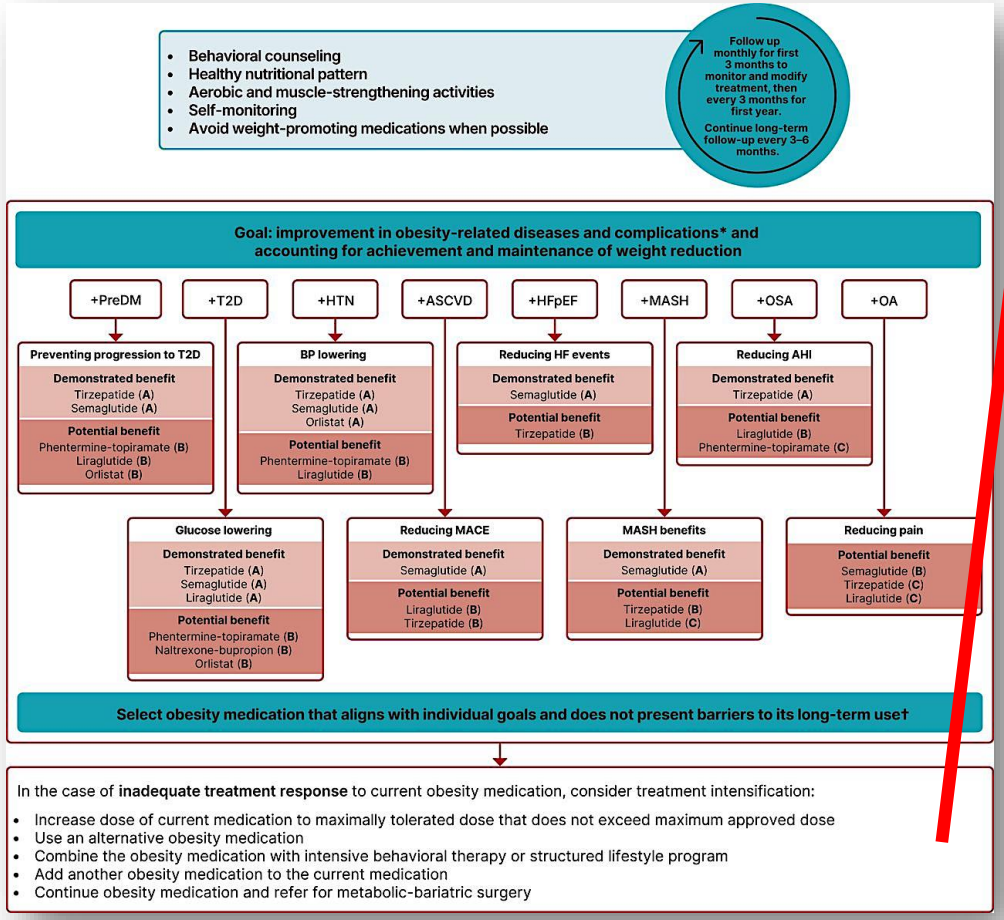
From Obesity Association (ADA)



BMJ Open Diab Res Care 2026;13:e005729.

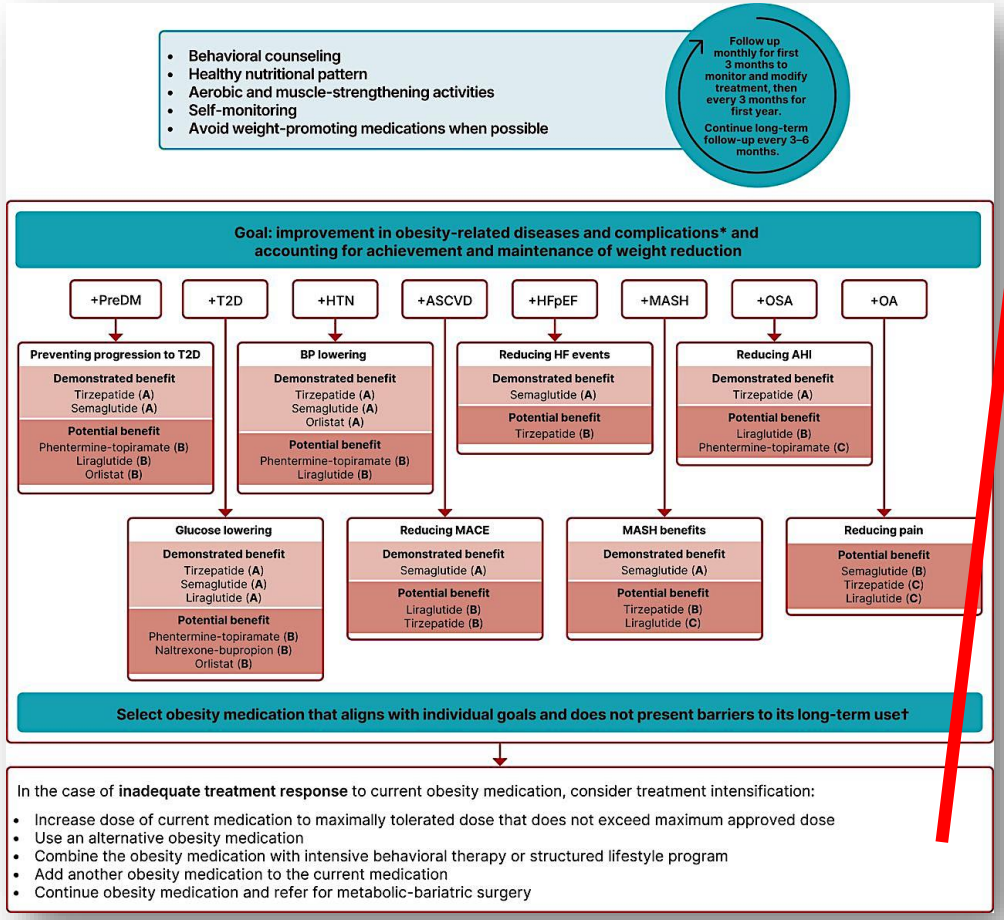
In individuals with an inadequate response to current obesity medication intensify treatment to improve outcomes:

- ✓Dose escalation to maximum dose is recommended (A);

If maximum tolerable dose is already used, then consider:

- ✓Switching to an alternative obesity medication (C);
- ✓Adding intensive lifestyle therapy (B);
- ✓Combining obesity medications (C), or;
- ✓Referring to metabolic and bariatric surgery (A).

From Obesity Association (ADA) Adapted



BMJ Open Diab Res Care 2026;13:e005729.

In individuals with an inadequate response to current obesity treatment, intensify treatment to improve outcomes

✓Refer to metabolic and bariatric surgery.

If patient has already had surgery, then consider:

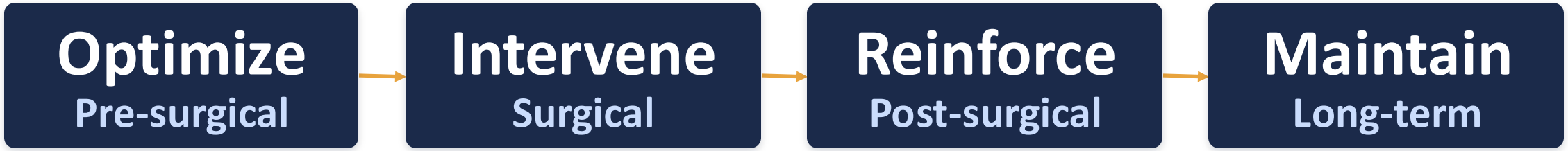
✓Introduce a OMM(B);

✓Add intensive lifestyle therapy (B);

✓Combine obesity medications (C),

✓Switch to an alternative Bariatric and Metabolic Surgery(D).

The Obesity Treatment Design Model in Metabolic Surgery



A single patient may move through all four phases, re-enter a phase, or run two in parallel — the model is a pathway, not a checklist.

FROM CHOICE TO DESIGN

Obesity treatment is a system to design — not a fork in the road.

- **And we MUST participate in this DESIGN**

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THANK YOU

@carlos.a.schiavon

@obesidadebrasil

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XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

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IFSO PARIS 2027

See you in

PARIS