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**OMMs and stigma: an emerging issue
for Integrated Health Professionals**

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TORONTO2026

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



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Disclosure Slide

Company Name	Honoraria /expenses	Consulting /Advisory Boad	Funded Research	Royalties/ patient	Stock options	Ownership /Equity position	Employee	Other (please specify)
Celebrate			x					
Intuitive	x							
Johnson and Johnson		x						
Metagenics			X					
MolyIncke			x					
Olympus Medical	x							



Overview and context of stigma

- ‘an attribute that is deeply discrediting’ (Goffman, 1963)
- Weight stigma exists in education, employment, media, social and healthcare environments
- May prevent help seeking, and limit attainment in education or advancement in employment
- May exacerbate mental health conditions and suboptimal quality of life

Fruh SM, Graves RJ, Hauff C, Williams SG, Hall HR. Weight Bias and Stigma: Impact on Health. Nurs Clin North Am. 2021 Dec;56(4):479-493..





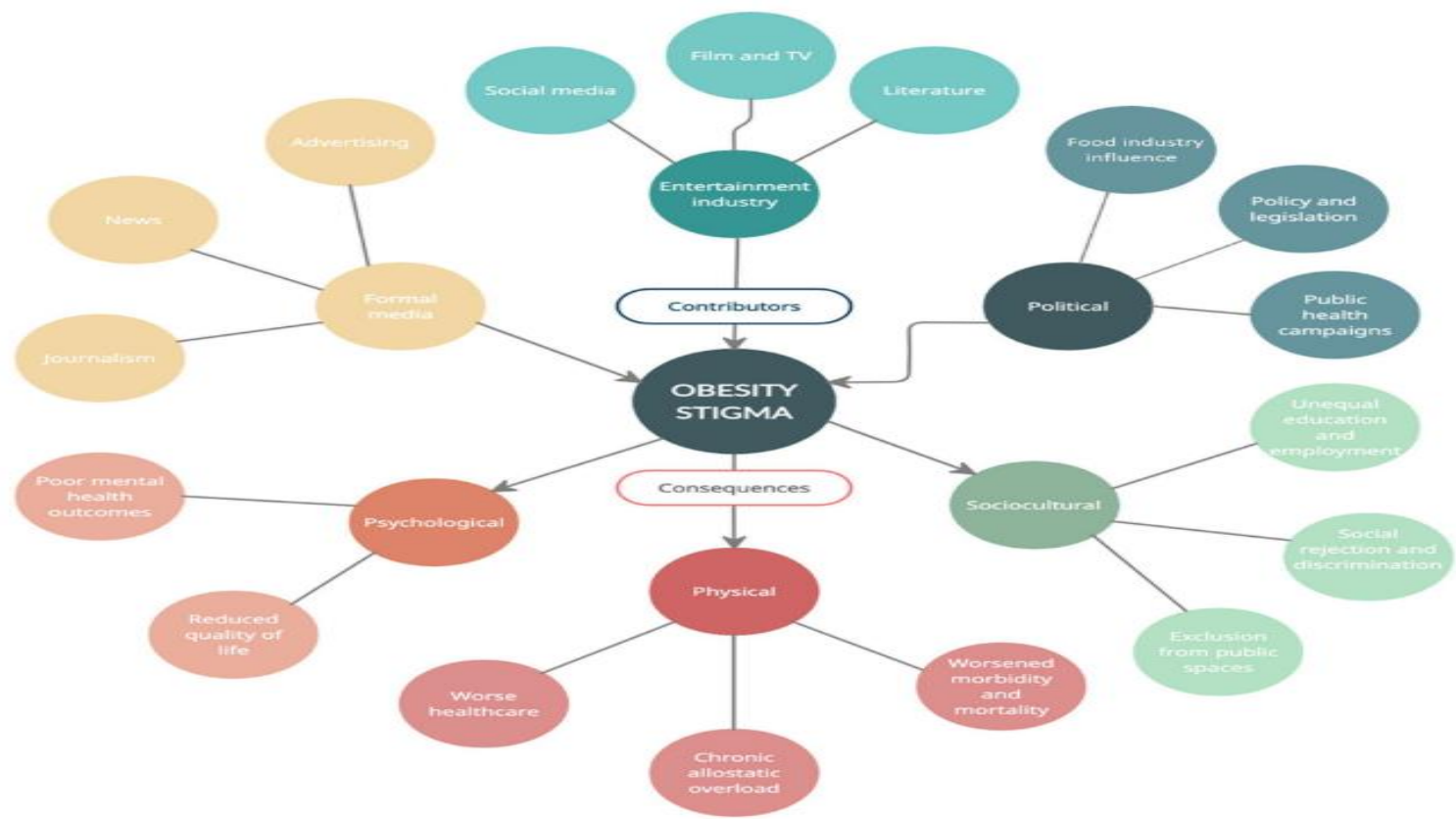
Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size. Weight stigma is a result of weight bias. Weight bias refers to the negative ideologies associated with obesity

World Obesity Federation definition

**WORLD
OBESITY**



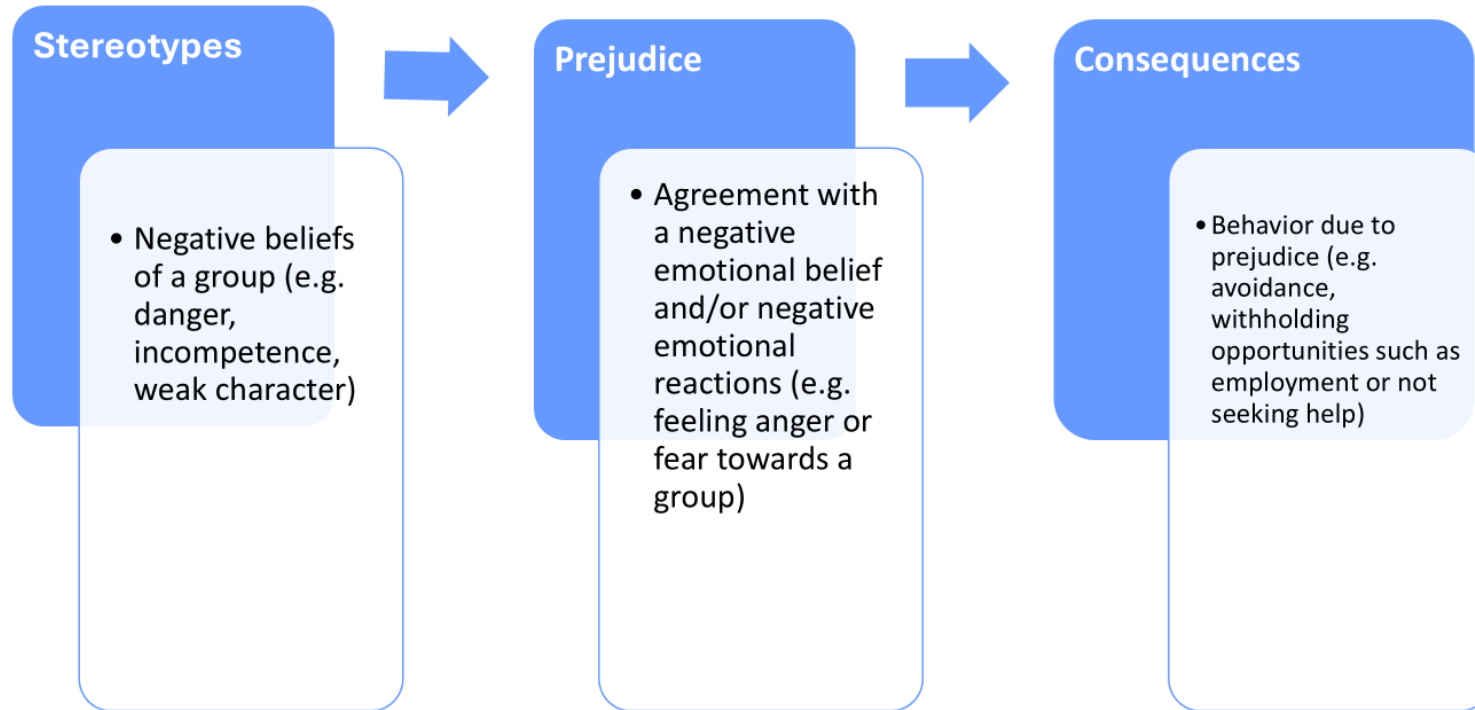
Contributors and consequences of obesity stigma



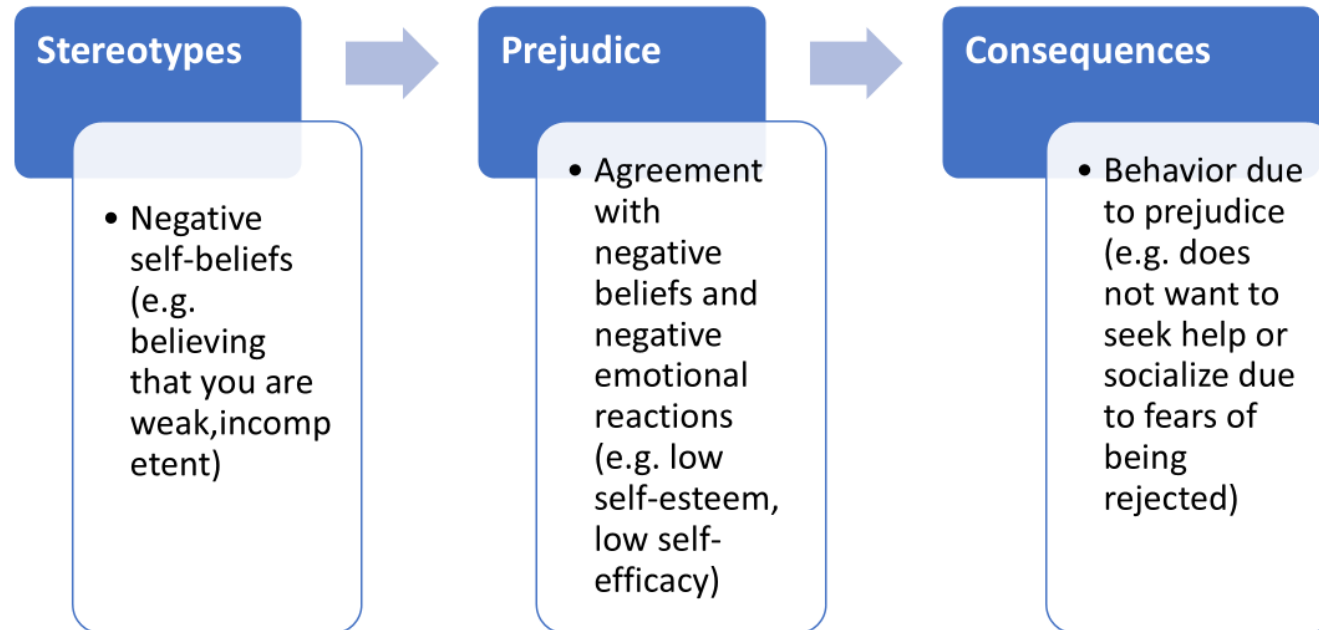
Westbury S, Oyebo O, van Rens T, Barber TM. Obesity Stigma: Causes, Consequences, and Potential Solutions. Curr Obes Rep. 2023 Mar;12(1):10-23. doi: 10.1007/s13679-023-00495-3.



External stigma



Internal stigma



Lessons learnt about stigma from MBS

- There is ‘redemption’ in diet and exercise
 - Perception of the person being ‘in control’ and driving this
- **Societal judgements of MBS**
 - No redemption
 - Harmful perception of the mechanisms of surgery doing the work, not the person
 - May lead to non- disclosure and lack of support seeking
 - Evidence shows people who have support have better outcomes



Ogden J, Clementi C, Aylwin S. The impact of obesity surgery and the paradox of control: A qualitative study. Psychol Health.2006;21(2):273-93

Graham Y, Hayes C, Small PK, Mahawar K, Ling J. Patient experiences of adjusting to life in the first 2 years after bariatric surgery: a qualitative study. Clin Obes. 2017 Oct;7(5):323-335. doi: 10.1111/cob.12205.

OMMs and stigma – an emerging issue



Chronology of OMMs:

- Pharmaceutical treatments for obesity are not new
 - go back to the 1930's (2,4-dinitrophenol) raised basal metabolic rate
 - Amphetamine-based interventions followed
 - fenfluramine and phentermine, known as Fen-Phen emerged in the 1980s
 - Sibutramine
 - Rimonabant
 - Lorcaserin, a serotonin 2C agonist
- Orlistat (1999) – unpleasant side effects and minimal weight loss
- 2020's launch of modern incretin therapies, sibutramine and tirzepatide (GLP-1 and GLP-1/GIP agonists)
 - Launch coincides with reframing of obesity as chronic and relapsing condition
 - Increased safety profile

Withdrawn owing to
adverse effects and
deaths



Stigma in the context of OMMs

- Limited research into stigma and OMMs at present
- The media, similar to MBS tends to sensationalise OMMs
 - Understanding the history may provide context
- OMMs may reduce stigma by framing obesity as a medical issue as opposed to a personal culpability
- Emerging evidence shows that OMMs, similar to MBS, may be also be perceived as an ‘easy way out’

Heitmann BL. The Impact of Novel Medications for Obesity on Weight Stigma and Societal Attitudes: A Narrative Review. Curr Obes Rep. 2025 Feb 5;14(1):18

[The Evolution of Obesity Drugs: Lessons from a Century of Failures and the GLP-1 Breakthrough | PharmExec.](#)



Key findings of our systematic review into perceptions and experiences of stigma and OMMs :

- Six studies met inclusion criteria
- Participants experienced weight stigma in all studies (n=6)
- OMMs do not reduce obesity stigma (n=3)
- More conventional weight-loss methods were valorised by others, leading to judgements (n=2)
- Participants reported lack of knowledge and education around OMMs (n=4)
- Patient-reported need for more tailored, personalized care and support (n=4)

Registration: CRD420261284762



Discussion

- Studies show weight stigma is present in OMM treatments and providers
- Lack of education and information re care pathways for patients
- Findings from patient-centred MBS research appear to have similarities to the emerging OMM research
 - This literature should be used as a guide to inform OMM patient centred research and support
- Continue to develop co-designed research in collaboration with people living with obesity using OMMs



Recommendations

- Recognise the nuances that OMMs as an intervention may have with patients and practice
- Continue to focus on health outcomes instead of only weight
- Policy makers, healthcare professionals and patients need to collaborate to make positive, person-centred change
 - Advocate for human rights approaches to weight
 - Challenge discriminatory practices
- Continue to raise awareness of and challenge weight stigma and its consequences
- Continue to build a strong evidence base through robust studies in collaboration with patients and people with lived experience



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24-27 August 2027

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