

OBESITY MEDICINE PHYSICIANS WILL BECOME THE GATEKEEPERS OF OBESITY TREATMENT IN THE NEW ERA OF MEDICATION

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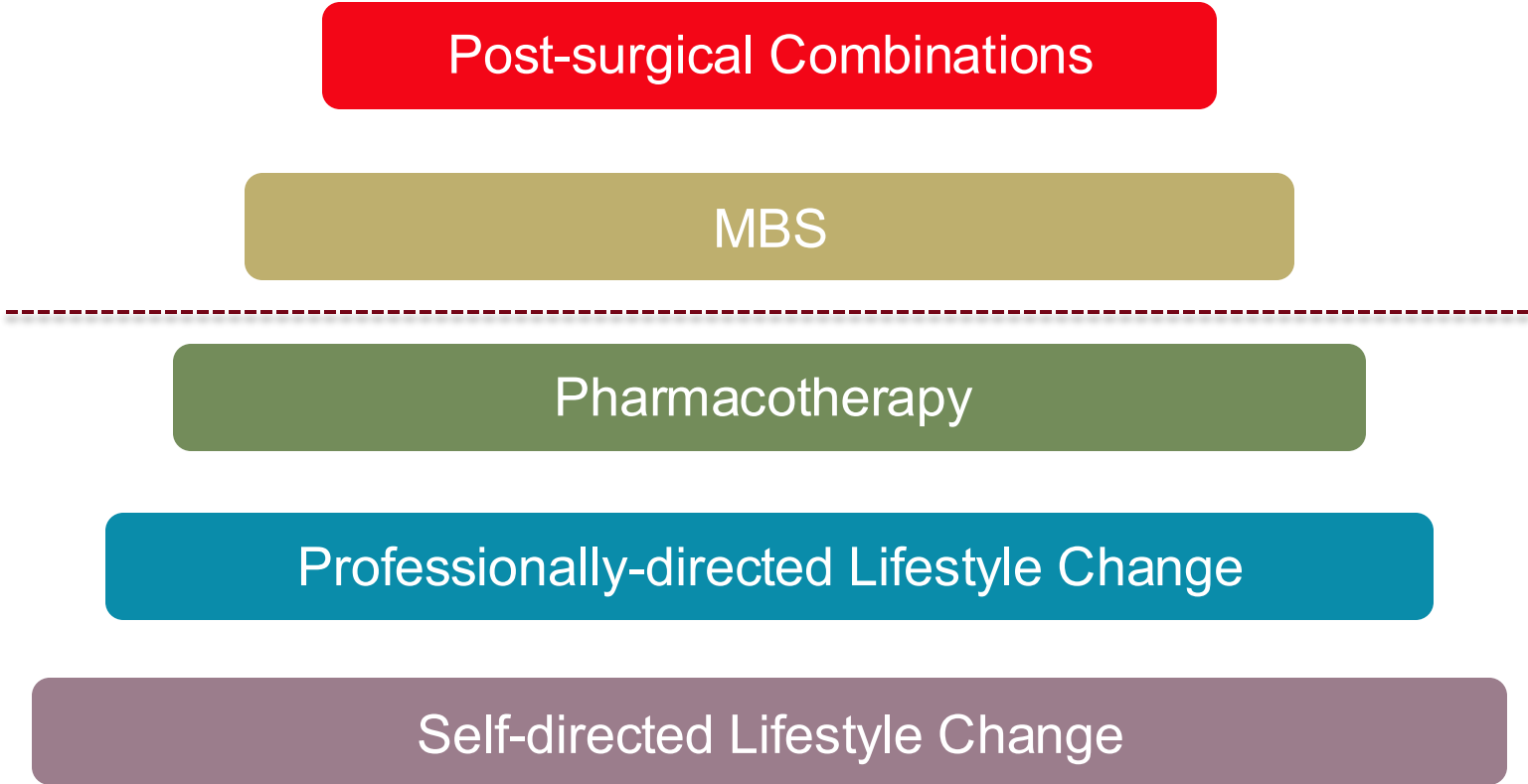
Disclosures

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Overall Treatment Strategy

Typical Algorithm

(progress through algorithm as clinically required)



Post-surgical Combinations

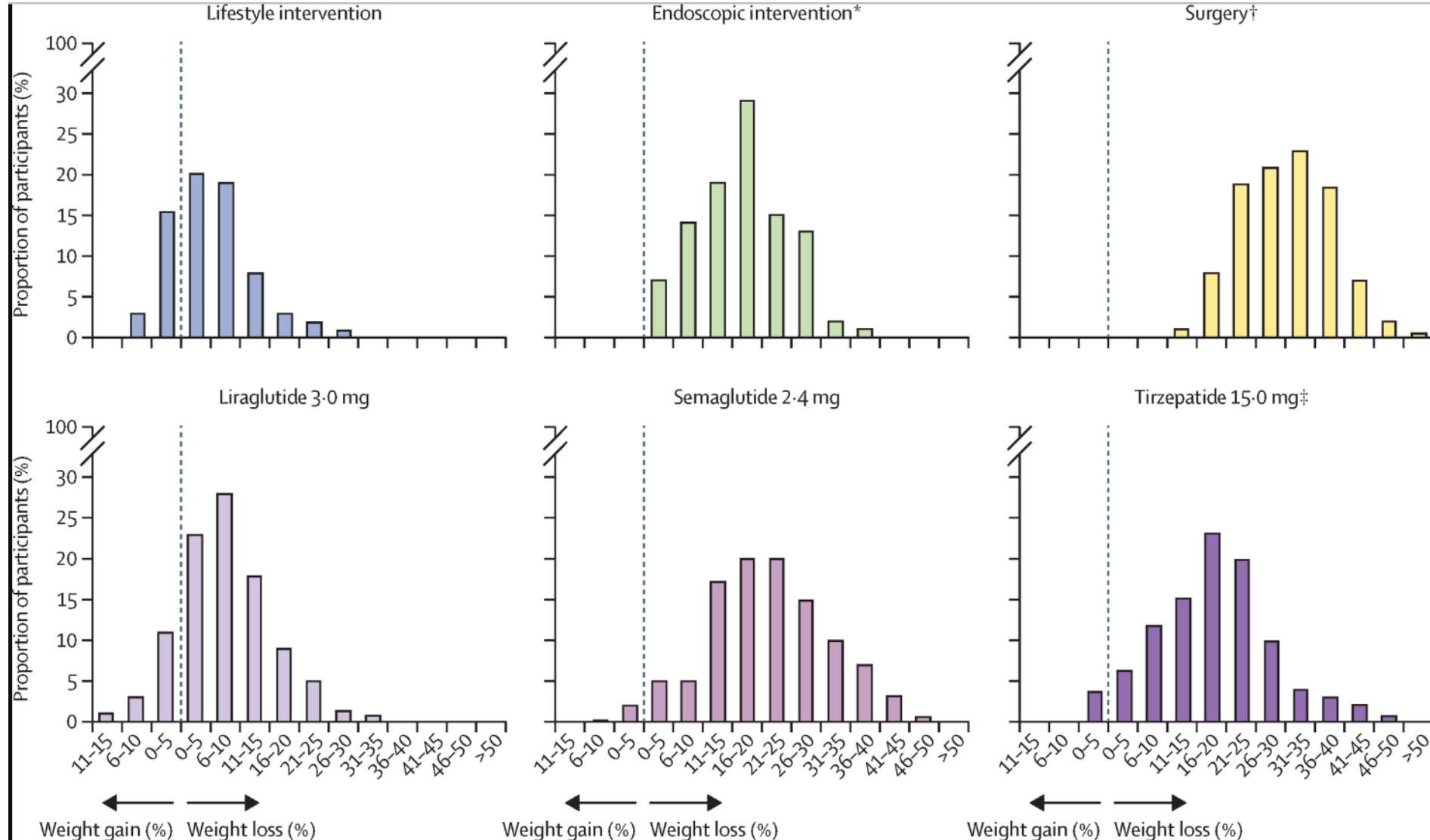
MBS

Pharmacotherapy

Professionally-directed Lifestyle Change

Self-directed Lifestyle Change

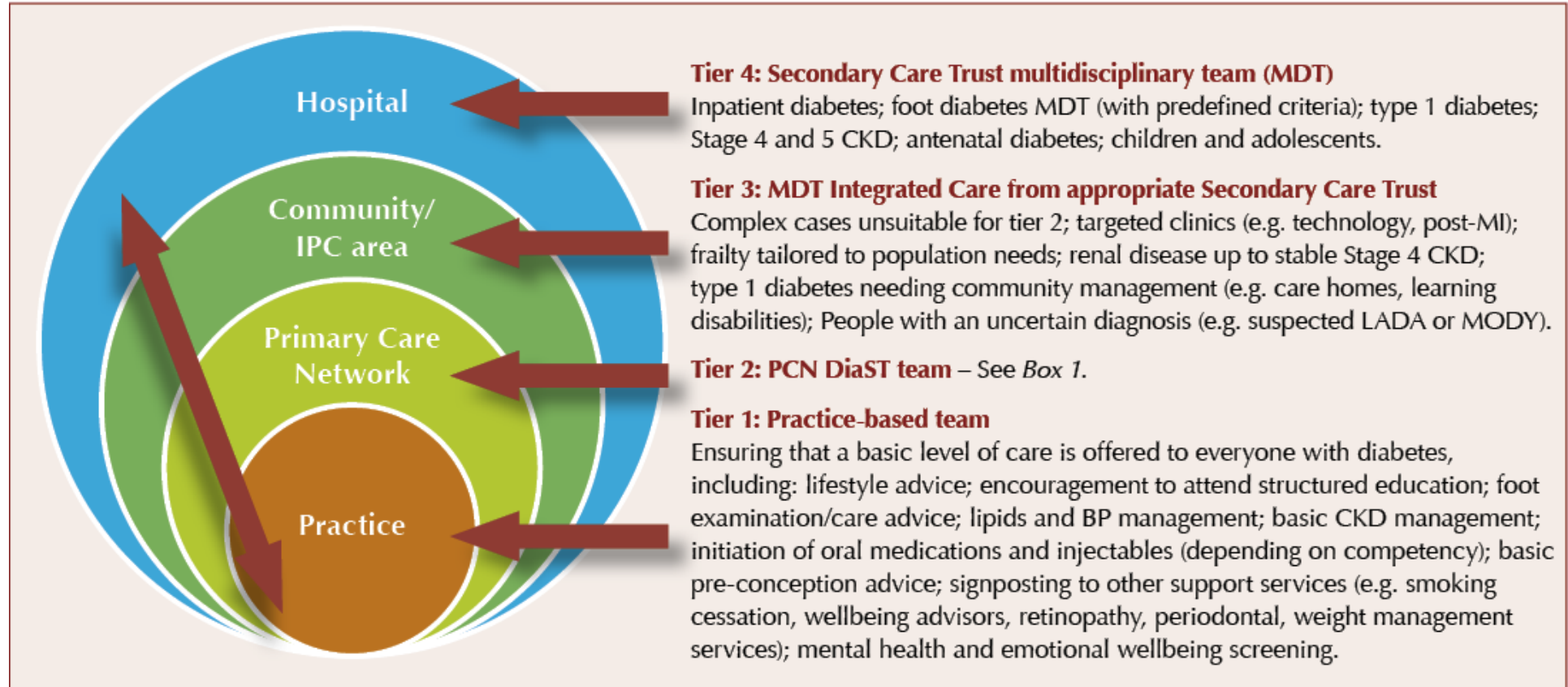
Heterogeneity of response to treatments





No point reinventing the wheel

Learn from Diabetes

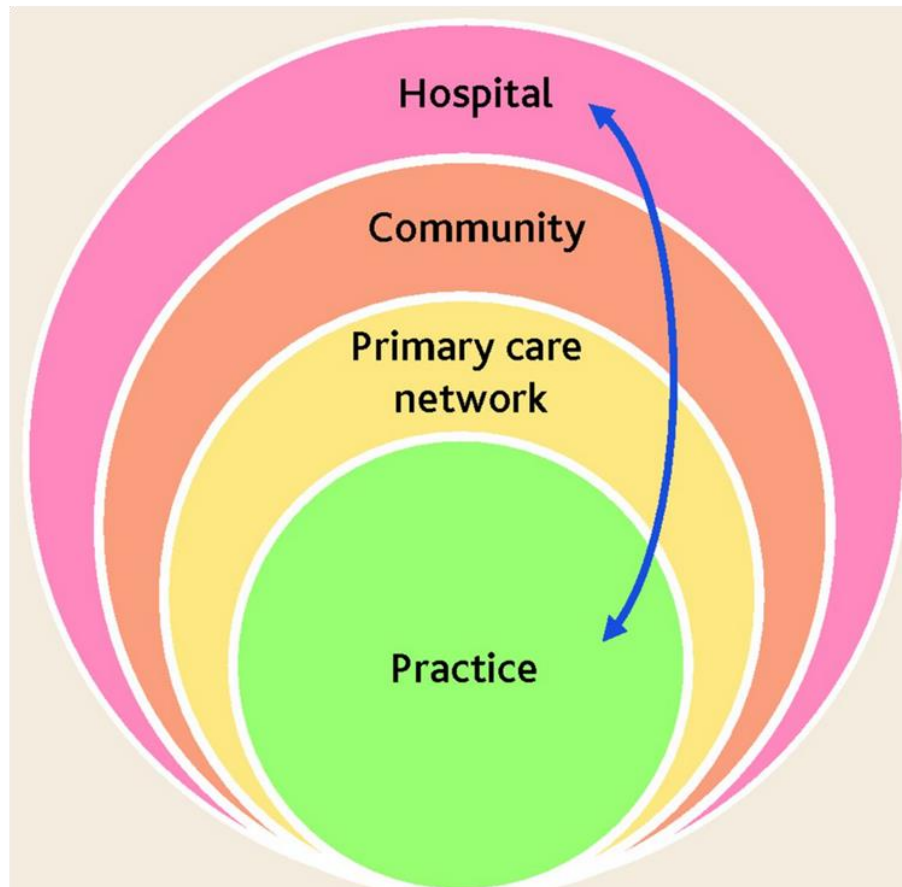




Shift the paradigm to shift the weight: obesity care in the community

British Journal of General Practice, June 2024

Hannah O'Hara and Alexander Dimitri Miras





Improving obesity care, reducing stigma

Development of a specialist
obesity management
service in primary care and the
community



Funding: €10m

Lead Partner: Ulster University

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RoI lead: Dr Susan Connolly, Consultant Cardiologist, Galway University Hospital and Galway City Integrated Care Hub and Director Innovation, National Institute Prevention and Cardiovascular Health



Clinical Intervention Pathways

- 12-month behavioral intervention
- Delivered by an MDT (nurses, dietitians, physical activity specialist, psychologist) supported by health coaches
- Robust research framework-patient, service and clinical outcomes including cost effectiveness

Guidelines



Primary care MDTs

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What will happen to the surgeon?

- Use of medications will make obesity be treated more like a biological disease
- Operating on:
 - non-responders
 - Intolerant of medications
 - Needing combination treatments
- Rates of primary surgery will go up

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