Clinical Management of Obesity in Women

Addressing a Lifecycle of Risk

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KEYWORDS

• Weight loss • Overweight • Lifestyle • Antiobesity pharmacotherapy
• Bariatric surgery • Energy regulation • Obesity treatment

KEY POINTS

- Adiposity is a highly regulated physiologic parameter with a complex biology that can be disrupted by microlevel and macrolevel factors (eg, genetics, developmental factors, lifestyle, psychosocial factors, environment).
- Obesity is a chronic and heterogenous disease disproportionately affecting women; primary care providers caring for women have an opportunity to prevent and treat obesity at multiple stages in women's lives when they are most at risk of weight gain.
- Addressing obesity in the clinical setting requires understanding and assessing the multifactorial nature of the condition and applying rational and practical therapeutic strategies designed to restore normal energy regulation.
- Targeted and individualized lifestyle therapy is the foundational step in treatment, but given high variability in treatment response, pharmacotherapy, surgery, and/or multimodal combination therapy is often required.
- An unbiased stepwise approach allows provider and patient engagement in addressing obesity, with the option to refer to obesity medicine specialists or multidisciplinary weight management centers at any step in the treatment process.

The obesity epidemic is currently one of the most pressing public health issues. Given that two-thirds of the population in the United States is at least overweight and one-third has obesity,[1] it is of paramount importance for health care providers to become well versed in the latest understanding of this condition and its current assessment and management strategies. This article addresses the obesity education

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gap in medical practice, which has been cited by providers as one of the key barriers to proper obesity management.[2] It discusses the physiologic basis of obesity, the multiple potential drivers of excess adiposity, key components of assessment, and rational treatment strategies that are feasible in the context of a busy clinical practice. This article focuses specifically on these issues as they relate to women's health. The female population is disproportionately affected by obesity and its consequences[3] and obstetrician-gynecologists are in a pivotal position to affect obesity diagnosis and management in women.

THE GENDER GAP

There is a global gender disparity in obesity.[3] The prevalence of obesity is higher in women than in men in all regions of the world, placing women at greater risk of morbidity and mortality caused by diabetes, cardiovascular disease, cancer, and a host of other obesity-related conditions.[4] Although the disparity is most notable in developing regions where women carry double to triple the risk of obesity, the developed world is also affected by the gender gap (**Fig. 1**).

Wang and Beydoun[5] found that there are more adult women than men with obesity in the United States across all age groups, income levels, and ethnicities (with the exception of Asian Americans). The relationships among gender, age, ethnicity, socioeconomic status, and obesity prevalence are complex and dynamic. In general, the gender gap seems to worsen with increasing age, minority status, and greater severity of obesity.[5] Notably, a body mass index (BMI) greater than 25 kg/m^2 is more common among men, but twice as many women than men have a BMI greater than 40 kg/m^2.[6]

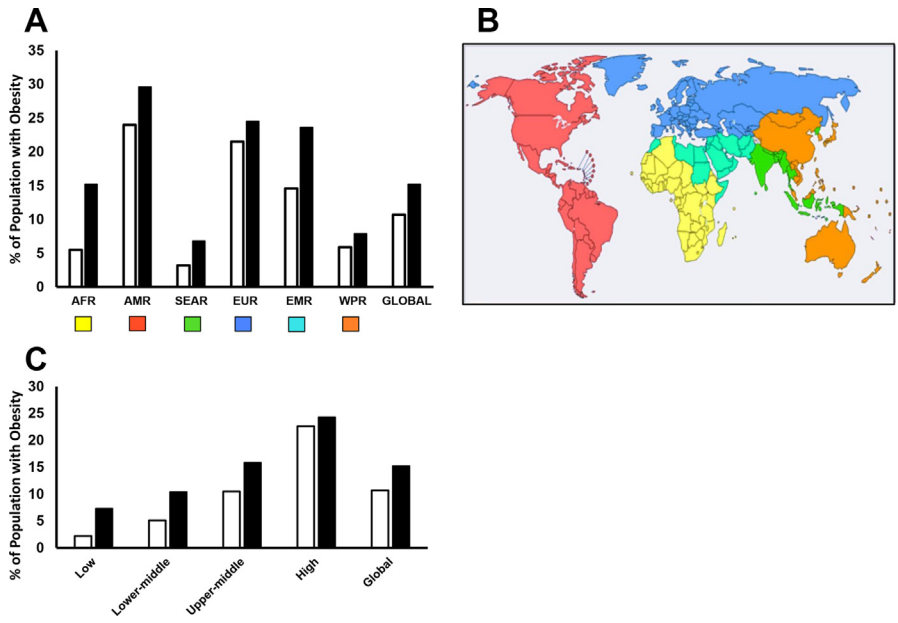

Fig. 1. Percentage of women (■) and men (□) with obesity (body mass index >30 kg/m^2) according to (*A*, *B*) World Health Organization region and (*C*) World Bank income groups. AFR, Africa; AMR, Americas; EMR, eastern Mediterranean; EUR, Europe; SEAR, southeast Asia; WPR, western Pacific. (*Data from* Global Health Observatory data repository. World Health Organization Web site. Available at: http://apps.who.int/gho/data/view.main.2480A?lang=en. Accessed December 15, 2015.)