SID Società Italiana di Diabetologia

AMD ASSOCIAZIONE MEDICI DIABETOLOGI 1974

DIABETE OGGI

prevenzione e cura al centro del cambiamento

Latina, 7 giugno 2025

## Oltre il peso: nuove frontiere nel contrasto all'obesità

# La gestione dell'obesità tra nuovi scenari e comorbidità

***Danila Capoccia***

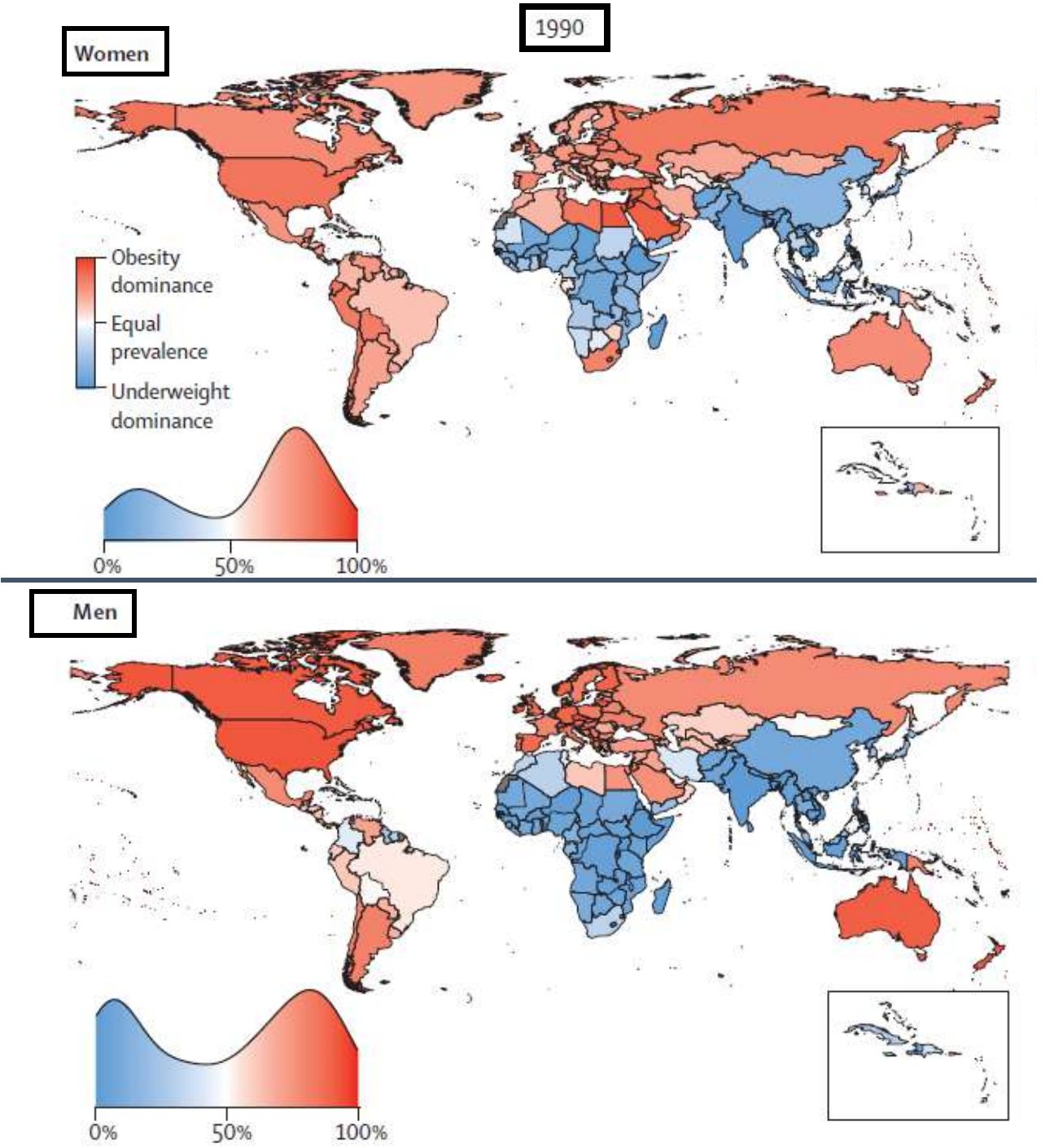
*Professore Associato in Endocrinologia - Sapienza Roma*
*Dirigente Medico UOC Diabetologia Universitaria - Latina*

La Prof.ssa Danila Capoccia dichiara di aver ricevuto negli ultimi due anni compensi o finanziamenti dalle seguenti Aziende Farmaceutiche e/o Diagnostiche:

- AstraZeneca
- NovoNordisk
- Lilly
- Daiichi Sankyo

Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).

*Lancet* 2024: 403: 1027–50



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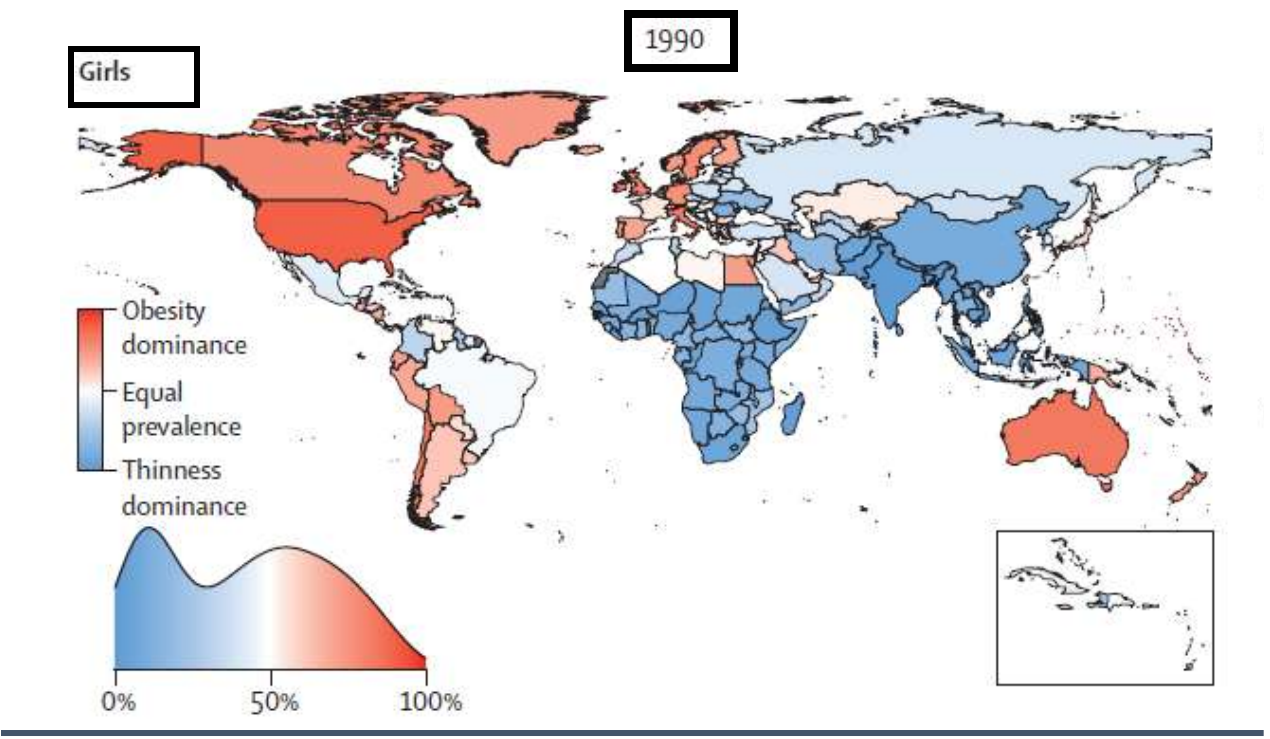
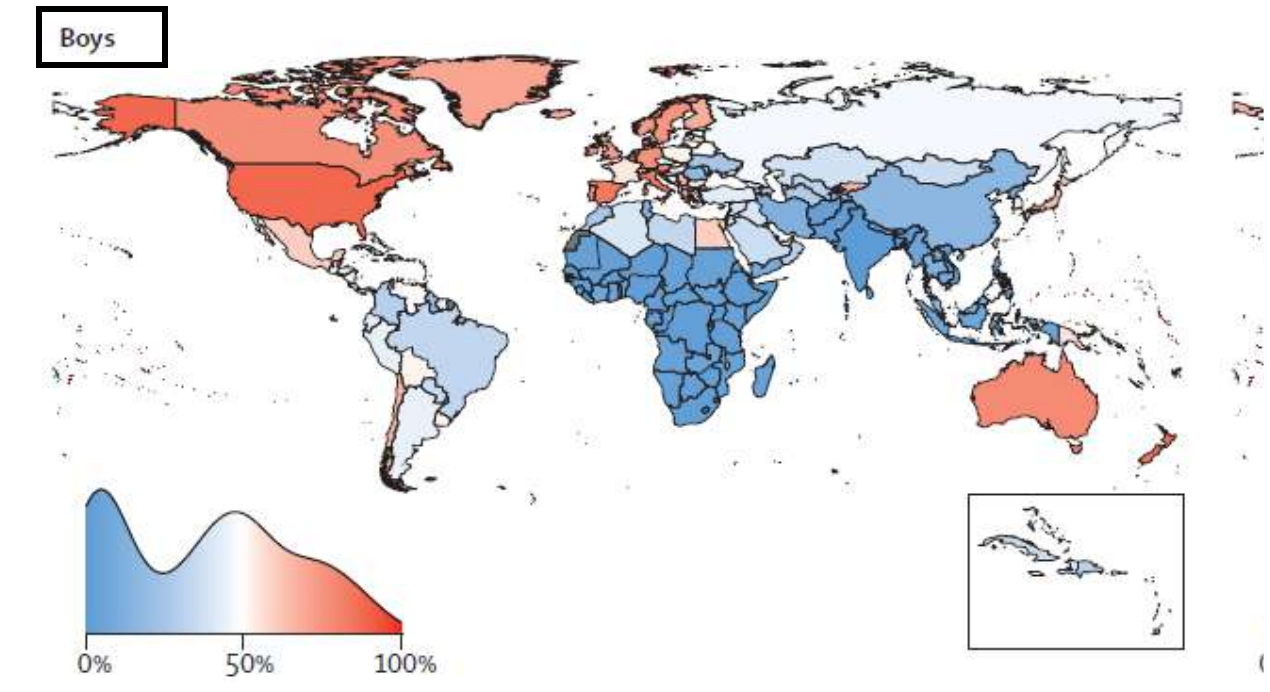
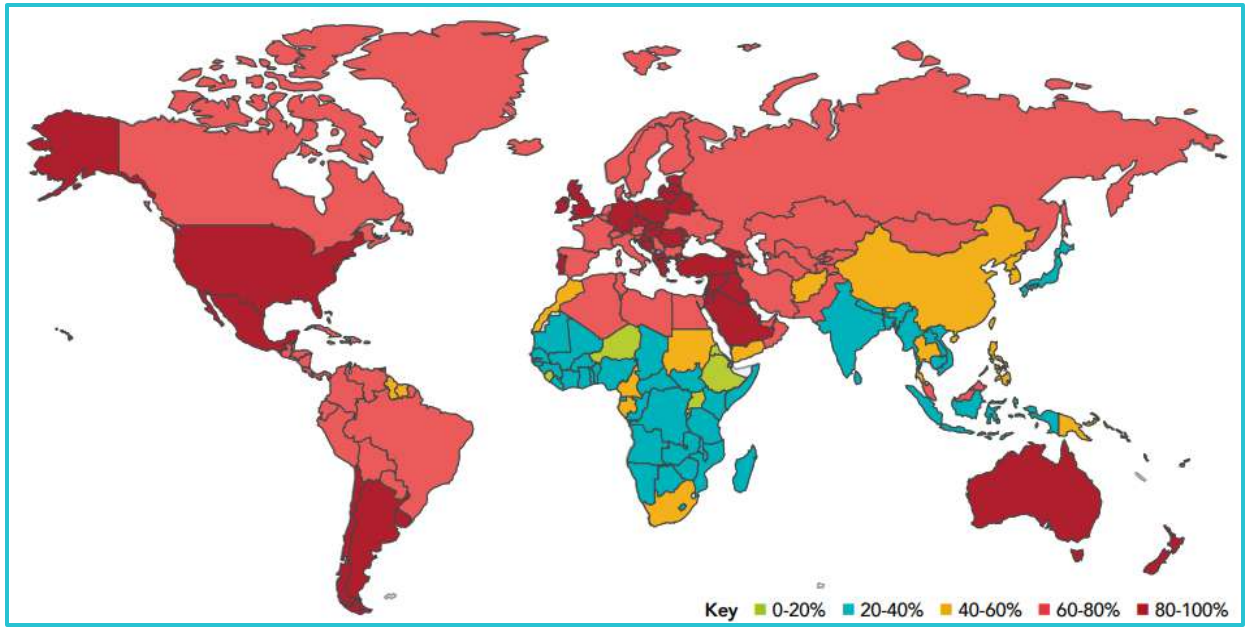


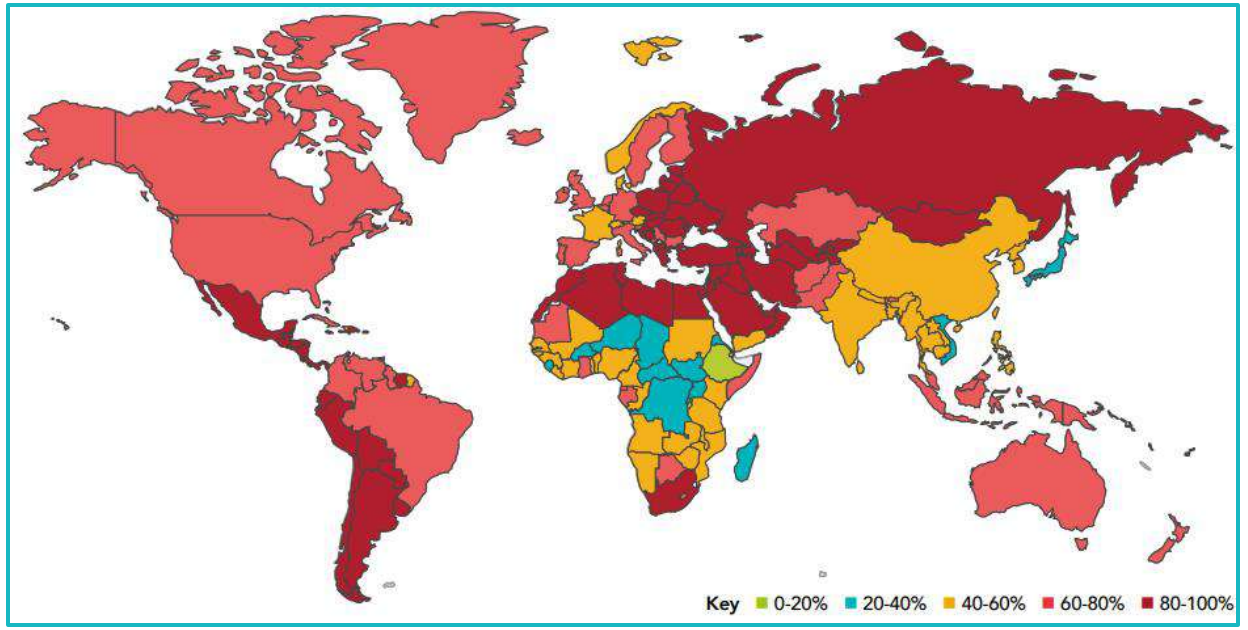



World Obesity Atlas 2025

# Rischio di avere BMI ≥ 25kg/m$^2$ nell'età adulta




**Uomini**




**Donne**

*Source: World Obesity Federation analyses of NCD-RisC (2024) data for 2022*

# World Obesity Atlas 2025

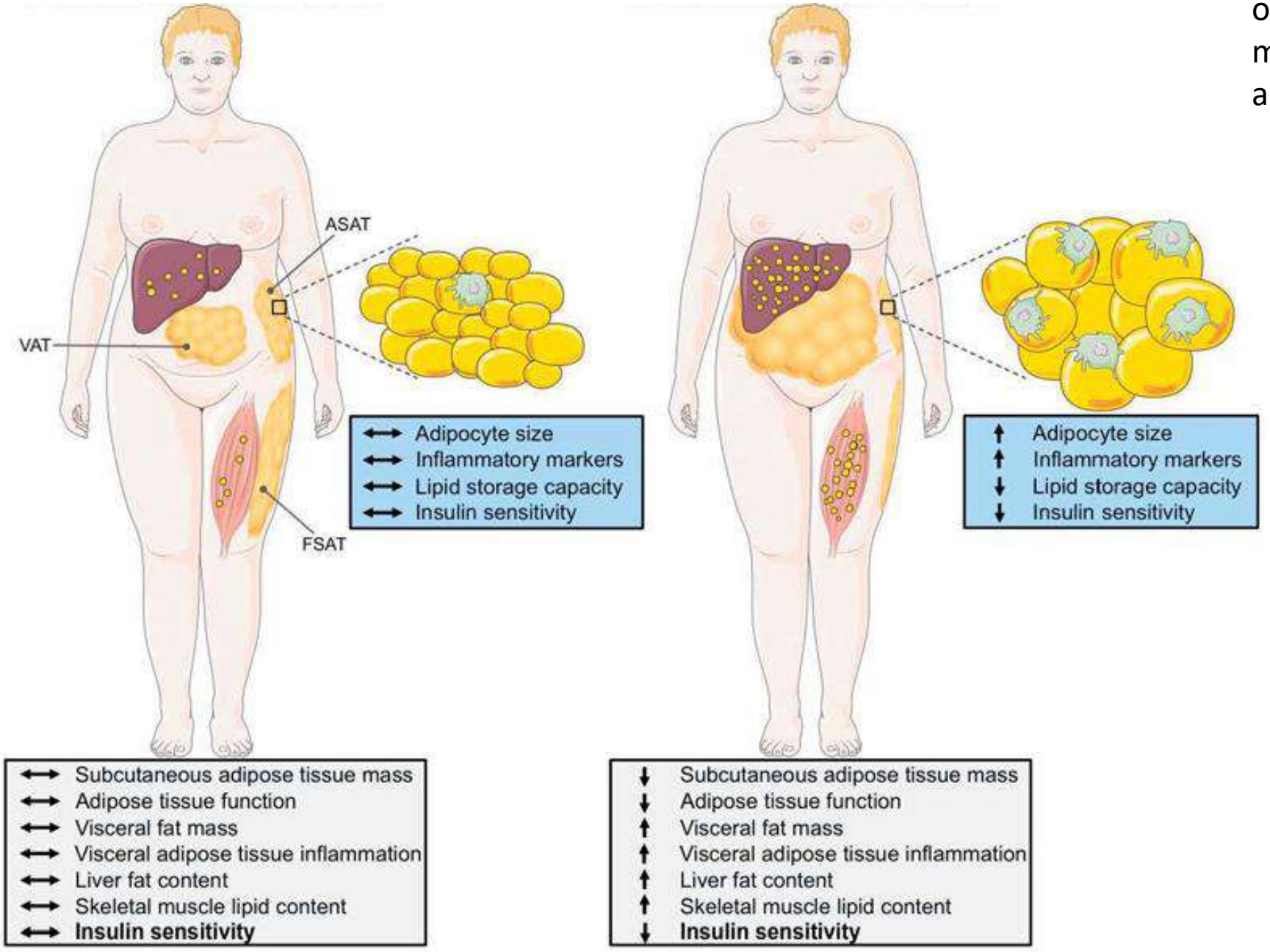
**Ranking of the top 15 risk factors for premature deaths from four major NCDs, 2021**

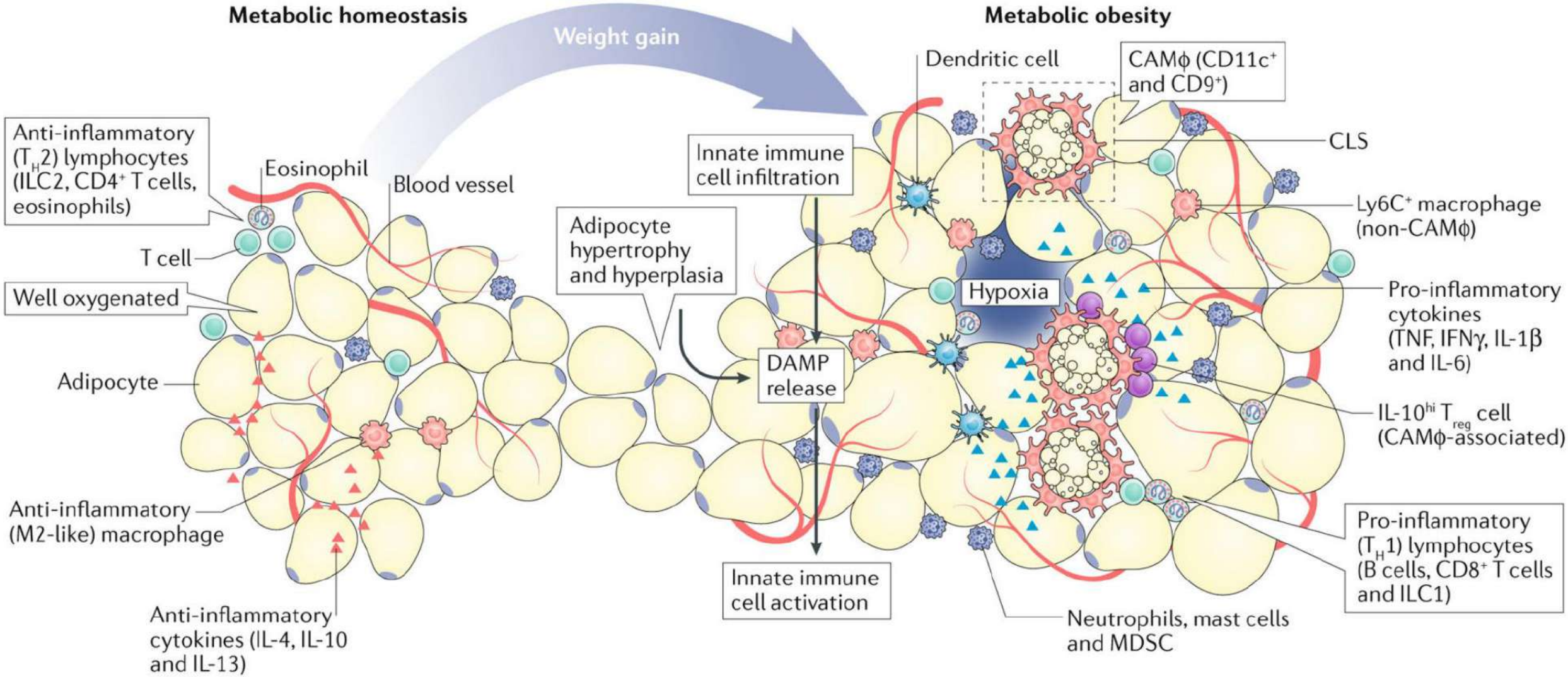
| Rank | Cancers | Ischaemic Heart Disease | Stroke | Type 2 Diabetes |
|---|---|---|---|---|
| 1 | Tobacco | High systolic blood pressure | High systolic blood pressure | High fasting plasma glucose |
| 2 | High body-mass index | High LDL cholesterol | High LDL cholesterol | High body-mass index |
| 3 | Diet high in red meat | Air pollution | Air pollution | Air pollution |
| 4 | High alcohol use | Tobacco | Tobacco | Tobacco |
| 5 | High fasting plasma glucose | High fasting plasma glucose | High fasting plasma glucose | Diet high in processed meat |
| 6 | Diet low in whole grains | Diet low in whole grains | Diet high in sodium | Diet low in whole grains |
| 7 | Diet low in milk | Kidney dysfunction | Kidney dysfunction | Low physical activity |
| 8 | Occupational risks | High body-mass index | High body-mass index | Diet high in red meat |
| 9 | Air pollution | Diet low in omega-6 polyunsaturated fatty acids | Other environmental risks | Diet high in sugar-sweetened beverages |
| 10 | Low physical activity | Diet high in sodium | High alcohol use | Diet low in fruits |
| 11 | Diet high in processed meat | Diet low in nuts and seeds | Diet low in fruits | High alcohol use |
| 12 | Diet low in calcium | Diet low in seafood omega-3 fatty acids | Diet low in whole grains | Diet low in fibre |
| 13 | Diet high in sodium | Diet low in fruits | Low physical activity | Diet low in vegetables |
| 14 | Other environmental risks | Other environmental risks | Diet low in fibre | |
| 15 | Drug use | Diet low in fibre | Diet low in vegetables | |

*Source: Institute for Health Metrics (2024)*

# L’obesità è tutta uguale?

It is not a matter of weight… It is a matter of visceral adiposity

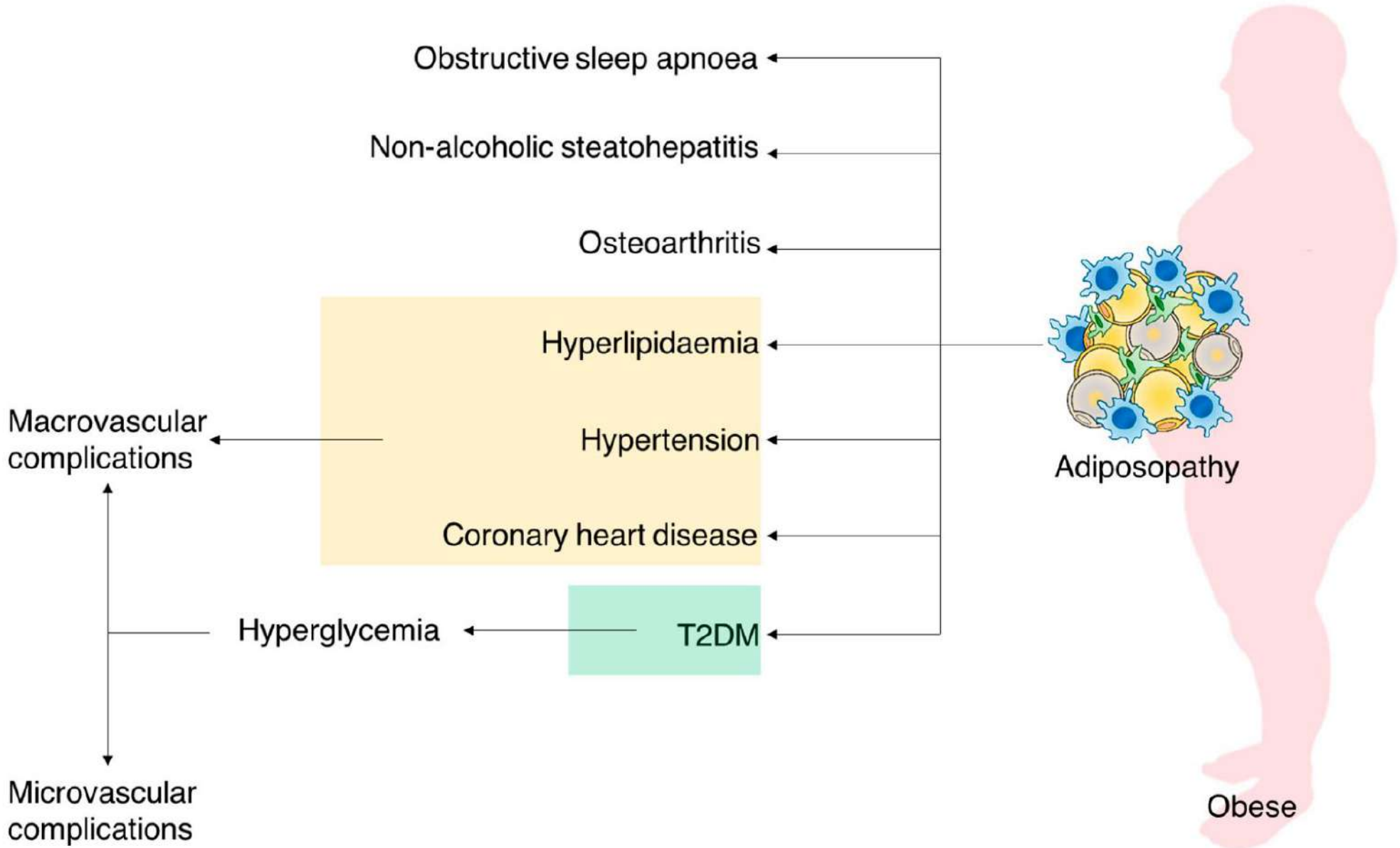





Quail DF, Dannenberg AJ. The obese adipose tissue microenvironment in cancer development and progression. Nat Rev Endocrinol. 2019

# Obesity and Type 2 Diabetes: Adiposopathy as a Triggering Factor and Therapeutic Options

*Molecules* **2023**, *28*, 3094. https://doi.org/10.3390/molecules28073094



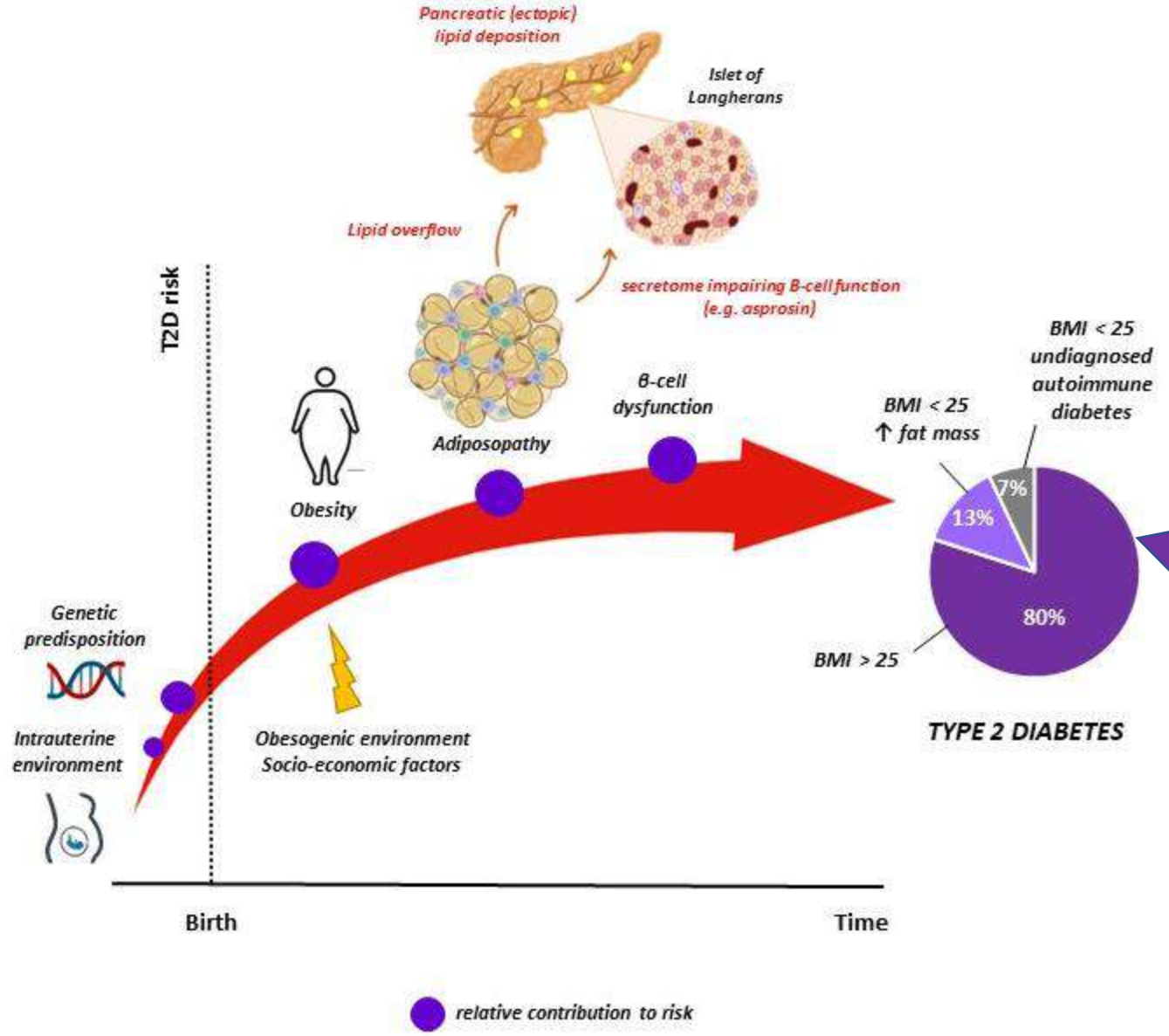
# Remission of type 2 diabetes: position statement of the Italian society of diabetes (SID)

Danila Capoccia[1] · Frida Leonetti[1] · Andrea Natali[2] · Domenico Tricò[2] · Sebastio Perrini[3] · Paolo Sbraccia[4] · Valeria Guglielmi[4] · On behalf of the Italian Society of Diabetes (SID)

Acta Diabetologica (2024) 61:1309–1326
https://doi.org/10.1007/s00592-024-02317-x

POSITION STATEMENT

SID Società Italiana di Diabetologia







- ✓ Circa **l'80%** dei pazienti con diabete tipo 2 ha un **BMI > 25 Kg/m²**
- ✓ I **2/3 del restante 20%** ha un aumento della **circonferenza vita** (superiore a 80 cm nella donna, 94 cm nell'uomo)
- ✓ I restanti (**veri normopeso**) mostrano una **positività agli autoanticorpi** (quindi NON hanno un diabete tipo 2)

***Ahlqvist E, Diabetes 2020***

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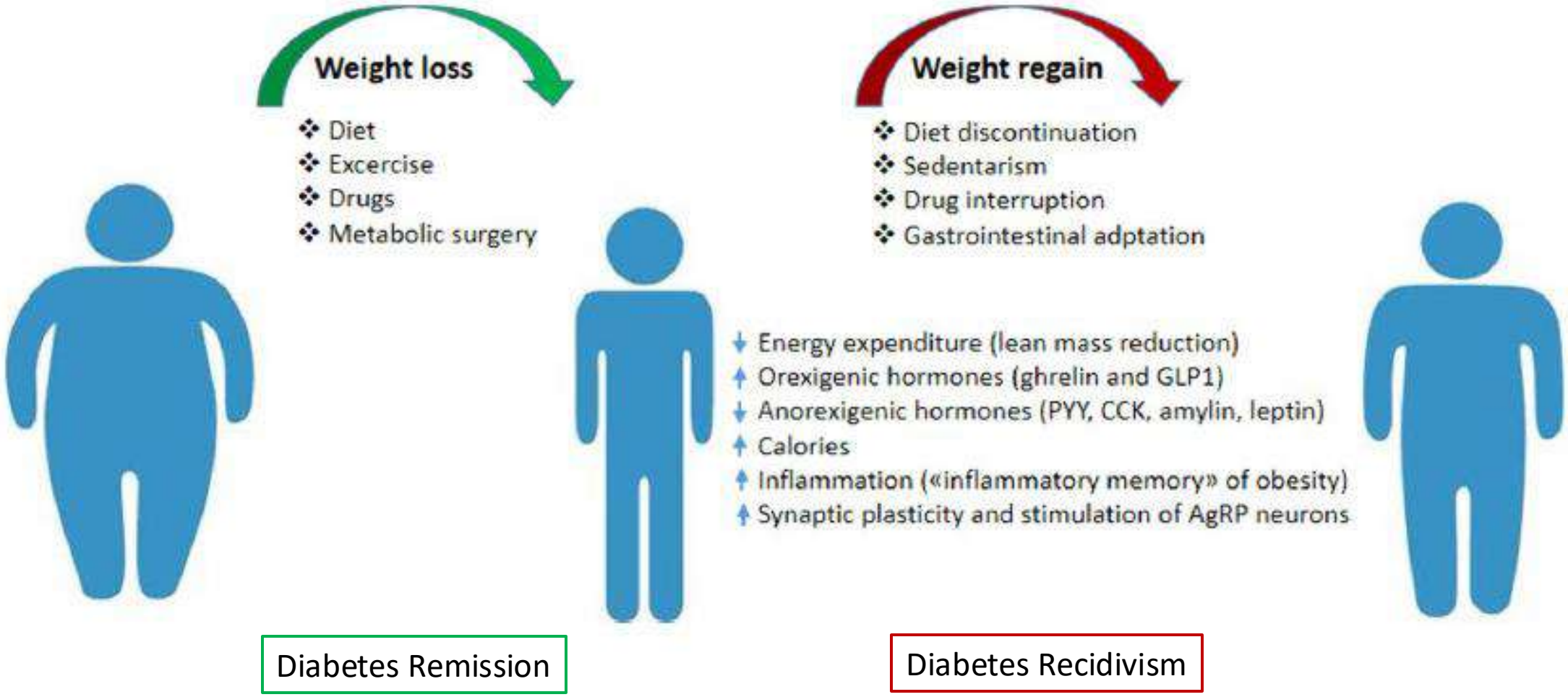


# Obesity is recognized as a disease and a health issue

"Obesity is a chronic, relapsing, progressive disease process ….need for immediate action for prevention and control of this global epidemic"

World Obesity Federation[1]

"Obesity is a progressive chronic disease, similar to diabetes or high blood pressure, …"

Obesity Canada[3]

"A progressive disease, impacting severely on individuals and society alike,… obesity is the gateway to many other disease areas…"

European Association for the Study of Obesity[4]

"Obesity and overweight as a chronic medical condition (de facto disease state) and urgent public health problem…"

American Medical Association[2]

"It (obesity) is not a lifestyle choice caused by individual greed but a disease caused by health inequalities, genetic influences and social factors.."

Royal College of Physicians UK[5]

"The Treat and Reduce Obesity Act would allow a variety of qualified practitioners, including registered dietitian nutritionists, to more effectively treat this disease, which impacts more than one-third of our nation."

Academy of nutrition and dietetics[6]

"Obesity is a chronic relapsing disease, which in turn acts as a gateway to a range of other non-communicable diseases, such as diabetes, cardiovascular diseases and cancer."[3]

European Commission[7]

"A pathological state (obesity disease) in which a person suffers health problems caused by or related to obesity thus making weight loss clinically desirable …"

Asia Oceania Association for the Study of Obesity[8]

https://www.nice.org.uk/news/article/keep-the-size-of-your-waist-to-less-than-half-of-your-height-updated-nice-draft-guideline-recommends

*1. Bray et al. Obes Rev 2017;18:715–23; 2. AMA resolutions. June 2012. Available at https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/a12-resolutions_0.pdf. Accessed October 2022; 3. Obesity Canada. Available at https://obesitycanada.ca/guidelines/. Accessed October 2022; 4. EASO: 2015 Milan Declaration: A Call to Action on Obesity. Available at https://easo.org/2015-milan-declaration-a-call-to-action-on-obesity/. Accessed October 2022; 5. Royal College of Physicians. Anon. BMJ 2019;364:l45; 6. Raynor et al. J Acad Nutr Diet 2016;116:129–47; 7. European Commission. Obesity prevention. Available from https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/obesity_en. Accessed October 2022; 8. AOASO position statement, Nagoya Declaration 2015.*

# I limiti del BMI!

| BMI ($Kg/m^2$) | Weight Status | Obesity Class |
|---|---|---|
| < 18.5 | Underweight | - |
| 18.5-24.9 | Normal | - |
| 25.0-29.9 | Overweight | - |
| 30.0- 34.9 | Obesity | I |
| 35.0-39.9 | Obesity | II |
| > 40 | Obesity | III |


The Lancet Diabetes & Endocrinology Commission
March 2025

# A new framework for the diagnosis, staging and management of obesity in adults

Luca Busetto, Dror Dicker, Gema Frühbeck, Jason C. G. Halford, Paolo Sbraccia, Volkan Yumuk & Giis H. Goossens

nature medicine
September 2024

EASO

**Diagnosis of obesity**

**Anthropometric component**
- High risk fat accumulation (BMI ≥ 25 kg/m$^2$ and WtHR ≥ 0.5)
- Obesity (BMI ≥ 30 kg/m$^2$)

**Clinical component**
- Medical domain
- Functional domain
- Mental domain

**Diagnosis of obesity**

BMI ≥ 30 kg/m$^2$ or
BMI ≥ 25 kg/m$^2$ and WtHR ≥ 0.5 plus medical, functional or psychological impairments or complications

Esempio:
girovita 80 cm, altezza 170 cm
80/170=**0,47**

**Staging of obesity**

**Discussion of personalized therapeutic targets**

**Initial level of intervention**

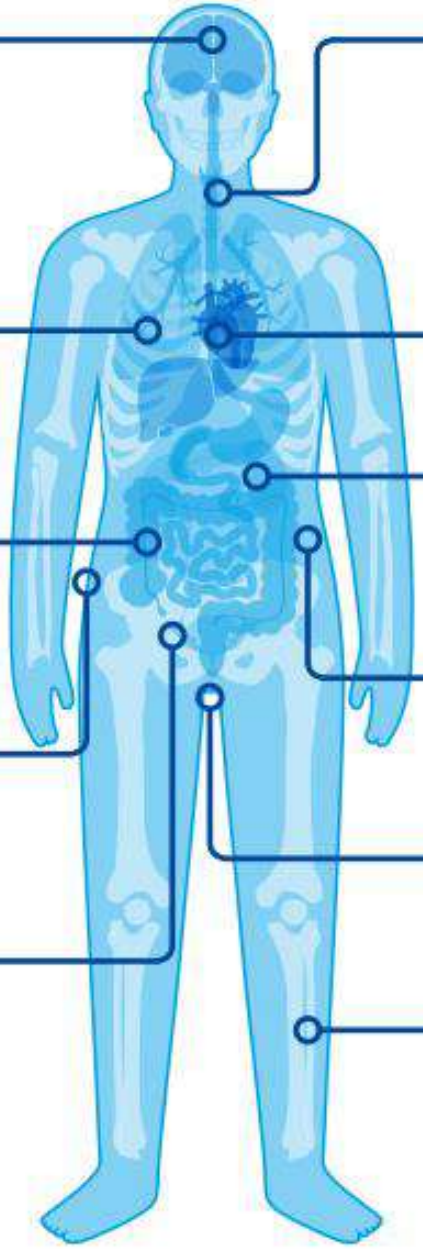
**Intensification of therapy**
if initial level is not sufficient to achieve personalized therapeutic targets

Questionari validati
(valutazioni fisiche, funzionali e psicologiche)

Mezzi non invasivi e poco costosi
(stadiazione malattia epatica e renale)

Anamnesi familiare
(per guidare lo screening oncologico)

# OBESITY AND ITS IMPACTS ON HEALTH



**Neurological & Psychosocial**
- Higher incidence of Cerebrovascular Accidents (strokes) and cognitive decline
- Increased prevalence of mental health disorders, including depression, anxiety, body dissatisfaction, and low self-esteem

Questionari validati per i sintomi psichici, stigma interiorizzato, ...

**Digestive**
- Increased risk of Metabolic Dysfunction–Associated Steatotic Liver Disease (MASLD) and certain malignancies

FLI < 30 escude una steatosi
FIB4 < 1,3 esclude una fibrosi epatica con elevata probabilità

**Reproductive**
- Linked to infertility

**Endocrine & Metabolic Disorders**
- Elevated risk of Type 2 Diabetes Mellitus (T2DM), Metabolic Syndrome, Dyslipidemia, and hormonal imbalances

**Cardiovascular**
- Increased incidence of Coronary Artery Disease and Hypertension

Farsi guidare dall'anamnesi familiare per lo screening di alcune forme di cancro

**Some Cancers**
- Including increased risk of colorectal, prostate, and liver cancer

**Renal**
- Elevated risk of Chronic Kidney Disease (CKD)

Valutare GFR e albuminuria indipendentemente dalla presenza /assenza del diabete

| Theme | No. | Statement | (%) |
|---|---|---|---|
| | 1 | Base the diagnosis of obesity on the recognition of abnormal and/or excessive fat accumulation (anthropometric component) and the analysis of its present and potential effects on health (clinical component). | 96% |
| | 3 | Base the recognition of excessive fat accumulation that may confer an increased risk for progressing to medical, functional or psychological impairments or complications in adults of European descent on the presence of BMI ≥ 25 | 65% |
| | 4 | Base the recognition of obesity in adults of European descent on the presence of BMI ≥ 30 kg/m² and the absence or presence of any medical, functional or psychological impairments or complications. | 70% |
| | 6 | Apply ethnicity-specific cut-offs for BMI. | 100% |
| Clinical diagnosis and staging | 7 | Consider a determination of body composition and adiposity (percentage body fat) by dual-energy X-ray absorptiometry or, alternatively, bioelectric impedance when BMI and physical examination are ambiguous. | 75% |
| | 8 | Perform a systematic evaluation of medical, functional and psychological (mental health and eating behavior pathology) status (clinical component) in any person with obesity. | 92% |
| | 9 | Evaluate the presence of medical complications and metabolic risk factors according to a systematic and cost-effective diagnostic assessment. | 96% |
| | 10 | nnaires for obesity-related disabilities, or exercise testing. | 92% |
| | 11 | Perform a diagnostic assessment (muscle strength, performance, body composition) for sarcopenic obesity in case of clinical symptoms or the presence of risk factors hereof. | 87% |
| | 12 | | 91% |
| | 13 | Assess for depressive symptoms and eating behavior disorders. Consider using psychometric tests for the screening of eating behavior disorders. | 87% |
| | 14 | Stage obesity as a chronic, relapsing disease, according to the severity of its medical, mental and functional complications. | 96% |

**Basare la diagnosi dell'obesità sull'accumulo anomalo di grasso e sul suo impatto sulla salute (fisica e psichica)**

**Misurare la circonf. vita in tutte le persone, in particolare in quelle con BMI più basso**

**Includere nella diagnosi di obesità quelle persone con BMI > 25, rapporto vita/altezza > 0.5, con qualsiasi disfunzione clinica, funzionale o psicologica**

**Ricercare una eventuale obesità sarcopenica**

**Prescrivere regolare screening per i tumori principalmente legati all'obesità**

nature medicine
Volume 30 | September 2024 | 2395–2399 | **2395**

| | | | |
|---|---|---|---|
| Pillars of treatment | 15 | **Organizzare un trattamento multidisciplinare a lungo termine** | 92% |
| | 16 | Remember that the pillars of treatment for obesity management in adults are behavioral modifications (including | 96% |
| | 17 | **- Prescrivere farmaci in presenza di BMI > 30 oppure > 27 + complicanze**<br>**- Considerare di prescrivere in presenza di BMI > 25, con rapp. vita/altezza > 0.5 + presenza di disfunzioni cliniche, funzionali o psicologiche** | 83% |
| | 18 | Prescribe, according to official labeling, obesity medications, as an adjunct to behavioral modifications, in patients with a BMI ≥ 30 kg/m² or a BMI ≥ 27 kg/m² with an obesity-related disease or complications. Consider the use of | 83% |
| | 19 | **- Considerare la chirurgia bariatrica/metabolica in presenza di BMI > 40 o > 35 in presenza di complicanze oppure BMI > 30 in presenza di un diabete altamente sompensato al massimo della terapia medica**<br>optimal medical therapy. | 79% |
| | 20 | **Includere la gestione delle complicanze legate all'obesità come parte della gestione completa dell'obesità.** | 96% |
| | 21 | Consider the presence of obesity and the effects that treatments may have on body weight, body composition or metabolic status in the selection of the drugs used to treat obesity-related complications or non-obesity-related diseases occurring in a person with obesity. Preferably, prescribe drugs not associated with weight gain whenever possible. | 100% |

nature medicine
Volume 30 | September 2024 | 2395–2399 | 2395

| Theme | No. | Statement | Consensus (%) |
|---|---|---|---|
| | 22 | Consider that the management and treatment of obesity have wider objectives than weight loss alone and include | 100% |
| Therapeutic targets | 23 | Define personalized therapeutic goals for obesity management in adults, taking into account:<br>(a) Prevention of further weight gain and obesity-related complications.<br>(b) Achievement and maintenance of weight loss sufficient to prevent, resolve or improve obesity-related | 96% |
| | 24 | Set therapeutic goals at the beginning of the treatment, according to the severity and stage of obesity, taking into account available therapeutic options, possible side effects and risks, and patient preferences. Discuss the drivers of obesity and possible barriers to treatment (psychological/mental, mechanical/functional, metabolic, and | 96% |
| | 25 | Emphasize long-term, realistic, sustained weight loss to achieve a reduction in health risks and include promotion of weight maintenance and prevention of weight regain. Because obesity is a chronic disease, help persons with obesity understand that lifelong efforts are required to maintain a healthier body weight. | 96% |
| Initial level of intervention | 26 | Propose the appropriate initial level of intervention (behavioral modifications alone, psychological therapy, obesity | 96% |
| | 27 | Discuss and agree with the patient the appropriate initial level of intervention, taking previous therapeutic attempts into account and after careful consideration of all clinically appropriate therapeutic options. | 100% |
| | 28 | Consider intensification of therapy, additional therapies or a different initial level of intervention in patients | 96% |

**Considerare che il trattamento dell'obesità ha obiettivi più ampi della sola perdita di peso (prevenzione, risoluzione o miglioramento delle complicanze, migliore qualità della vita e benessere mentale)**

**Definire gli obiettivi terapeutici all'inizio del trattamento, in base alla gravità e allo stadio dell'obesità, tenendo conto delle opzioni terapeutiche disponibili, dei possibili effetti collaterali e rischi e delle preferenze del paziente.**

**Enfatizzare una perdita di peso realistica, sostenuta e a lungo termine.**

**Sulla base della stadiazione cinica, delle compromissioni varie, scegliere l'iniziale livello di intervento**

**Intensificare la terapia, evitando gli stessi ripetitivi e futili cicli di intervento, prevenendo l'inerzia terapeutica**

# TAKE HOME MESSAGE

- La **diagnosi** di obesità deve andare **oltre il BMI**: è necessario considerare la **distribuzione del tessuto adiposo** e lo **stato di salute** nel suo complesso;

- La distribuzione del tessuto adiposo (**rapporto vita/altezza**) è un indicatore più efficace di rischio cardio-metabolico;

- La stadiazione dell'obesità prevede una valutazione **clinica, funzionale e psicologica**;

- Il **trattamento** dell'obesità deve andare **oltre il BMI**: le modifiche del peso non bastano ma bisogna raggiungere il milgioramento dello stato di salute nel suo complesso;

- Gli interventi comportamentali, nutrizionali, la farmacoterapia e la chirurgia bariatrica si devono scegliere dopo attenta valutazione del paziente, basandosi sulle esigenze cliniche e sulla necessità di un mantenimento a lungo termine dello stato di salute (usarli in maniera sequenziale o anche combinata);

- I farmaci andrebbero considerati anche per persone con **BMI > 25 Kg/m2, rapporto vita/altezza > 0,5** con componeti cliniche, funzionalie e psicologiche.