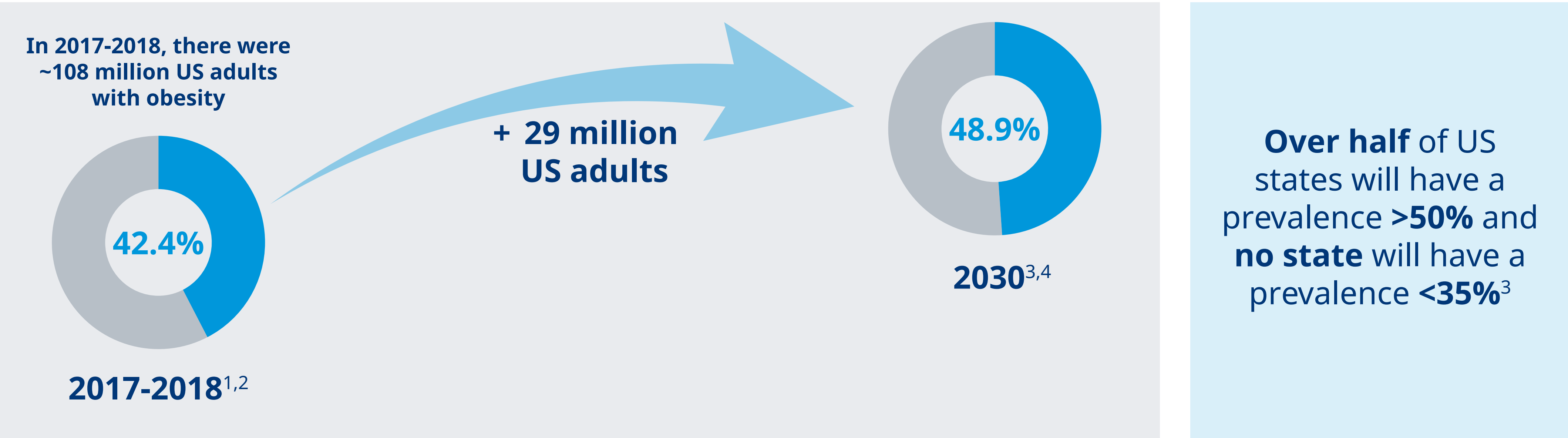


Obesity: an overview of the disease

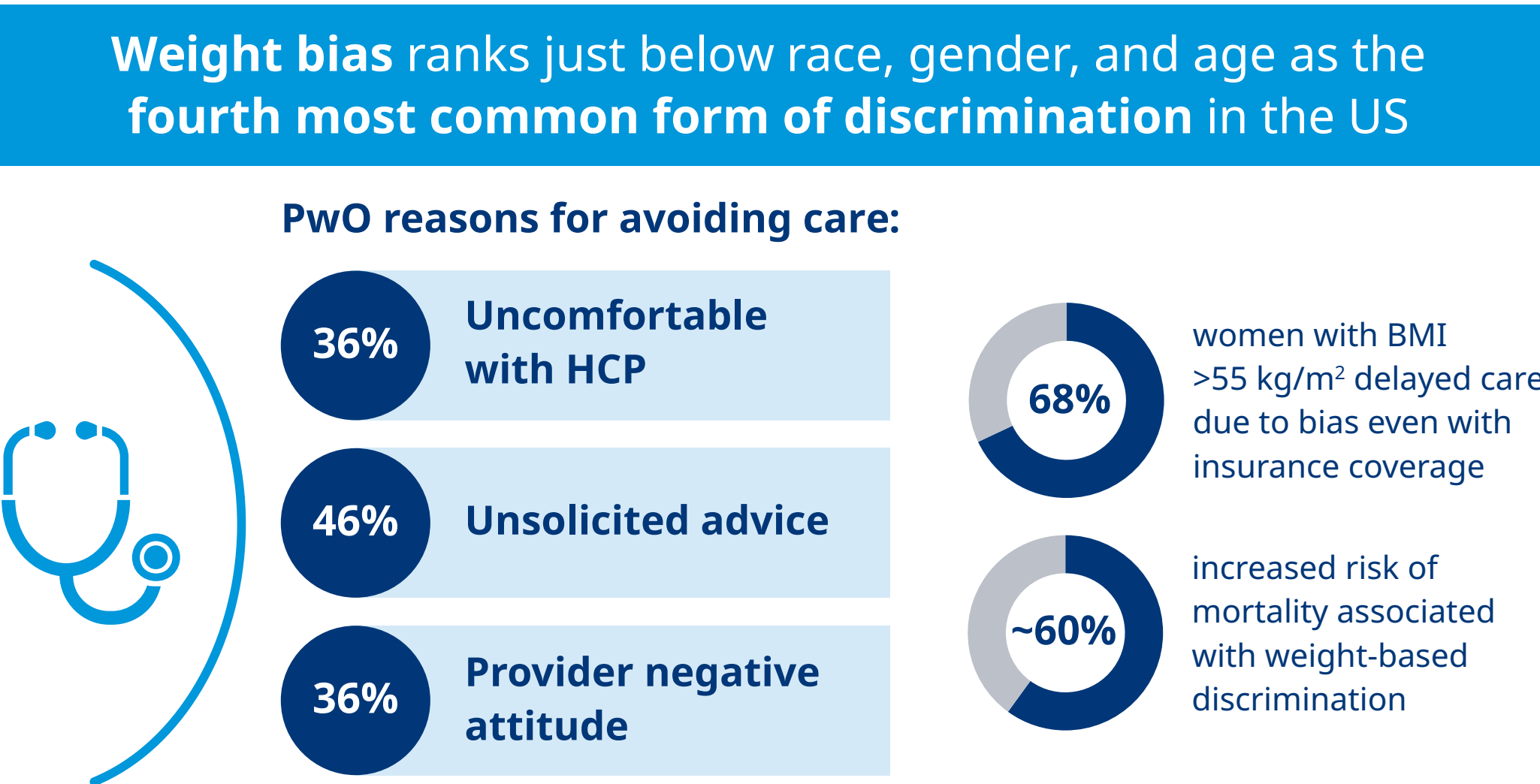
A serious, chronic disease stemming from dysregulation of energy homeostasis that is vastly underdiagnosed and undertreated



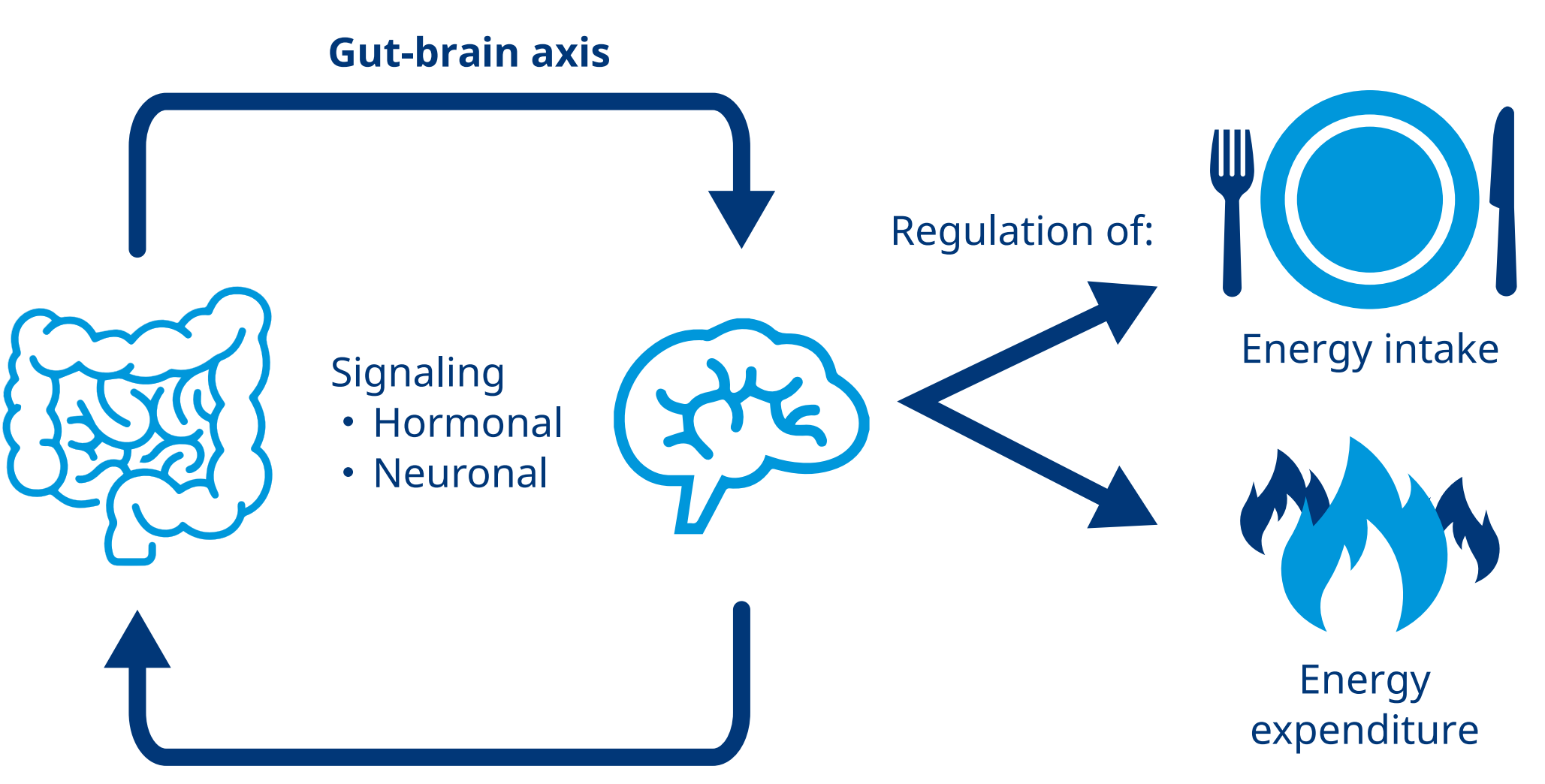
Projected prevalence of obesity in the US adult population by 2030



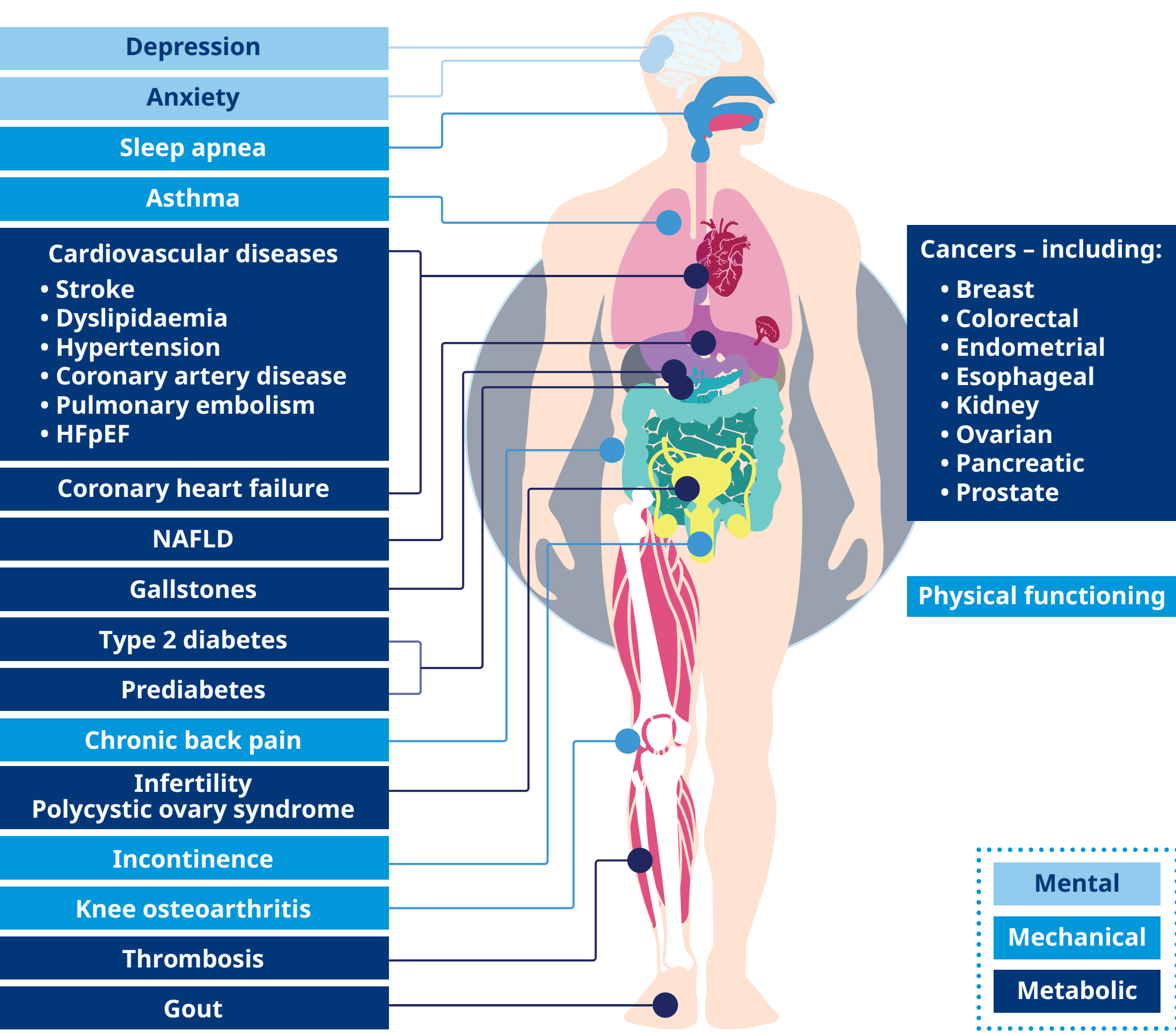
Weight bias impacts care<sup>5-7</sup>



Introduction to appetite signaling<sup>8</sup>



Obesity is associated with multiple complications<sup>9-15</sup>



Clinical guidelines recommend increasing treatment intensity in line with disease stage<sup>16</sup>

AACE/ACE guidelines

Anthropometric component BMI (kg/m <sup>2</sup> )	Clinical component	Disease stage (as defined in the ACE/AACE guidelines)	Chronic disease phase of prevention	Suggested therapy (based on clinical judgment)
<25 <23*		Normal weight (no obesity)	Primary	Healthy lifestyle – healthy meal plan and physical activity
25–29.9 23–24.9*		Overweight stage 0 (no complications)	Secondary	Lifestyle therapy – Reduced-calorie healthy meal plan, physical activity, Behavioral interventions
≥30 ≥25*	Evaluate presence/severity of adiposity-related complications (e.g. metabolic syndrome, T2D, dyslipidemia, hypertension, CV disease, OSA, asthma, depression)	Obesity stage 0 (no complications)	Secondary	Lifestyle therapy – as above WL medications – consider after lifestyle therapy fails to prevent progressive weight gain (BMI ≥27)
≥25 ≥23*		Obesity stage 1 (≥1 mild-moderate complications)	Tertiary	Lifestyle therapy – as above WL medications – consider if lifestyle therapy fails to reach target, or introduce concurrently (BMI ≥27)
≥25 ≥23*		Obesity stage 2 (≥1 severe complication)	Tertiary	Lifestyle therapy – as above Add WL medications – initiate concurrent with lifestyle therapy (BMI ≥27) Consider bariatric surgery (BMI ≥35)

\*In certain ethnicities; AACE, American Association of Clinical Endocrinologists; ACE, American College of Endocrinology; BMI, body mass index; CV, cardiovascular; HFpEF, heart failure with preserved ejection fraction; IAT, Implicit Association Test; NAFLD, non-alcoholic fatty liver disease; OSA, obstructive sleep apnea; T2D, type 2 diabetes; US, United States; WL, weight loss.

1. Hales CM et al. Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018. NCHS Data Brief. No 360. February 2020. Available at: <https://www.cdc.gov/nchs/data/databriefs/db360-h.pdf>. [Accessed October 27, 2020]; 2. Fryar CD et al. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats. 2020; 3. Ward ZJ et al. *N Engl J Med*. 2019;381:2440–50; 4. United States Census Bureau. 2017 National Population Projections Tables: Main Series. Available at: <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>. Accessed October 2020; 5. Puhl R et al. *Int J Obes*. 2008;32:992–1000; 6. Amy NK et al. *Int J Obes*. 2006;30:147–55; 7. Sutin AR et al. *Psychol Sci* 2015;26:1803–11; 8. Troke RC et al. *Ther Adv Chronic Dis*. 2014;5:4–14; 9. Sharma AM. *Obes Rev*. 2010;11:808–9; 10. Guh DP et al. *BMC Public Health*. 2009;9:88; 11. Luppino FS et al. *Arch Gen Psychiatry*. 2010;67:220–9; 12. Simon GE et al. *Arch Gen Psychiatry*. 2006;63:824–30; 13. Church TS et al. *Gastroenterology*. 2006;130:2023–30; 14. Li C et al. *Prev Med*. 2010;51:18–23; 15. Hosler AS. *Prev Chronic Dis*. 2009;6:A48; 16. Garvey WT et al. *Endocr Pract* 2016;22:842–84.

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