Key Actions

1. GAIN RECOGNITION THAT OBESITY IS A PRIMARY DISEASE

The Department of Health in Ireland, World Health Organization (WHO), American Medical Association (AMA) and Food & Drug Administration (FDA) have all acknowledged that obesity is a disease. This is an important action to focus attention on the obesity problem and help improve services for the management of obesity.

2. IMPLEMENT EXISTING GOVERNMENT POLICY THAT OBESITY IS A DISEASE THAT REQUIRES TREATMENT

- Provide treatment interventions that can help people with obesity lose at least 10% of their body weight to enable them to reduce their mortality and improve their quality of life.
- Provide access to treatments within the HSE to provide maximum benefit to the largest number of people that will obtain value while still being cost effective for the HSE.

3. ESTABLISH A NATIONAL OBESITY TREATMENT PROGRAMME

- Establish a national obesity programme in Ireland that delivers regional specialist weight management services as part of an integrated model across primary, secondary and community care.
- Ensure access to specialist diet and exercise programmes, weight loss medication, cognitive behavioural therapy and obesity surgery for people who will have significant health benefit from a 10% loss in body weight.
- Centres should be based in model three or model four hospitals with a well-integrated pathway from primary care services to secondary care and back.
- Develop care pathways that complement existing preventative care and community based interventions.
- Broaden the expertise of the obesity multidisciplinary teams so integrated services can deliver intensive diet and exercise programmes, medication or obesity surgery to at least 400 patients per year while being geographically located in such a way as to optimise access nationally.
- Establish obesity treatment centres in each of the six hospital groups alongside one national paediatric obesity centre, with full multidisciplinary teams and access to associated assessment clinics within each of the HSE Hospital Groups.
- Multidisciplinary teams in each centre should be fit for purpose and can include upper gastrointestinal surgeons, obesity physicians, dietitians, specialist nurses, clinical psychologists or psychiatrists and physiotherapists or exercise physiologists.

4. EDUCATION OF HEALTHCARE PROFESSIONALS

- Educate healthcare professionals that a) obesity is a disease, b) obesity is a disease that can benefit from treatment.
- Healthcare professional-initiated discussions can motivate patients to lose weight and change behaviour. As patients are less likely to start the dialogue about their weight it is important that healthcare professionals are educated as to how they can take the initiative to discuss obesity as a disease.

5. PUBLIC AWARENESS AND EDUCATION

- Empower individuals to take responsibility for their disease by educating the public about obesity and that treatments range from diet and exercise to medications and surgery.
- Provide clear and accessible nutritional health information to the public, through our education system, community and primary care centres and through targeted media campaigns.

References:

Obesity is a Chronic Disease requiring Treatment: A CALL TO ACTION

**The Scale of the Problem**

- Ireland has been the highest obesity rates in Europe and affects more than one million adults in Ireland in four adults are obese and one in four children are overweight or obese making them highly likely to become obese adults.
- Approximately one in 20 adults have an obesity-related disease such as type 2 diabetes, sleep apnoea or stroke.
- Bariatric surgery can improve quality of life, improve functional capacity and associated subfertility and endometrial or womb cancer.
- Younger people who develop these complications are at the highest risk of early mortality.
- If these with multiple comorbidities of high blood pressure, type 2 diabetes, heart disease and stroke are left untreated.
- Obesity is a leading cause of preventable morbidity and mortality.

**Obesity is a Multi-system Disease with Devastating Consequences**

- Obesity is directly linked to a host of health problems including type 2 diabetes, high blood pressure, sleep apnoea, heart disease, stroke, and cancer.
- Every year in Ireland approximately 2,000 deaths are attributable to obesity.

**Treatment Options for People with Obesity**

- For those 20 people, mortality can be improved with intensive diet and exercise programmes. Only long-term weight loss of more than 10% can be achieved. Only 20% of people with obesity will be able to achieve more than 10% weight loss.
- Medications to treat obesity can achieve 10% weight loss with associated metabolic benefits in about one third of patients. Patients are prescribed medications but these may take side effects and so need to be used in patients who will derive the most benefit from them without exposing those who do not benefit to risks.
- Weight loss surgery, e.g. gastric bypass surgery and sleeve gastrectomy, is the most effective and cost-effective treatment for obese patients with severe obesity and difficult to control diabetes.
- Medications to treat obesity may achieve 10% weight loss with associated metabolic benefits in about one third of patients.
- Bariatric surgery can achieve 10% weight loss with this approach. The surgery resulted in significant health gain by resolving her knee pain which improved her mobility and ability to exercise. Her type 2 diabetes required metformin and an injectable drug, which was helping her to lose weight. She continues to see the multidisciplinary team in Galway.

**The Need for Obesity Treatment in Ireland**

- Whilst efforts have been made by the Department of Health and the HSE to implement population-wide preventive strategies to halt the rising prevalence of obesity in Ireland, little has been done to provide treatment to those who already have the consequences of obesity.
- There is an acute lack of healthcare staff, facilities and equipment across the country to treat people who live with obesity.
- There is insufficient training of healthcare professionals in detecting, treating and managing people with obesity based on body mass index (BMI), with an estimated 13 million adults with obesity based on body mass index (BMI), of whom 1.2 million have type 2 diabetes.
- One in 20 adults have an obesity-related disease such as type 2 diabetes, sleep apnoea or stroke.

**Financial Case for Action**

- The current cost of treating obesity related diseases is approximately €16 billion per annum. Of this cost is allocated to hospital care and medication costs and €6 billion from indirect costs including productivity losses from absenteeism.
- The estimated annual cost of the lifetime cost due to obesity, and people being overweight in €432 billion of which €226 million is accounted for female deaths and €352 million for male deaths.
- In addition, the approximate cost of obesity-related diseases and premature deaths in Ireland has been estimated at €6 billion per annum.
- The NHS healthcare system currently spends €800,000 per year (€170 million per annum) on treating diabetes alone. Provision of obesity surgery to those with obesity and severe obesity and difficult to control diabetes could result in an estimated 130,000 lives being saved and an estimated three billion savings in the three-year return on investment for the healthcare provider.
- The costs of obesity surgery (approximately €8,000 per patient) for patients with difficult to control diabetes are recovered within three years of surgery. Most of the savings come from a decrease in direct healthcare costs by reducing the medication and self-monitoring cost of illness.

**MARY**

Mary struggled with her weight her whole life and tried several diet and exercise plans without success. Working as a healthcare professional, she was aware of the impact that extra weight was having on her health. She started achieving one of her goals the day she decided to try obesity surgery. The surgery was life-changing for her. Her pain in both knees was made worse by her weight, which also limited her mobility. This in turn was affecting her ability to do the things she loved, like walking in her garden, going for a walk with her friends or cooking a healthy meal. Mary’s blood pressure was 180/100, which was unacceptably high. Her blood pressure was hard to control pre-operatively and she was on four different medications.

Mary started a ten-week structured lifestyle modification programme and responded well. After two years Mary decided to explore obesity surgery. At the time of the operation Mary weighed 98 kilograms, with a BMI of 45 kilograms per square meter. Mary’s blood pressure prior to surgery was 180/100. After surgery, her blood pressure was normal and she only needed to take one medication.

Mary had a gastric bypass surgery and her weight dropped to 72 kilograms. Her blood pressure dropped to 130/80 and she was no longer on any of her medications. She no longer feared food and was free to enjoy life. She feels like a new person and has even joined a gym. Mary has lost 23 kilograms and is now 65 kilograms.

Mary says, "I’ve got my life back and am free to do the things I want to do. I am no longer fearful of food and I feel like a new person."

**But...**

Obesity is a chronic disease, preventable and treatable. The right to live a healthy life is a human right. The right to health cannot be dependent on income, gender, race, age or sexual orientation.

**The importance of implementing effective healthcare systems.**

- Over 30% of the adult population is overweight and almost 13% of adults suffer from obesity.
- It is estimated that 1 in 4 adults in Ireland are obese, with a BMI of 30 or above.
- Obesity surgery, e.g. gastric bypass surgery and sleeve gastrectomy, is the most successful and cost-effective treatment for obesity patients.
- Medications to treat obesity may achieve 10% weight loss with associated metabolic benefits in about one third of patients.
- Obesity is a leading cause of preventable morbidity and mortality.

**The Time to Act on Government Policy is Now**

- The Department of Health’s policy position set out in 2005 by the National Task Force on Obesity accepted the WHO’s International Classification of Diseases (ICD) codification of obesity and defined obesity as a disease.
- However, many affected individuals in Ireland will not have this need identified or properly addressed due to low awareness amongst the public and healthcare professionals that obesity is a disease – a disease that requires personalized treatment programmes.
- The problem is further compounded by inadequate service provision.
- There is a lack of healthcare staff, facilities and equipment across the country to treat people who live with obesity.
- The costs of obesity surgery (approximately €8,000 per patient) for patients with difficult to control diabetes are recovered within three years of surgery. Most of the savings come from a decrease in direct healthcare costs by reducing the medication and self-monitoring cost of illness.

- Obesity is now Ireland’s turn to take decisive action to implement government policy and establish a national obesity programme.
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**Alliance for Health Gain in People with Obesity**

- This ‘call to action,’ supported by European and Irish expert bodies urges immediate and decisive government action to address the gaps in our healthcare system that prevent those affected by the complications of obesity from accessing effective therapies that will help them achieve and sustain the necessary 10% loss in body weight.

**Forward**

- Prevention is the most cost-effective strategy to reduce the health burden of obesity. However, many affected individuals in Ireland will not have this need identified or properly addressed due to low awareness amongst the public and healthcare professionals that obesity is a disease – a disease that requires personalized treatment programmes.
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