

OMA's Four Pillars: The Bedrock of Obesity Management and Treatment

Pre-obesity (BMI 25.0 kg/m² - 30.0 kg/m²) and obesity (BMI ≥ 30.0 kg/m²) continue to be on the rise worldwide. They are complex and multifactorial medical conditions, which need to be properly treated, monitored, and managed by qualified healthcare professionals using a comprehensive framework, such as the Obesity Medicine Association's (OMA's) "four pillars of clinical obesity treatment". You can unravel the mystery of obesity and crack your personal code only when you understand the science of obesity management and use the four-pillar approach as the treatment protocol. OMA's 4 pillars that work together to form the solid foundation or bedrock of obesity management and treatment include:

- 1. Nutrition.** The focus here is on a healthy diet that includes all the necessary nutrients needed for your body to function. This means it's important to limit fast food, sugar or sweetened beverages, salty food, red meat, fat, carbohydrates, and refined food that has fewer nutrients. It's also best to increase your intake of fruits, vegetables, fiber, and protein as well as to drink enough water for your body's needs. Another way to think of it is to say "no" to unhealthy and tempting foods or limit them and say "yes" to healthy ones. Some of the common diets include gluten-free, intermittent fasting, low fat (Dash, Ornish, Zone), Mediterranean, meal replacements, Paleo, and very low carb (Atkins, Ketogenic). The best diet is the one that you can stick to, will help with weight loss, and improve your overall health.

2. Physical Activity. Exercise has many health benefits and is important for maintaining your weight. It's a good idea to set a goal for yourself. To prevent any sports injury, do not start with high-intensity exercise. Start by working on how often you exercise and then consider the duration of your physical activity.

Exercises can be classified as either cardiovascular (cardio) or strength/resistance/weight training. Physical activity includes biking, dancing, doing yoga, jogging, playing karate or taekwondo, playing team sports, swimming, using exercise bands, walking, weight training, etc. It's best to choose your favorite one and do it on a regular basis. There are also activities called Non-Exercise Activity Thermogenesis (NEAT) such as cleaning the house, gardening, mowing the lawn, parking your car far and walking, raking leaves, standing at your desk, using the stairs, washing the dishes, etc. Being sedentary is not ideal and it's important to include movement throughout your day. This means for every 50 minutes you are sitting, you should be moving around for 10 minutes.

3. Behavior. There are healthy behaviors (eating, psychological, sleep) that can support your weight loss. Changing behaviors can take up to 3 months so it's important to focus on your goal, stay positive, and surround yourself with family and friends who encourage you in healthy habits. To improve your eating habits, foster a positive relationship with food by seeing it as fuel rather than a reward. This also includes eating based on what your body needs (physical hunger) rather than how you feel (emotional hunger). Practice eating slowly and mindfully so that the meal duration is 20 minutes, which is the time it takes for your brain to receive the "stop eating" signals from your stomach. Planning meals, reading the

food label, measuring portion sizes, eating home-cooked meals, and recording what you eat in a food diary is encouraged. Some of the habits you should avoid are skipping breakfast, overeating at dinner, snacking in front of the TV, and eating in the middle of the night. Restorative or quality sleep every night is critical for your overall health. At times you may experience difficulty falling asleep. When this happens, it's recommended you follow the rules of sleep hygiene and sleep conditioning, avoid the use of electronics within two hours of going to bed and exposure to bright light at night, and get more morning sunlight.

4. Medication Management. Weight-loss medications, also called anti-obesity medications (AOMs), are part of the treatment plan for obesity. Some will help with weight loss and others will prevent weight gain. Two requirements that need to be met before considering the use of anti-obesity medications are (1) fighting the weight battle or difficulty maintaining weight loss and (2) having certain criteria by the FDA, such as a BMI of ≥ 30.0 kg/m² or a BMI of 27 kg/m² with a weight-related risk factor (eg. high blood pressure, high cholesterol, type 2 diabetes, sleep apnea, etc). There are many medications and not only one that will work for everybody. They include Adipex, Bontril, Contrave, Qsymia, Saxenda, Tenuate, Topiramate, and Xenical. A certified obesity medicine specialist uses clinical judgment to determine which anti-obesity medication or combination will work best for you to have optimal results and the least side effects. There are also surgical procedures used as a tool for weight loss rather than a permanent cure. Some of them include the laparoscopic band (lap band), gastric sleeve, gastric bypass/Roux-en-Y bypass,

and duodenal switch. It is not “the easy way out” because like other surgeries there are risks and complications. If you are struggling with severe obesity and medical management is not working for you, then consider visiting a bariatric surgeon who can provide you with the surgical options for your case.

Remember, if you are dealing with pre-obesity or obesity, the solution is not simply “eat less, move more”. Instead, consider seeing a physician who can either treat weight or refer you to an obesity specialist, who uses a comprehensive (ie. nutrition, physical activity, behavior, medication) and evidence-based approach. He/she will look at your health profile, identify the cause(s) of weight gain, and create a personalized weight loss care plan. This is the only way you can have sustainable weight loss. Dr. Craig Primack, OMA President, emphasizes, “When the world adopts a treat or refer strategy, when we as a society begin to treat weight medically as a disease, when this happens, we will begin to ace obesity”.

References:

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