

# EASO

European Association for the Study of Obesity



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## **NEED FOR BETTER CARE FOR AN OBESE GENERATION**

**No country in Europe provides a satisfactory level of care for obese patients, even through an estimated 135 million people in need of medical advice on weight control.**

Despite the rising prevalence of obesity in Europe, it is still unrecognized as a disease in some quarters and there are few programmes tailored to its prevention and management.

The European Association for the Study of Obesity Management Task Force polled national medical authorities in 24 countries in a survey aimed at estimating the present level of patient care and developing new approaches to prevention and therapy.

The survey revealed widespread agreement within medical specialists on the poor level of treatment available. In the worst cases there was a ratio of one obesity specialist to 16 million people – the majority of whom fall into the WHO classification of pre-obese or obese.

***The pan-European survey also found:***

**1) No-one rated the quality of GP care of obese patients as appropriate.**

*Reasons mentioned included:*

- unsatisfactory treatment outcomes
- inadequate reimbursement
- poor knowledge about obesity
- failure to recognize obesity as a disease (by public and health care providers)

**2) Funding for GP care of obese patients in European countries is provided by:**

- government (36%)
- insurance (36%)
- personal cost (28%)

**3) A lack of both obesity specialists and obesity management centres.**

- The number of obese patients per obesity specialist widely varies – from 9,000 to 100,000.
- In many countries obesity specialist care would be covered by health insurance or government and only 10% of patients have to cover the costs of treatment personally.
- The number of inhabitants per obesity management centre varies from 1 million to 16 million.

**4) In all countries there is limited availability of individual consultation with a psychologist or dietitian (covered mainly by personal cost or insurance).**

**5) Most countries (90%) have both commercial and voluntary weight management groups, whereas work-site groups were reported only in 4 countries.**

**6) Low accessibility of modern anti-obesity drugs in some (especially Eastern European) countries.** (Orlistat and sibutramine are available in almost all responding countries, but one month's treatment with orlistat or sibutramine represents about 70% of the mean monthly per capita income in Romania and Bulgaria, in contrast to 3.2% in Switzerland.

**7) Partial or precisely defined reimbursement of these drugs is provided only in 5 European countries.** (Phentermine previously available in only 4 countries, has been authorised once more as a result of a European Court ruling, while caffeine/ephedrine combination is used in 6 countries.)

**8) Large differences between the countries with regard to the number of bariatric procedures performed per year. Insufficient collaboration of bariatric surgeons with obesity specialists was generally reported.** (50-120 surgical procedures in most responding countries, 1,000 in Sweden and 10,000 in France. Gastric banding is employed in almost all responding countries, gastroplasty in 10, gastric by-pass in 9 and biliopancreatic diversion in 7 countries.)

**9) National guidelines on obesity management are available in 18 of 24 member countries.**

*Obesity management should include the following four key strategies:*

- promotion of weight loss
- management of comorbidities
- promotion of long-term weight maintenance
- prevention of weight regain.

**10) An effective obesity management system requires an integrated approach including:**

- obesity management centres
- obesity specialists
- further specialists
- primary care physicians
- dietitians
- psychologists (or behavioural therapists)
- exercise physiologists
- weight management groups led by educated counsellors

**11) Obesity specialists and management centres should be available for the care of obesity-associated with increased health risks.** (Postgraduate education of obesity specialists should be promoted by the EASO. Obesity management centres should provide treatment of severely obese and those with high health risks, consultation, education, clinical research and coordination of the programmes on obesity management and prevention.)

**12) The ideal obesity management centre would have:**

- **an obesity specialist**
- **dietitian**
- **trained nurse**
- **psychologist or therapist**
- **exercise physiologist or physiotherapist**
- **bariatric surgeon.**

**The EASO survey participants concluded:**

*Each country would need to modify health care programmes for obese individuals according to particular needs and specific health care structure. No health care system in Europe is capable of providing treatment for all obese individuals. Therefore self-assessment and self-management of overweight subjects should be supported by sophisticated projects employing textbooks, internet, TV and other media.*

*Pan-European Guidelines on Obesity Management are needed as are long-term trials on efficacy of obesity management. Improved knowledge about obesity among health care providers, particularly among the GPs, is needed to increase their involvement in the care of obese patients.*

*Effective management of obesity, provided mainly by health care systems, cannot be separated from prevention strategies which require an effort across the whole of society.*

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