



How to Prioritize Obesity Interventions: Views from Different Countries

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Introduction



Obesity EFFECTS ON THE BODY

Metabolic Syndrome Risk Factors

<p>Type 2 diabetes.</p>	<p>Cardiovascular diseases.</p>	
<p>Fatty liver disease.</p>	<p>Kidney disease.</p>	<p>Gallstones.</p>

Direct Effects

<p>Asthma.</p>	<p>Sleep apnea.</p>
<p>Obesity hypoventilation syndrome.</p>	<p>Osteoarthritis.</p>
<p>Back pain.</p>	<p>Gout.</p>

Cleveland Clinic

Obesity & CKD// Where do we come from?

Silent

Unknown/underdiagnosed

Without social alarm

Paternalism

Obesity & CKD// Where are we going?

Break the silence

Awareness/diagnosis

Society importance
















Self-care/shared decisions

Obesity & CKD

WORLD OBESITY

Ranking (% obesity by country), adults

Prevalence of obesity (BMI \geq 30kg/m²) – Combined, 2022

#	Country	Income group	% obesity
1	 American Samoa	High income	75.92
2	 Tonga	Upper-middle income	72.35
3	 Nauru	High income	71.06
4	 Tokelau		71.02
5	 Cook Islands		69.58
6	 Niue		67.27
7	 Tuvalu	Upper-middle income	65.25
8	 Samoa	Lower-middle income	63.67
9	 French Polynesia	High income	49.00
10	 Federated States of Micronesia	Lower-middle income	48.19
11	 Bahamas	High income	48.15
12	 Marshall Islands	Upper-middle income	47.11
13	 Kiribati	Lower-middle income	46.89
14	 Saint Kitts and Nevis	High income	46.65
15	 Egypt	Lower-middle income	45.59

Obesity & CKD

Interactive map | Presentation maps | Data tables | Rankings | Economic impact | Cross-national surveys | Publications

Ranking (% obesity by country)

- Adults Children
 Males Females Both

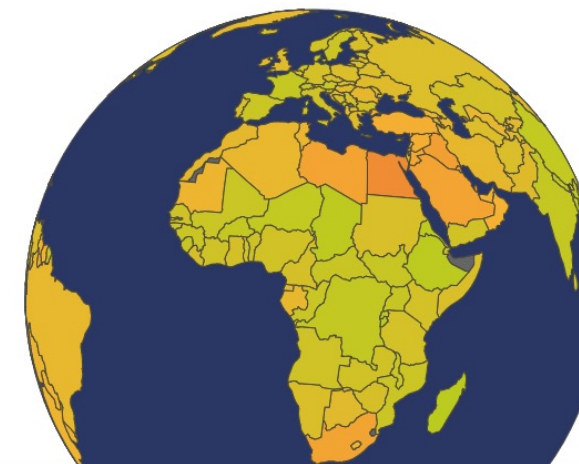
#	Country	Income group	% obesity
1	American Samoa	High income	70.29
2	Nauru	High income	69.65
3	Tokelau		67.05
4	Cook Islands		66.05
5	Niue		63.71
6	Tonga	Upper-middle income	63.37
7	Tuvalu	Upper-middle income	57.73
8	Samoa	Lower-middle income	52.83
9	French Polynesia	High income	47.02
10	United States	High income	41.64
11	Qatar	High income	40.79
12	Bahamas	High income	39.78
13	Palau	High income	39.10



Ranking (% obesity by country)

- Adults Children
 Males Females Both








#	Country	Income group	% obesity
1	Tonga	Upper-middle income	81.46
2	American Samoa	High income	81.42
3	Samoa	Lower-middle income	74.93
4	Tokelau		74.90
5	Tuvalu	Upper-middle income	73.17
6	Cook Islands		73.11
7	Nauru	High income	72.52
8	Niue		70.90
9	Egypt	Lower-middle income	58.99
10	Federated States of Micronesia	Lower-middle income	57.45

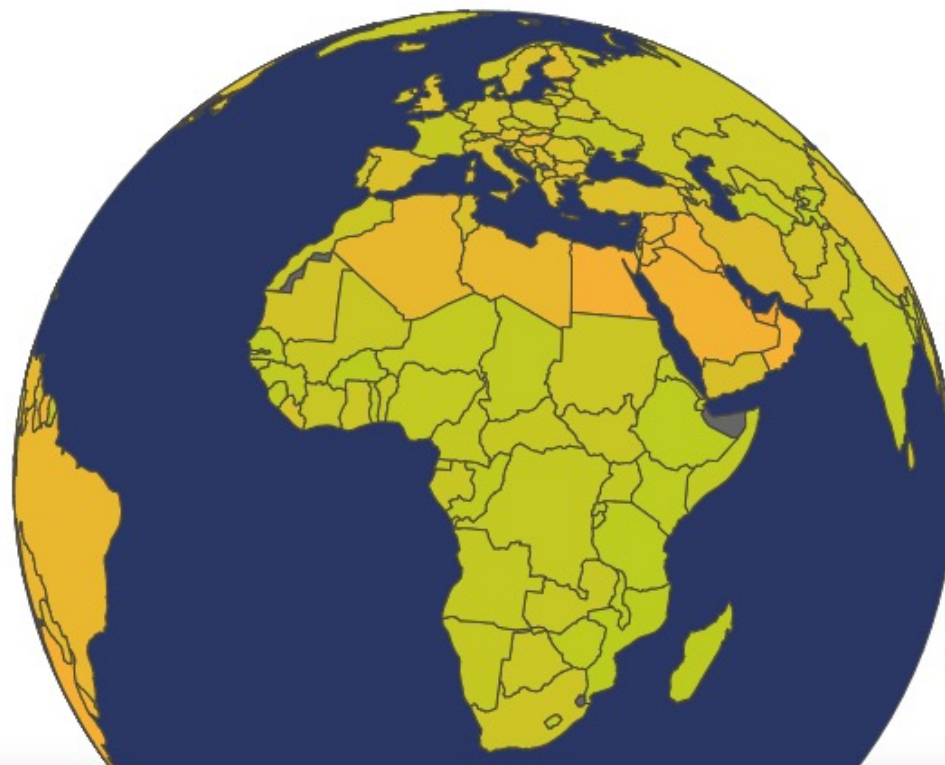


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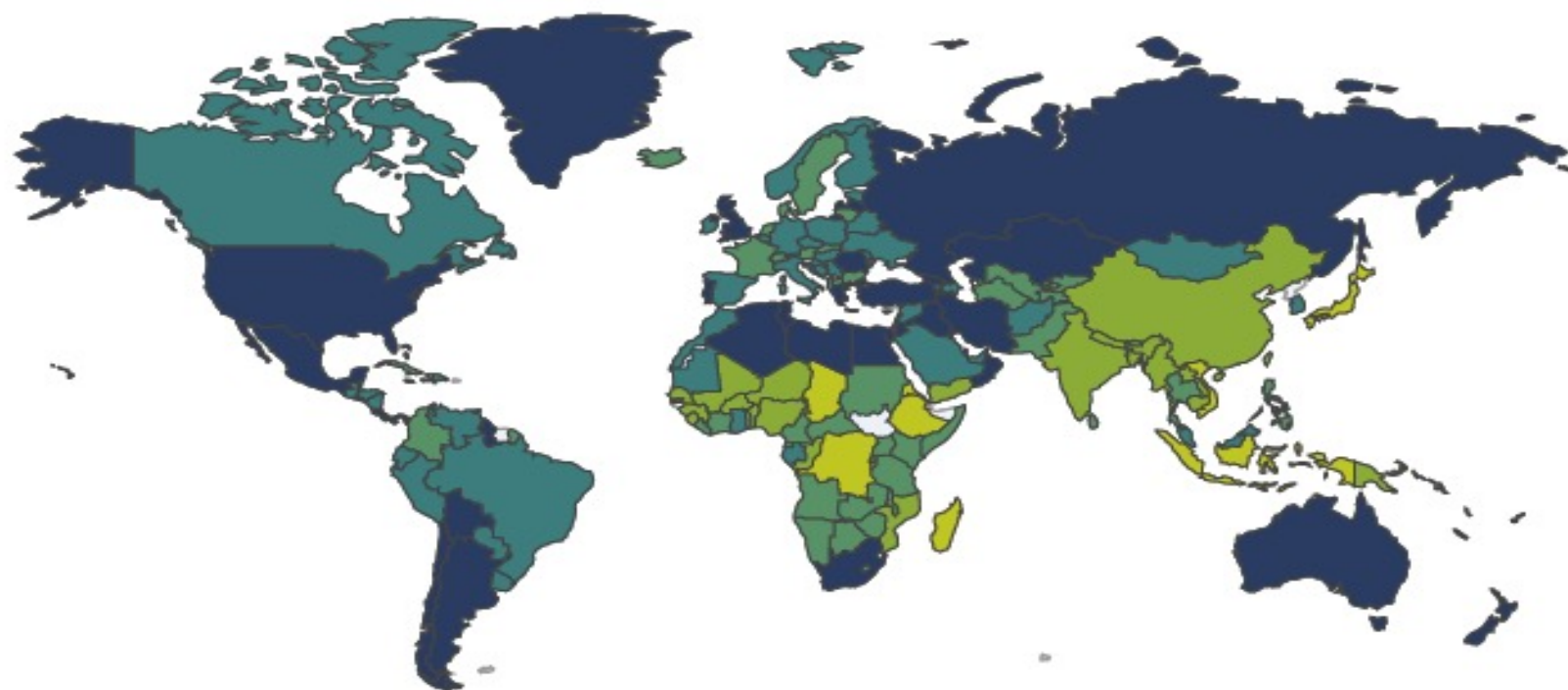
Ranking (% obesity by country)

- Adults Children
 Males Females Both

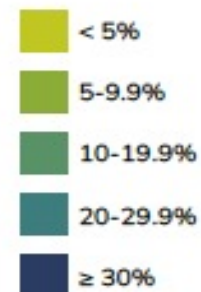
#	Country	Income group	% obesity
1	 Niue		38.62
2	 Cook Islands		37.46
3	 Nauru	High income	33.36
4	 Tonga	Upper-middle income	32.58
5	 Tokelau		32.31
6	 Tuvalu	Upper-middle income	29.87
7	 American Samoa	High income	29.08
8	 Palau	High income	27.94
9	 Chile	High income	27.38
10	 Bahamas	High income	27.31
11	 French Polynesia	High income	26.46
12	 Qatar	High income	26.30



Women living with obesity, Newest available data



Key



Africa region

Mauritius: 41.6%
 South Africa: 41.3%
 Seychelles: 39%
 Eswatini: 30.9%
 Algeria: 30.1%

Americas region

Antigua and Barbuda: 60%
 Bahamas: 54.8%
 Saint Kitts and Nevis: 52.5%
 Belize: 49.4%
 Saint Lucia: 46.1%

Eastern Mediterranean region

Kuwait: 49.1%
 Egypt: 48.8%
 Libya: 47.4%
 Qatar: 43.2%
 Iraq: 42.6%

European region

Georgia: 36%
 Romania: 34.1%
 Greece: 33.6%
 Latvia: 32.6%
 Portugal: 32%

SE Asia region

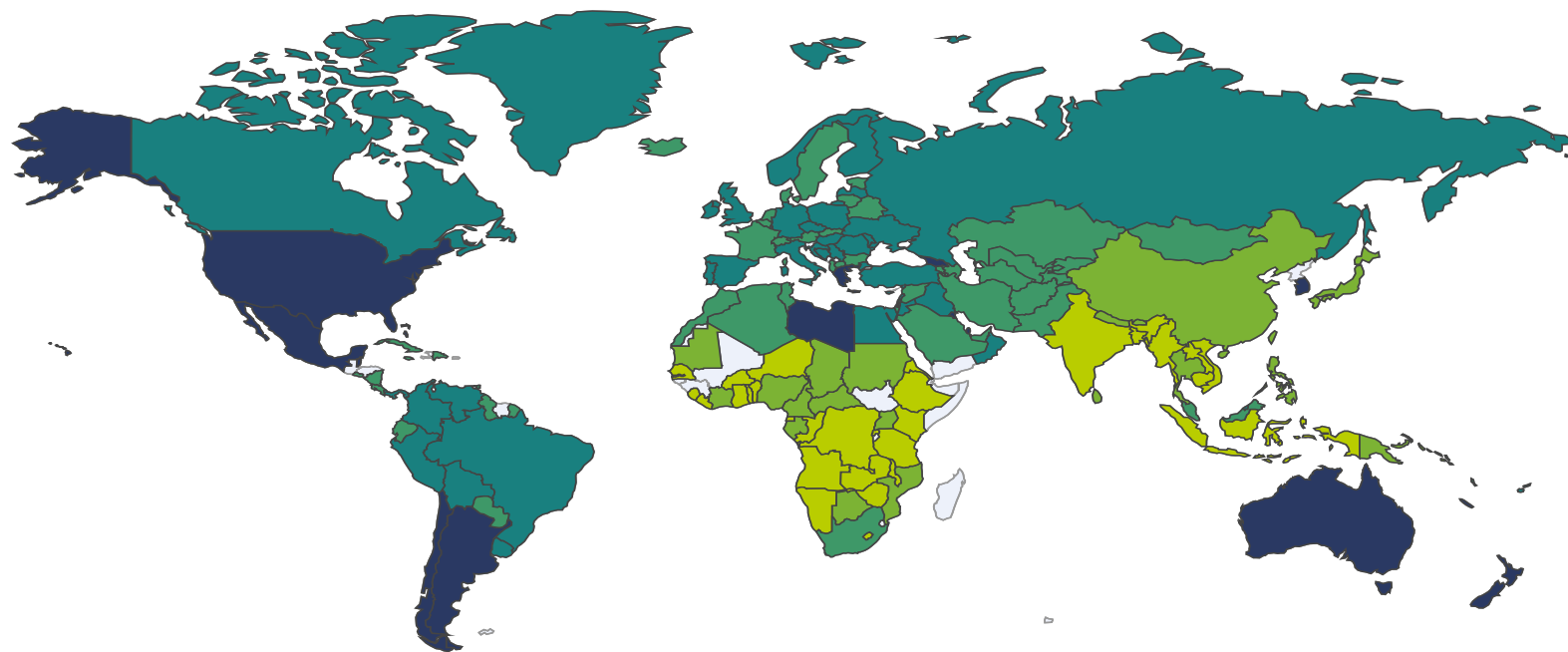
Maldives: 22.8%
 Bhutan: 14.9%
 Sri Lanka: 12.6%
 Thailand: 11.5%
 Bangladesh: 8.6%

Western Pacific region

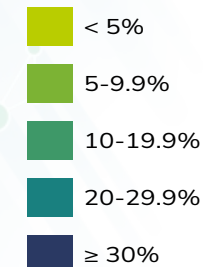
Tonga: 82.8%
 Wallis and Futuna: 73.7%
 Cook Islands: 70.7%
 Samoa: 66.9%
 Niue: 62.7%

These maps include the most accurate and appropriate data available to us as the time of production. The maps only display data from surveys using measured heights and weights. Due to differences in survey methodology not all surveys are directly comparable and maps should be interpreted with care. Further survey details and references are available on the individual country pages.

Men living with obesity, Newest available data



Key



Africa region

Mauritius: 29.9%
Seychelles: 22%
South Africa: 15.3%
Algeria: 14.1%
Eswatini: 8.8%

Americas region

United States: 42.2%
Saint Kitts and Nevis: 37.9%
Argentina: 32.6%
Mexico: 32.3%
Bahamas: 31.8%

Eastern Mediterranean region

Qatar: 39.5%
Kuwait: 37.6%
Libya: 33.8%
Bahrain: 33%
Lebanon: 26.6%

European region

Malta: 36.9%
Greece: 30.5%
Georgia: 30.2%
Romania: 29.4%
Czechia: 29.1%

SE Asia region

Maldives: 14.1%
Bhutan: 8.4%
Sri Lanka: 6.4%
Thailand: 6.3%
Nepal: 5.9%

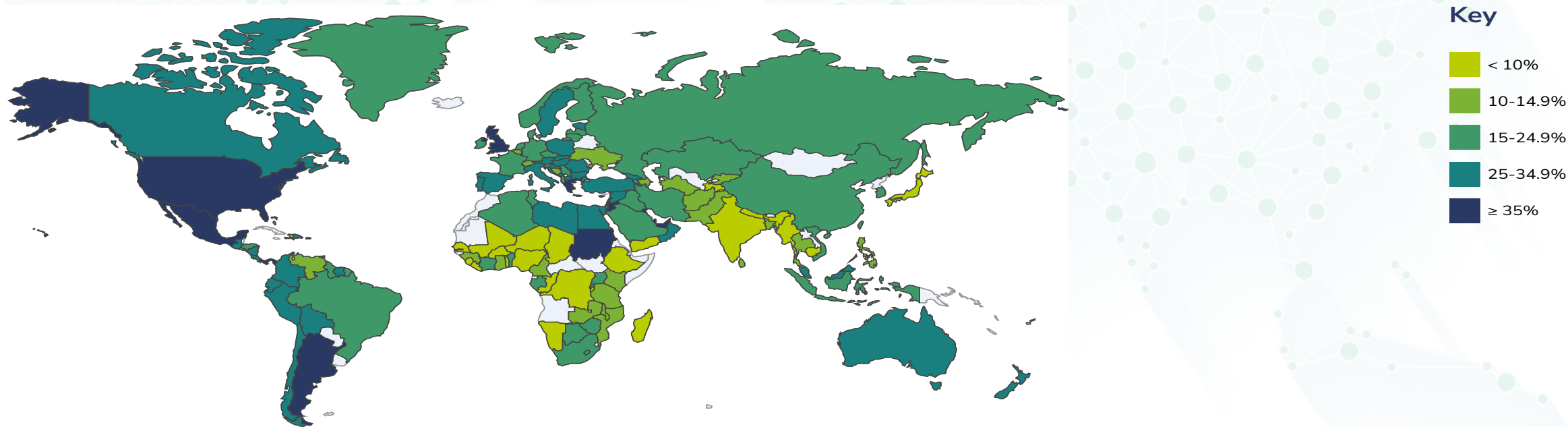
Western Pacific region

Tuvalu: 70.7%
Cook Islands: 68.7%
Tonga: 66.8%
Wallis and Futuna: 66.7%
Niue: 59.2%

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Girls living with either overweight or obesity, Newest available data



Key

- < 10%
- 10-14.9%
- 15-24.9%
- 25-34.9%
- ≥ 35%

Africa region

Seychelles: 35.6%
Eswatini: 26.1%
Mauritius: 24%

Americas region

Mexico: 41.4%
Argentina: 39.9%
Panama: 39.9%

Eastern Mediterranean region

Kuwait: 44.6%
Sudan: 41.6%
Qatar: 40.4%

European region

United Kingdom: 54%
Greece: 40.4%
Cyprus: 39%

SE Asia region

Indonesia: 18.9%
Thailand: 14.7%
Bangladesh: 11.6%

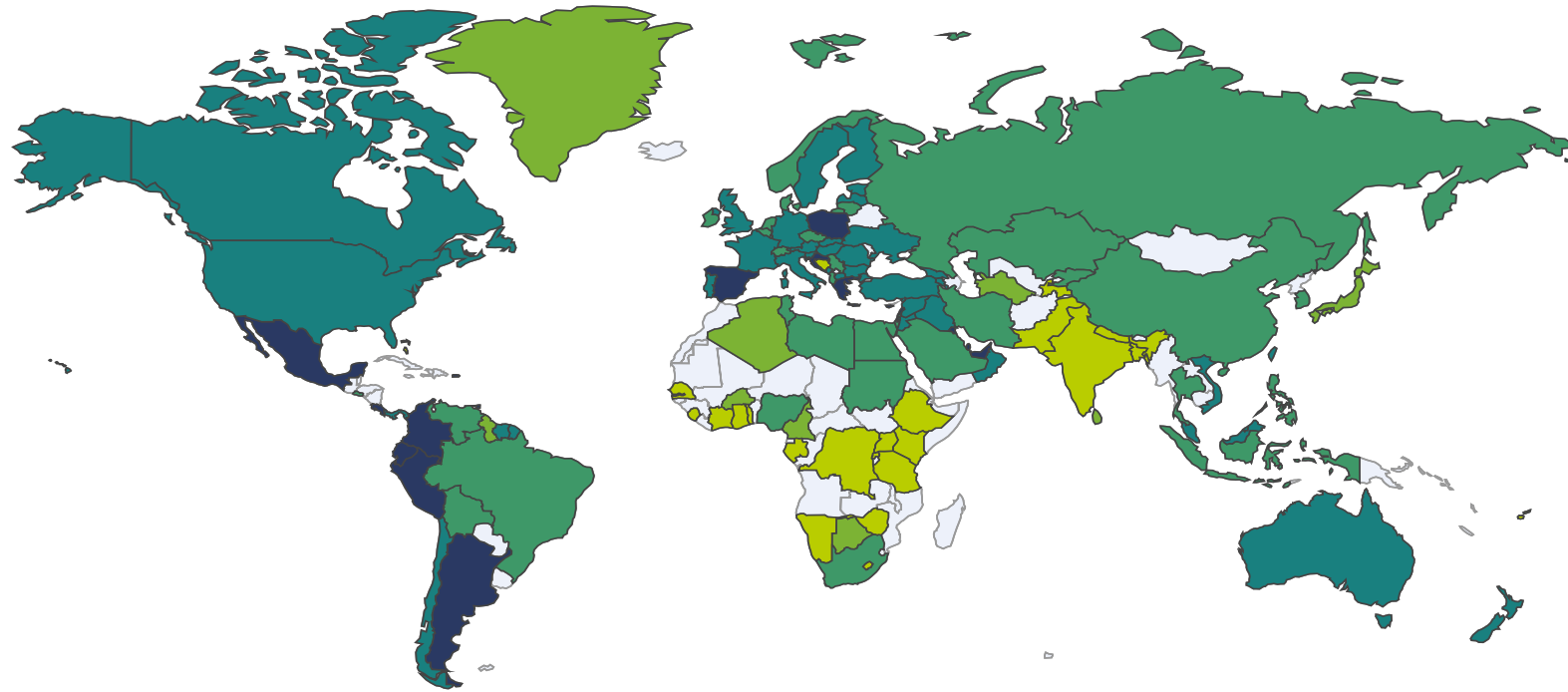
Western Pacific region

Federated States of
Micronesia: 41.3%
New Zealand: 32.8%
Malaysia: 27.9%

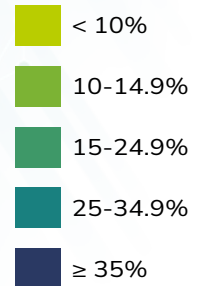
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Boys living with either overweight or obesity, Newest available data



Key



Africa region

Seychelles: 28.1%
Mauritius: 22.5%
Nigeria: 18.6%

Americas region

Mexico: 44.5%
Argentina: 42.2%
Peru: 37.8%

Eastern Mediterranean region

Kuwait: 54.3%
Qatar: 44.9%
United Arab Emirates: 43.1%

European region

Cyprus: 47.9%
Greece: 43.9%
San Marino: 39%

SE Asia region

Indonesia: 21.1%
Thailand: 18.2%
Sri Lanka: 13.7%

Western Pacific region

New Zealand: 33.8%
Malaysia: 33.1%
Brunei Darussalam: 30.5%

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Obesity & CKD

<https://data.worldobesity.org/> - PK|1|A|F



CLINICAL CASE 1



58
years



- Male 72 years old
- Chronic kidney disease secondary to FSGS diagnosed at age 20. Kidney function with Cr 2.8 mg/dL, eGFR 21 ml/min, alb/creat ratio 181 mg/g.
- HTA. ACEIs.
- Obesity Grade II, BMI=35.5 kg/m²
- OSAS, BIPAP carrier.
- Dyslipidemia in treatment with statins.
- **Recent Dx of Type 2 Diabetes (HbA1c 6.7%).**

CLINICAL CASE 1



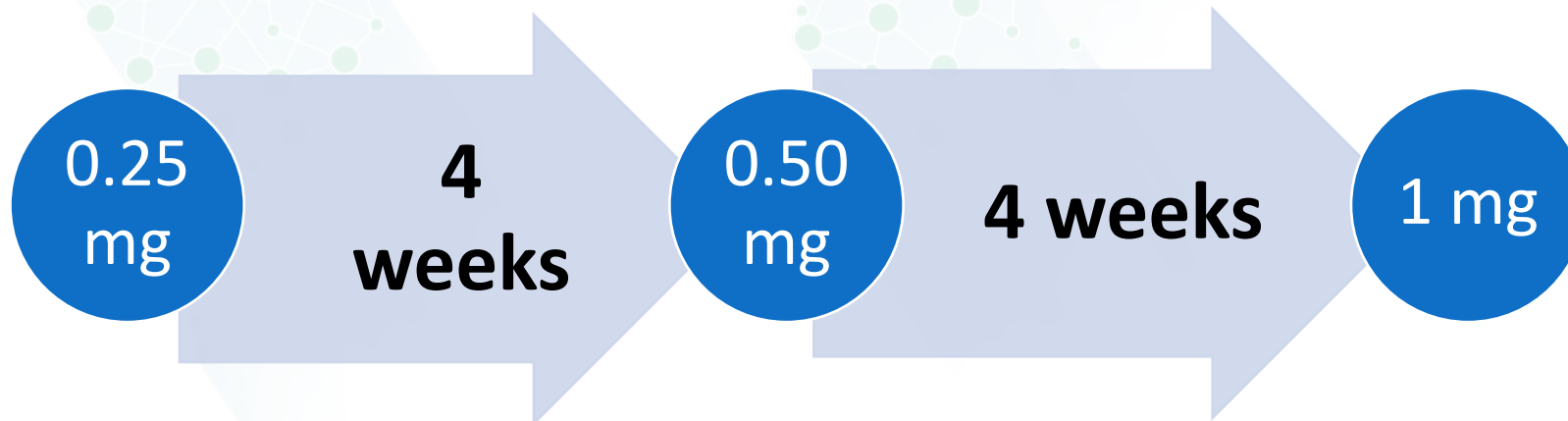
58
years



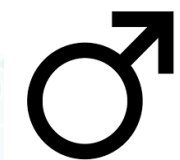
What treatment would you start?

Semaglutide 0.25 mg/weekly

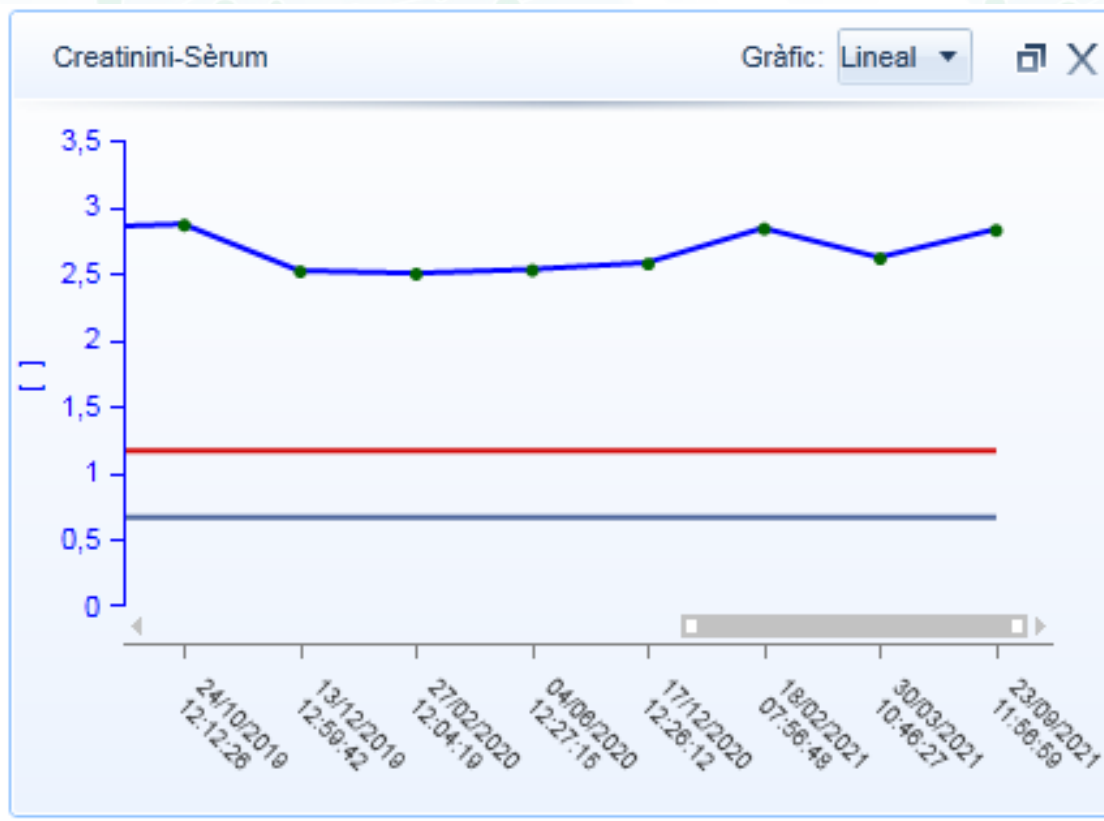
How?



CLINICAL CASE 1



58
years



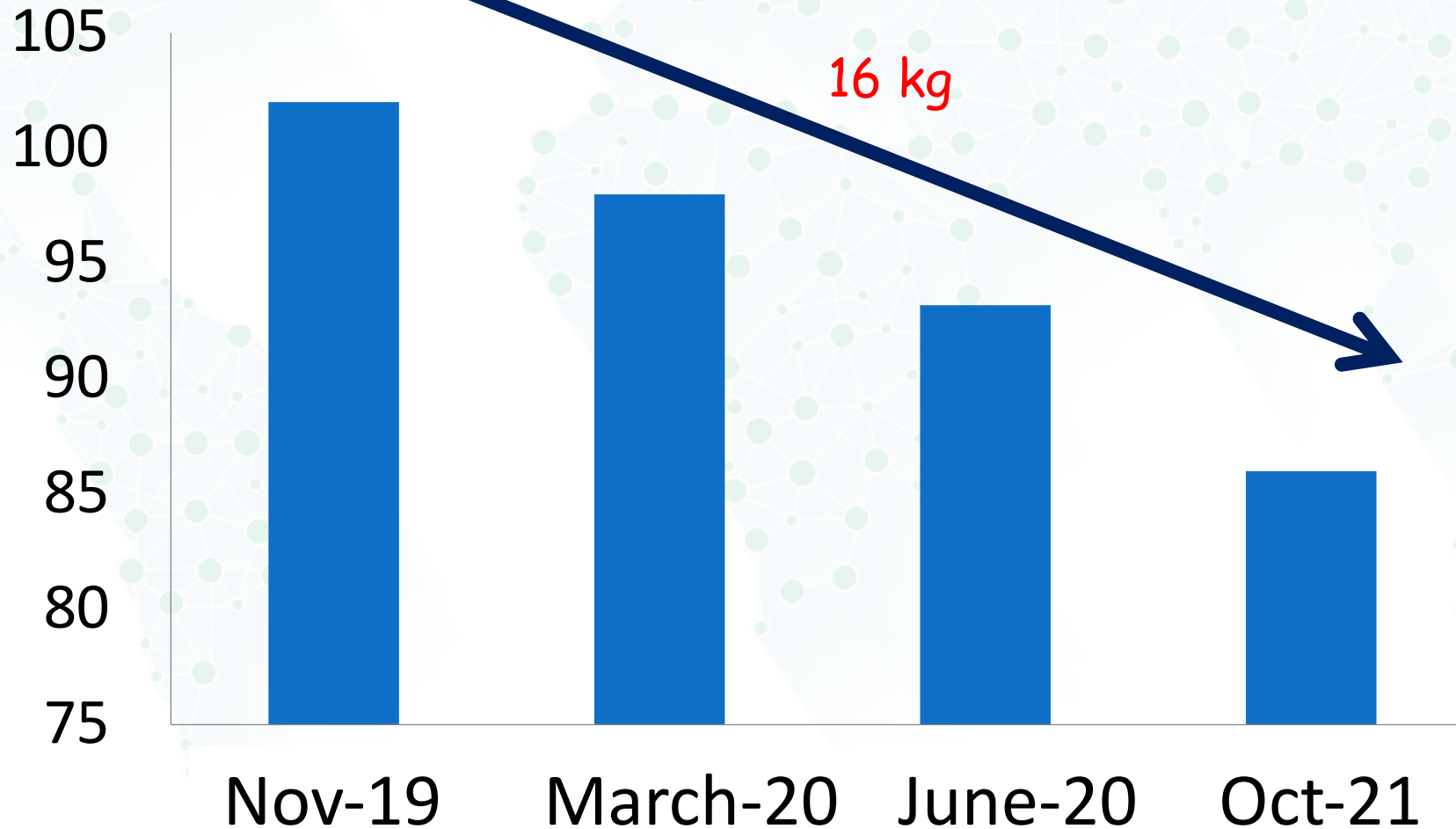
CLINICAL CASE 1



58
years



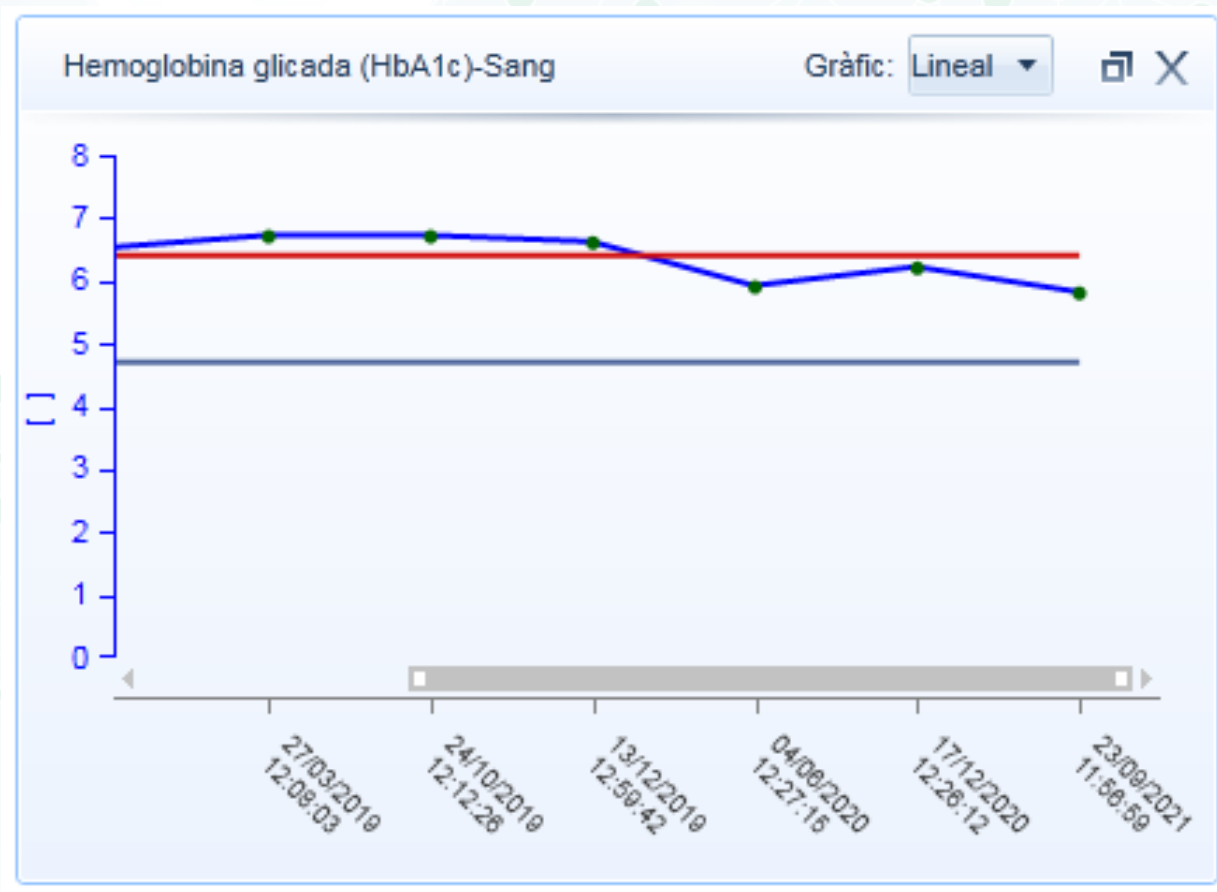
Weight (kg)



CLINICAL CASE 1



58
years



CLINICAL CASE 2



58
years



- Women 58y
- CKD NAS vs hyperfiltration, start peritoneal dialysis 2020
- -History: malignant hypertension/CKD probably nephroangiosclerosis/hyperfiltration due to obesity, DL, sleep apnea. **No DM.**
- ***BMI 38.86 Kg/m² (Transplant Unit, Urologists CI K Transplantation)**

GLP1A (Started after Morbid Obesity unit visit)

- Start of Semaglutide: Jun 2020 (Weight: 97Kg BMI:38.86, HbA1c 6.3%)
- Month (increased to 0.5): Dec 2020 (Weight: 92.5kg (-5kg))
- 4 Months (increased to 1mg/set): Mar 2021 (Weight: 90kg (-7 kg))
- 5 Months (maintaining dosis): April 2021 (Weight: 82kg (-15 kg))
- **Kidney Tx:** February 2022. NODAT. Solved in may 2022.



Brainstorming Q & A

Brainstorming. Questions

- Do you have in your country GLP1 agonist available?
- And the dual GLP1 agonist & GIP?
- The treatment is covered for patients with Obesity?
- What is the first choice in your country, surgery, new drugs?

CLINICAL CASE 2 Questions

- How do you manage with Obesity in patients in WL?
- Which type of strategy is the best in your country?
- Do you have access to Obesity units (endocrinologists,,,)?
- Is primary care involved in Obesity treatment strategy?