Obesity Fitness Expo 2017: Obesity and pharmacotherapy: Looking ahead for chronic weight management and weight regain prevention-Amy Arrow Articolo-Obesity Treatment Foundation, USA

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Objectives: Why use pharmacotherapy in obesity treatment? Defining Long term strategies in managing obesity treatment. Understanding the significance of clinically significant weight loss and prevention of weight regain. Understanding the indications and usage of pharmacotherapy in chronic weight management. Obesity is a disease of epidemic proportions affecting individuals regardless of race, ethnicity, gender, or age. Obesity is associated with over 200 comorbidities and associated health conditions. Previous attempts at treating weight and its associated disease states have resulted in failure with diet and exercise alone. We will review the indications, utilization, usage and possible side effects of the different anti-obesity medications (AOM) currently available for treatment. We will also review the different pathways that pharmacotherapy can target for specific patient populations. We will also explore how to use combination therapies with diet, exercise and possible pharmacotherapy and/or weight loss surgical options.

Long-term weight management of obesity remains a very difficult task, associated with a high risk of failure and regaining weight. However, many people report that they have managed to manage the maintenance of long-term weight loss. Several factors have been associated with better maintenance of weight loss in long-term, randomized observational studies. A few relate to the behavioral domain (eg, High levels of physical activity, a diet low in calories and low in fat; frequent self-monitoring of weight), some with the cognitive component (p Ex., Reduced inhibition, satisfaction with results) achieved, confidence in the ability to lose weight without professional help), and some with personality traits (eg, search for weak novelty) and patient interaction -therapist. Trials based on the most recent lifestyle modification protocols, with prolonged extended therapy after the weight loss phase, have also shown promising long-term results. These data should spur the adoption of a lifestyle modification approach to the management of obesity, featuring a non-physician lifestyle counselor (also known as a "lifestyle coach"). or "healthy lifestyle practitioner") as an essential component of the multidisciplinary team. Obesity physicians play a key role in patient engagement, team coordination and supervision, in managing complications associated with obesity and, in some cases, in drug treatment decisions or bariatric surgery, as much as possible, more intensive complementary interventions for lifestyle treatment. The main challenge in treating obesity is not losing weight, but maintaining long-term weight loss. This widely accepted opinion is supported by several studies indicating that healthy weight loss of 5% to 10% can be achieved through behavioral1 and pharmacological treatments, but the weight is gradually regained in a large percentage of individuals.

The difficulty of helping obese patients maintain long-term weight loss has been challenged by recent studies showing that many people are able to maintain acceptable long-term weight loss goals and by the promising results new generation lifestyle modification programs. These promising results should stimulate the adoption of multidisciplinary approaches based on lifestyle modification for the management of obesity. Only complete programs administered by non-eclectic teams targeting any mediator of lifestyle modification, managing the various medical and psychological complications associated with obesity and, if indicated, coupling lifestyle treatment with d Other interventions (for example, medication, residential hospital treatment, bariatric surgery) may be successful. The effectiveness and cost-effectiveness of a phased care approach should be evaluated by future longitudinal observational studies.