



# Foundations of Obesity Care

**Credit for this course may not exceed 12 credit when both the live and enduring material activity format credits are combined.**

## Live Course Accreditation and Credit for Physicians

The Obesity Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Obesity Society designates this live activity for a maximum of **12 AMA PRA Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **12 MOC** points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

*ACCME Activity ID 202623024*

## On-Demand Course Accreditation and Credit for Physicians

The Obesity Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Obesity Society designates this enduring material for a maximum of **12 AMA PRA Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **12 MOC** points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

*ACCME Activity ID 202790161*

# Important Dates for On-Demand Course (Enduring Material)

Date of Release: January 2, 2025

Date of Termination: December 31, 2027

## Learning Objectives

1. To understand the physiology of normal weight regulation as mediated through interactions between the brain, gut, and adipose tissue, including mechanisms controlling food intake behaviors and the respective roles of genetics and environment, on expression of obesity.
2. To describe the pathophysiologic changes that lead to unwanted weight gain and maintenance of overweight or obesity.
3. To recognize and understand how to address obesity stigma and bias during the patient encounter.
4. To take a weight history that includes identification of lifetime weight maximum; onset of potentially weight promoting medications, medical conditions, or social stressors; and responses to previous weight interventions.
5. To identify patients with obesity complications who are eligible for weight management as a therapy for these conditions (e.g., prediabetes, type 2 diabetes, dyslipidemia, fatty liver, sleep apnea, gastroesophageal reflux).
6. Understand the role of nutrition, physical activity, and behavioral therapy in weight management in both pediatric and adult populations.
7. Develop basic-level proficiency in prescribing current FDA-approved anti-obesity medications, including knowing their indications, side-effects, and effectiveness in both pediatric and adult populations.
8. Know the indications for metabolic-bariatric surgeries, identify eligible patients, and be able to counsel them on risks and benefits of these procedures.
9. Identify appropriate patients for referral to comprehensive weight management centers.

## Commercial Support

No commercial support was received for this activity.

# Faculty and Planning Committee Disclosure Information

The Obesity Society adheres to the ACCME’s Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CE activity - including faculty, planners, reviewers or others - are required to disclose all financial relationships with ineligible entities<sup>1</sup> (commercial interests). All relevant financial relationships have been mitigated prior to the commencement of the activity.

The Obesity Society asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all financial relationships with ineligible companies. This information is disclosed to CME activity participants. The Obesity Society has procedures to mitigate financial relationships. In addition, faculty members are asked to disclose when any unapproved use of pharmaceuticals or devices is being discussed.

## Chairs:

At TOS activities, course/session chairs are responsible for timekeeping, introductions, housekeeping announcements, and presenting audience questions to speakers. TOS has determined that chairs do not have the ability to influence content. Accordingly, TOS does not collect, mitigate, or disclose relevant financial relationships of chairs (unless they have a dual role as a planner or speaker).

## Panelists:

Panelists are speakers who speak without presenting slides in a portion of a session or course. As speakers, they are required to disclose, and their relevant financial relationships are listed below. All speakers - with or without relevant financial relationships, with or without slides - are advised, and subsequently attest that “The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest or a commercial interest (including ACCME-defined ineligible companies). Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.”

## Speaker Disclosures:

Agarwal, Monica, MD, MEHP, FACE	No Relevant Financial Relationships
Albert, Michael, MD	Advisor relationship with Elo Health (Medical Supplement). Consultant relationship with Gelesis (Medical Device) and Novo Nordisk (Pharmaceuticals). Stock Options relationship with Elo Health (Medical Supplement).

<sup>1</sup> An ineligible company as defined by the ACCME is one that is not eligible for ACCME accreditation, in other words those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include: 1) Advertising, marketing, or communication firms whose clients are ineligible companies, 2) Bio-medical startups that have begun a governmental regulatory approval process, 3) Compounding pharmacies that manufacture proprietary compound, 4) Device manufacturers or distributors, 5) Diagnostic labs that sell proprietary products, 6) Growers, distributors, manufacturers or sellers of medical foods and dietary supplements, 7) Manufacturers of health-related wearable products, 8) Pharmaceutical companies or distributors, 9) Pharmacy benefit managers, 10) Reagent manufacturers or sellers. Reference: <https://accme.org/faq/what-accmes-definition-ineligible-company>

Bessesen, Daniel, MD, FTOS	Researcher relationship with Eli Lilly (Pharmaceuticals) and Novo Nordisk (Pharmaceuticals).
Butsch, Scott, MD, MSc, FTOS	Advisor relationship with Eli Lilly (Pharmaceuticals) and Novo Nordisk (Pharmaceuticals).  Consultant relationship with Abbott (Medical Food).
Jastreboff, Ania, MD, PhD	Advisor relationship with Amgen (Pharmaceuticals), AstraZeneca (Pharmaceuticals), Boehringer Ingelheim (Pharmaceuticals), Biohaven (Pharmaceuticals), Eli Lilly (Pharmaceuticals), Novo Nordisk (Pharmaceuticals), Pfizer (Pharmaceuticals), Regeneron (Pharmaceuticals), Rhythm Pharmaceuticals (Pharmaceuticals), Scholar Rock (Pharmaceuticals), Structure Therapeutics (Pharmaceuticals), Terns (Pharmaceuticals), Weight Watchers (Medical Food), and Zealand Pharmaceuticals (Pharmaceuticals).  Researcher relationship with Boehringer Ingelheim (Pharmaceuticals), Eli Lilly (Pharmaceuticals), Novo Nordisk (Pharmaceuticals), and Rhythm Pharmaceuticals (Pharmaceuticals).
Lofton, Holly, MD, DiplABOM	Advisor relationship with Medifast (Medical Food), Novo Nordisk (Pharmaceuticals), and Robard Corporation (Medical Food).  Researcher relationship with Eli Lilly (Pharmaceuticals) and Novo Nordisk (Pharmaceuticals).  Speaker relationship with Novo Nordisk (Pharmaceuticals).
Machineni, Sriram, MD	Advisor relationship with Eli Lilly (Pharmaceuticals).  Consultant relationship with Novo Nordisk (Pharmaceuticals).  Researcher relationship with Ricordati (Pharmaceuticals).
McCormack, Debbie	No relevant financial relationships
Newton, Robert, Jr., PhD	No relevant financial relationships
Purnell, Jonathan, MD, FTOS, DiplABOM	Advisor relationship with Boehringer Ingelheim (Pharmaceuticals), Luciole (Pharmaceuticals), Novo Nordisk (Pharmaceuticals), and Regeneron Pharmaceuticals (Pharmaceuticals).
Shah, Meera, MD	No Relevant Financial Relationships
Velazquez, Amanda, MD, DiplABOM	Advisor relationship with Weight Watchers (Medical Food).  Consultant relationship with Eli Lilly (Pharmaceuticals) and Novo Nordisk (Pharmaceuticals).

**Planner Disclosures:**

Agarwal, Monica, MD, MEHP, FACE	No Relevant Financial Relationships
Purnell, Jonathan, MD, FTOS, DiplABOM	Advisor relationship with Boehringer Ingelheim (Pharmaceuticals), Luciole (Pharmaceuticals), Novo Nordisk (Pharmaceuticals), and Regeneron Pharmaceuticals (Pharmaceuticals).

**Reviewer Disclosures:** No members of the TOS CME Oversight Committee, charged with the resolution of all relevant conflicts of interest, had any relevant financial relationships while serving on the committee.

## Bibliography

1. Schwartz MW, et al. Obesity Pathogenesis: An Endocrine Society Scientific Statement. *Endocr Rev.* 2017;38(4):267-296.
2. Bray GA, et al. The Science of Obesity Management: An Endocrine Society Scientific Statement. *Endocr Rev.* 2018;39(2):79-132.
3. Rubino F, et al. Joint international consensus statement for ending stigma of obesity. *Nat Med.* 2020;26(4):485-497.
4. TOS Guidelines (2013) for managing overweight and obesity in adults. <https://doi.org/10.1002/oby.20818>.
5. Anderson J, et al. Overweight and Obesity Management for Primary Care Clinicians: Executive Summary. *Clinical Diabetes.* 2022. 41, 85-89.
6. Caterson ID, et al. Gaps to bridge: Misalignment between perception, reality and actions in obesity. *Diabetes, obesity & metabolism.* 2019. 21, 1914-1924.
7. Tucker S, et al. The Most Undertreated Chronic Disease: Addressing Obesity in Primary Care Settings. *Curr Obes Rep.* 2021. 10, 396-408.

## Disclaimer

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