HOW OBESITY AFFECTS WOMEN?

Obesity **is not a choice, it is a chronic disease**[1] and patients develop this pathology due to a combination of multiple factors:[2,3]

- Genetic factors
- Hormonal imbalance
- Psychological problems
- Gut microbiota
- Sleep problems
- Obesogenic environment
- Sedentary lifestyle
- Socio-economic factors

Overweight and obesity affect women **at all stages of their lives**:[4]

Laura, 17 years old, PCOS and obesity

30-60% of women with PCOS **have obesity**[5]

Alicia, 36 years old, fertility problems and obesity

≈23% of women undergoing IVF have **overweight or obesity**[6]

Juana, 59 years old, menopause and obesity

34% of postmenopausal women have obesity[7]*

Patient portrayal, does not represent a real case.

Patients took an average of **6 years** to **discuss their weight** with a healthcare professional[8]

Obesity is also associated with:

Neoplasms:

- *Breast cancer*[9]
- *Endometrial cancer*[9,10]
- *Ovarian cancer*[10]

Urinary incontinence[9]

Osteoarthritis[9]

Osteoporosis[11]

Why treat obesity and overweight?

A loss of **5-10%** of basal weight provides significant benefits in gynaecological pathologies:[12,13]

- Improving **clinical, anthropometric, reproductive and psychological** characteristics in women with PCOS[14]
- Significant **health** benefits and increased chance of **pregnancy**[17]
- Improvement of most of the problems related to **insulin resistance** in menopausal women[18]
- **50% UI** improvement[15]
- Improvement of **sexual function**[16]
- Reduction of **climacteric symptoms**[11]

Loss of at least 5% is recommended in menopausal patients with BMI >30,[18] since in these patients, risks of MHT** generally outweigh the benefits[19]

Obesity needs to be tackled **early, effectively and continuously**, which will enable:

➡ **To improve patients' lives** mentally, physically and emotionally.[1]

IVF: in vitro fertilization; BMI: body mass index; UI: urinary incontinence; PCOS: polycystic ovary syndrome; MHT: Menopausal Hormone Therapy.
**Spanish population. **Combined Oral MHT and oesteogens-only oral MHT*

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What are the current recommendations?

The **QuirónSalud Protocol** **for the management and multidisciplinary approach to obesity in gynaecology** provides specific guidelines on when and how to treat patients with overweight or obesity in the gynaecology practice.

Endorsed by SEEN, SEEO, ginep

First assessment of the patient with overweight or obesity in gynaecology

The gynaecology patient with overweight or obesity will remain in the gynaecology service according to her clinical condition. The protocol indicates the following criteria for pharmacological treatment:

Pharmacological treatment of obesity/overweight

The patient meets the criteria for the initiation of GLP-1 receptor agonist treatment

- **YES** → Start GLP-1 RAs
  - *It works, well tolerated* → *Continue until the target is reached, assess continuation*
  - *Does not work, intolerance, contraindication* → *Consider other antiobesity medication, if they meet indication criteria. If overweight, reinforce lifestyle habits*
- **No** → *Consider other antiobesity medication, if they meet indication criteria. If overweight, reinforce lifestyle habits*

The **AEEM Menopause and Obesity Menoguide** summarises the current understanding of pathophysiology to assist in the prevention and management of obesity in menopausal women in daily clinical practice.

GLP-1 RAs *are positioned as* ***first-line pharmacological treatment*** *along with diet and exercise in this spanish guideline.*[20]

ALGORITHM FOR PHARMACOLOGICAL TREATMENT OF OBESITY#

BMI ≥27 kg/m² with comorbidities / BMI ≥30 kg/m²

Balanced low-calorie diet | Increased physical activity

Patient | Pharmacological treatment | Professional

Drug characteristics

GLP-1 RAs

Lack of effect | Poor tolerance | Contraindicated

Other antiobesity medication

How to screen obesity?[20]

BMI parameter by itself is **inaccurate** because it does not identify the body fat distribution or its function[21]

Waist circumference adds independent information on morbidity and mortality and is an indirect measure of abdominal fat accumulation[20]

A complete screening should include the measurement of **weight, height and waist**[21]

AEEM: Spanish acronym of "Asociación Española para el Estudio de la Menopausia", the Spanish Association for the Study of Menopause. GLP-1 RAs: glucagon-like peptide-1 receptor agonists; BMI: body mass index. #Modified from Figure 7 of the Menopause and Obesity Menoguide of the AEEM, Comino Delgado R et al 2022.[20]

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