

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



30-60% of women with PCOS have obesity⁵

≈23% of women undergoing IVF have overweight or obesity⁶

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 professional⁸



Obesity is also associated with:

Neoplasms:

- Breast cancer⁹
- Endometrial cancer^{9,10}
- Ovarian cancer¹⁰



Urinary incontinence⁹



Osteoarthritis⁹

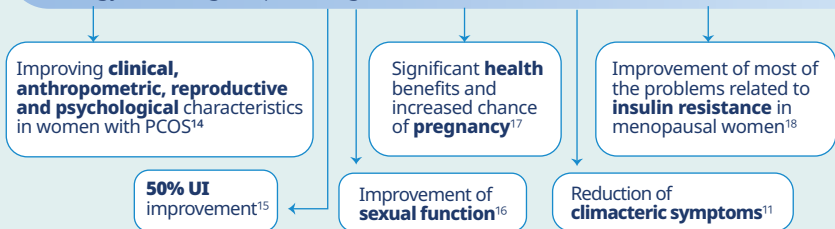


Osteoporosis¹¹



Why treat obesity and overweight?

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



Loss of at least 5% is recommended in menopausal patients with BMI >30,¹⁸ since in these patients, risks of MHT** generally outweigh the benefits¹⁹

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 oestrogens-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.

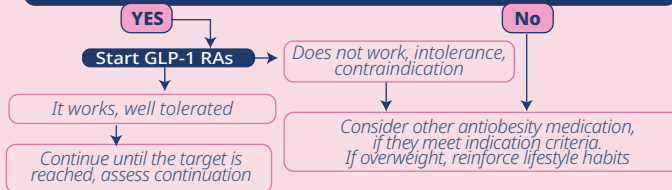


First assessment of the patient with overweight or obesity in gynaecology

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

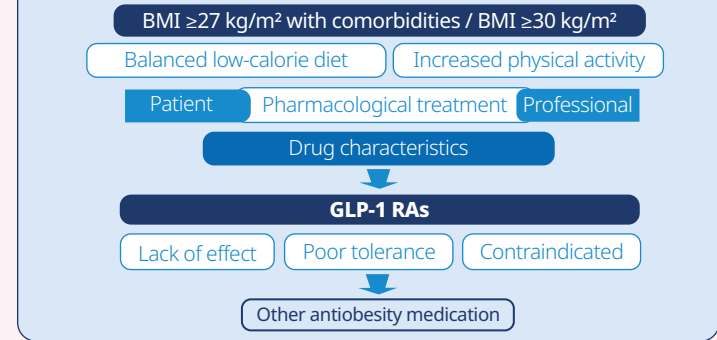
The patient meets the criteria for the initiation of GLP-1 receptor agonist treatment



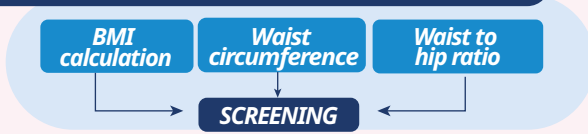
The **AEEM Menopause and Obesity Menoguide** summarises the current understanding of pathophysiology to assist in the prevention and management of obesity in menopausal women in daily clinical practice.

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#



How to screen obesity?²⁰



BMI parameter by itself is **inaccurate** because it does not identify the body fat distribution or its function²¹



Waist circumference adds independent information on morbidity and mortality and is an indirect measure of abdominal fat accumulation²⁰



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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