

ASBP POSITION ON OBESITY AND HEALTHCARE REFORM

- **Overweight, obesity and abnormal fat cell function is an epidemic chronic progressive complex medical disease.** Therefore it should be treated by physicians in a manner similar to other chronic medical conditions.
- The co-morbidities associated with obesity can be life-threatening or, at a minimum, pose health risks. Co-morbidities which may be improved or reversed with treatment include:
 - heart disease
 - Type 2 diabetes
 - hypertension
 - peripheral vascular disease
 - hyperlipidemia
 - hypertriglyceridemia
 - atherogenic dyslipidemia
 - metabolic syndrome
 - asthma
 - hiatal hernia
 - gastroesophageal reflux disease
 - nonalcoholic fatty liver disease and cirrhosis
 - stress incontinency
 - polycystic ovarian syndrome
 - depression
 - sleep apnea
 - orthopedic impact, particularly on the hips, knees, ankles, feet and back
- **All physicians should be encouraged to identify obesity and obesity-related disorders in their interactions with patients.** The risk of impending obesity and prevention methods should be included as part of medical education. Government agencies have the ability to utilize existing resources to develop clear messages for consumers on methods of obesity prevention.
- **Physicians not actively engaged in obesity treatment should be encouraged to consider a referral to a physician trained in the clinical treatment of obesity and obesity related disorders.** Individualized care using interventions matched to the patient's needs is the basis for success.
- **Diagnosis and treatment of obesity should be provided by a physician with extensive training in the treatment and management of obesity and obesity related conditions.** Not every physician has the knowledge and training to appropriately and successfully treat and manage obesity. The American Society of Bariatric Physicians (ASBP) has been educating physicians in the specialty treatment of obesity for nearly sixty years and believes bariatric medicine should be recognized as a medical specialty and additional funding provided to train bariatric physicians.
- **The complexity of obesity indicates a need for a comprehensive approach to both prevention and treatment.** The public has been confused by conflicting research on both prevention and treatment modalities. Additional research is required to identify the multiple factors influencing obesity and the most successful treatments for obesity. Research tracking the clinical treatment of obese patients can provide insight into successful treatment protocols.
- **Health insurance should provide care for obesity.** Only physicians trained through a minimal amount of continuing medical education to provide appropriate care for obesity and obesity-related conditions should be eligible for insurance reimbursement. Reimbursement for non-clinical activities associated with weight loss/management such as behavior, nutrition and exercise counseling should also be covered when provided under the supervision of a trained bariatrician. Obese patients should not be penalized by higher premiums yet not be allowed the benefit of treatment.

The mission of the American Society of Bariatric Physicians is to support the physician's role in treating overweight patients.

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