

Obesity

A plain-English guide for you and your family

WHAT IS HAPPENING

Your body is meant to balance the energy (calories) you eat with the energy you burn every day — like keeping a seesaw level. When that balance tips so you take in more than you burn, your body stores the extra energy as fat in fat cells (adipose tissue). Over time, if the balance stays tipped, fat builds up too much. That extra fat is not just storage — it releases signals (hormones and inflammatory chemicals) that mess with how your insulin works, raise your blood sugar, push up your blood pressure, and make your cholesterol unhealthy. Your heart starts working harder to pump blood through more tissue, your liver fills with fat, your joints carry extra weight, and even your airway gets crowded at night so breathing pauses (sleep pauses in breathing (apnea)). Each of these problems feeds the others, and together they raise your risk for diabetes, heart disease, stroke, liver disease, joint damage, and some cancers. The good news: even losing 5 to 10 percent of your weight can improve many of these problems. Treatment combines healthier eating, regular movement, support for behavior change, and when needed, medicine or surgery to help your body get back toward balance.

What you might feel

- Body mass index (BMI) of 30 or higher
- Increased waist circumference (over 40 inches in men, over 35 inches in women)
- Shortness of breath with mild activity
- Joint pain, especially in knees, hips, and lower back
- Excessive daytime sleepiness and loud snoring
- Skin changes: dark, velvety patches in body folds (acanthosis nigricans)
- Frequent infections, especially yeast infections and slow-healing wounds
- Severe, sudden chest pain or trouble breathing

Call the doctor right away if...

- Severe chest pain, pressure, or tightness – could signal a heart attack

- Sudden shortness of breath or coughing up blood – may mean a blood clot in the lungs
- Severe, unrelenting headache with vision changes or confusion – can indicate dangerously high blood pressure or stroke
- Swelling in one leg with pain and warmth – possible blood clot (deep vein clot formation (thrombosis))
- Yellowing of the skin or eyes (jaundice) with belly pain – may signal liver damage from fatty liver disease progressing to cirrhosis

What the care team will do

- Measure accurate weight, height, BMI, and waist circumference at every visit using calibrated scale and proper technique.
- Screen blood pressure, fasting glucose (blood sugar after not eating), and lipid panel (cholesterol blood test) to identify comorbidities.
- Teach calorie deficit diet aiming for 1200 to 1500 calories daily for women or 1500 to 1800 calories daily for men to achieve 1 to 2 pound weekly weight loss.
- Create individualized exercise plan starting where patient is able and building toward 150 to 300 minutes per week of moderate intensity activity like brisk walking.
- Refer to registered dietitian for medical nutrition therapy and to behavioral therapist for cognitive behavioral therapy addressing eating triggers.
- Educate about GLP-1 agonist medications like semaglutide or tirzepatide if BMI is 30 or higher, or 27 or higher with comorbidity, including injection technique and nausea management.
- Discuss bariatric surgery referral for patients with BMI of 40 or higher, or BMI of 35 or higher with comorbidity who have not succeeded with lifestyle and medication.
- Monitor for weight loss progress monthly and adjust treatment if less than 5 percent weight loss after 3 months of adherence to lifestyle changes.

Medicines you may be given — and why

Semaglutide (Wegovy) or Liraglutide (Saxenda)

This medicine copies GLP-1, a natural gut hormone that tells your brain you're full and slows how fast food leaves your stomach. It turns down hunger signals in the hypothalamus (your brain's appetite control center) and makes you feel satisfied with less food. It also steadies blood sugar by nudging the pancreas to release insulin when sugar is high.

Tirzepatide (Zepbound)

This medicine mimics two natural gut hormones at once: GLP-1 (which tells your brain you're full) and GIP (which helps control how your body stores energy and uses insulin). Together they turn down hunger, slow stomach emptying, and help your body handle sugar and fat better. The dual signal often leads to more weight loss than GLP-1 alone.

Phentermine-Topiramate (Qsymia)

This pill pairs two medicines. Phentermine is a stimulant-like drug that releases norepinephrine (a wake-up chemical) in the hypothalamus, which turns down hunger. Topiramate is an anti-seizure medicine that also makes you feel full faster and may change how you taste sweet foods, so you crave them less. Together they cut appetite and help you eat smaller portions.

Naltrexone-Bupropion (Contrave)

This pill combines two medicines that act on the brain's reward and hunger circuits. Bupropion raises dopamine and norepinephrine (chemicals that boost mood and alertness) in the hypothalamus, which helps turn down appetite. Naltrexone blocks opioid receptors that normally put the brakes on a weight-control pathway, so the hunger-suppressing signal stays on longer. Together they make food less rewarding and help you feel full sooner.

Orlistat (Xenical, Alli)

This medicine blocks lipase, an enzyme your gut makes to break down fat in food. With lipase blocked, about 25–30% of the fat you eat passes through undigested and leaves in your stool instead of being absorbed. Eating less absorbed fat means fewer calories, which can lead to modest weight loss if you also cut calories and stay active.

Where this information comes from

- AACE Clinical Practice Guidelines for Obesity 2016 (updated 2022)
- CDC Obesity Guidelines and Data
- AHA/ACC Guideline on the Management of Overweight and Obesity in Adults 2013
- USPSTF Screening for Obesity in Adults 2018

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