

KEY MESSAGES

The key messages provide top-line language to outline the framework for our campaign. The intent of the key messages is to build a common understanding among our partners and collaborators about our joint mission to inspire EU Member States to put in place and to implement robust obesity strategy plans; to increase education around obesity and get it more widely recognised as a disease; to reduce the stigma that is often attached to it; and to draw attention to the rising rates of overweight and obesity in Europe.

The supporting statements provide further elaboration. References can be followed for more detail.

Obesity

- **Obesity is one of the most challenging public health concerns of the 21st centuryⁱ**

According to the OECD Health Policy Study *The Heavy Burden of Obesity, The Economics of Prevention*ⁱⁱ (October 2019):

- More than half the population is now overweight in 34 out of 36 OECD countries and almost one in four people have obesityⁱⁱ
- Average rates of adult obesity in OECD countries have increased from 21% in 2010 to 24% in 2016, so an additional 50 million people have obesityⁱⁱ.
- Despite a drive in the last decade to deal with increased obesity, more needs to be done amid sedentary lifestyles and an almost 20% increase in calorie supply – i.e. calories available for consumption – in the OECD over the past 50 yearsⁱⁱ.
- In the next three decades, overweight will claim as many as 92 million lives in the OECD with obesity and overweight-related diseases reducing life expectancy by three years by 2050ⁱⁱ
- Globally, at least 2.8 million people die each year as a result of being overweight or having obesityⁱⁱⁱ.

- **Many Europeans are overweight or have obesity.**

- According to the World Health Organization (WHO) the prevalence of obesity in many European countries has tripled since the 1980s^{iv}
- 30–70% of adults in EU countries are overweight, while 10–30% have obesity^v

- On average, across all EU member states, 16% of adults had obesity in 2014^{vi} an increase from 11% in 2000.
- It is predicted that by 2030, over 50% of the European population will have obesity. In some European countries, as many as 89% of the population are predicted to be overweight or have obesity^{vii}.
- **Obesity causes a range of chronic diseases, including type 2 diabetes, cardiovascular diseases and certain cancers^{viii}**
 - 44% of type 2 diabetes,, 23% of ischaemic heart disease and between 7% and 41% of certain cancers are attributable to overweight and obesity^{ix}
 - According to the European Commission, up to 7% of national health budgets in the EU each year are spent on diseases that can be linked to obesity. Added to this are the wider economic costs caused by sickness, social exclusion and premature death.^x
- **Severe obesity reduces average life expectancy by a decade^{xi}**
 - People with a BMI of 30–34.9 kg/m² on average live 2–4 years less than those with a normal BMI (18.5–24.9 kg/m²), and those with a BMI of over 40 live on average 10 years less.
- **Obesity is the fifth leading cause of death worldwide.**
 - Obesity is a risk factor for type 2 diabetes, cardiovascular disease and certain cancers making it the 5th leading cause of death worldwide.^{xii}
- **National actions to address the problem of obesity are hugely inconsistent**
 - According to a survey conducted by EU Observer in 2016^{xiii}, only 19 EU member states said they had obesity strategies in place. However, EU Observer said only 10 countries were able to outline a full strategy, or at least bundles of measures. Germany, Austria and Latvia were cited as being the most comprehensive.
 - EU Observer said plans “often consist of little more than a collection of vague goals.”
 - Seven of the 28 country Health Ministries questioned failed to give answers (Belgium, Croatia, Czech Republic, Greece, France, Lithuania and Poland).
 - EASO seeks to encourage Member States to develop and put in place comprehensive strategies. However, EASO’s position is that strategies will only be effective if everyone gets involved – from the EU Commission and Parliament to member states, the WHO and local actors.

World Obesity Day

- **World Obesity Day (WOD) is a focal point for local, national and international activities in support of people with obesity.**

- The purpose is to drive formal recognition of obesity as a chronic disease requiring active management (prevention and treatment)
- The objective is to ensure greater knowledge and understanding of obesity as a treatable disease, particularly among healthcare professionals - a key barrier to the health, wellbeing and treatment of people with obesity - so that access and availability of treatment is improved.

The European tagline “Addressing Obesity Together Across Europe” aims to encourage and facilitate opportunities for stakeholders to work together to collectively tackle the growing obesity epidemic.

- WOD provides an opportunity to highlight EU member state strategies where they exist, to call for the strengthening of those that could be more comprehensive, and to encourage their development where they don't yet exist.
- It is also a flag-waving occasion to highlight the need for obesity to be more widely recognised by the European Union and member state governments as a treatable chronic disease, and to draw attention to the benefits this will bring to both individuals and to healthcare systems. Obesity is now recognised as a chronic disease that requires long-term management by health organisations such as WHO^{xiv}, The Organisation for Economic Co-operation and Development (OECD)^{xv}, The American Medical Association (AMA)^{xvi} and the Canadian Medical Association (CMA).^{xvii}
- In Europe, obesity is also recognised as a chronic disease by the Netherlands, Portugal and Italy.
- Recognition of obesity as a chronic disease will result in greater access to care and treatment for those who are overweight or who have obesity¹
xviii
- At the same time, the campaign supports the broader initiatives of EASO, national associations and collaborating centres to encourage European citizens who are overweight or who have obesity to make the necessary changes to manage their weight and improve their overall health and quality of life.

¹ Healthcare matters are primarily the responsibility of EU member states and there is no unified law dictating that member states must treat recognised diseases, however recognition of obesity as a chronic disease would bring it under the purview of existing 'chronic disease strategies', and their associated budgets. At an EU level this would result in greater funding opportunities from EU initiatives and Joint Action under the Health Programme, particularly for research and innovation and more specific recommendations from the EU on addressing chronic diseases in Member States.

- **WOD is an opportunity for everyone to raise awareness of the impact of obesity in their community.**
 - All organisations and individuals who are affected or concerned about the growing rates of obesity are encouraged to organise activities and events to promote a Healthier Future by *Addressing Obesity Together Across Europe*.
 - Although WOD is an ‘international awareness day’ taking place on 4 March, the annual campaign activities that take place around WOD are just as important. Numerous events and initiatives are held in Europe during the build-up to WOD, as well as in the days and weeks afterwards.

Messages for key audiences

Policymakers

- **Europe is facing an obesity crisis of epidemic^{xix} proportions that presents an increasing financial burden on healthcare systems.**
 - Obesity has been estimated to cost the European Union €70 billion annually through healthcare costs and lost productivity.^{xx}
 - The European Association for the Study of Obesity (EASO) found direct obesity-related costs ranging from 1.5–4.6% of health expenditure in France to around 7% in Spain.
 - There are forecasts that suggest that if European governments devoted all existing and future resources allocated to weight management to the most cost-effective approaches², governments could save up to 60% in some European countries.^{xxi}
- **The response of European governments to obesity is not working. It’s time for a new approach.**
 - People who are overweight or who have obesity are in a majority today in the OECD³ region. The obesity epidemic continues to spread, and no country has seen a reversal of the trend since the epidemic began^{xxii}
 - Governments need to take collective action now if the WHO Global Target 2025 of ‘no increase in childhood overweight’ is to be achieved.^{xxiii}
 - All EU member states need to have a robust obesity strategy in place together with clear timelines and resources dedicated to implement national plans. These strategies need to go beyond simply setting some goals, and should include strategies for both prevention and treatment.

² The approaches examined were commercially provided behavioural based treatments that help people make and sustain changes to lifestyle and weight

³ The Organisation for Economic Cooperation and Development has 34 Member countries that span the globe, from North and South America to Europe and Asia-Pacific. They include many of the world’s most advanced countries but also emerging countries like Mexico, Chile and Turkey.

○ **Preventing obesity must remain a priority. However, the continuing rise in the prevalence of obesity is evidence that treatment as well as prevention should be prioritised’.**^{xxiv}

- The European Commission has been active in raising awareness and promoting healthy and active lifestyles in EU Member States, with policies and initiatives including:
 - The EU platform for action on diet, physical activity and health (2005)^{xxv} to which European Obesity Day is an official commitment of EASO.
 - “Strategy for Europe on nutrition, overweight and obesity related health issues” (2007)^{xxvi}
 - High Level Group on Nutrition and Physical Activity (2007)^{xxvii}
 - The EU Action Plan on Childhood Obesity 2014-2020^{xxviii}
 - The European Council adopted Conclusions on Nutrition and Physical Activity (2014)^{xxix}
- EU member states need to have comprehensive obesity strategies, developed in the framework and spirit of the European Commission’s 2007 white paper, A Strategy on Nutrition, Overweight and Obesity Related Health Issues.
- But while acknowledging the importance of prevention in tackling the obesity epidemic, it is also important to provide available and effective treatment for the millions of Europeans who already have obesity.
- Treatment strategies will only be successful if environments are made less obesogenic⁴

○ **Obesity needs to be more widely recognised in Europe as a chronic disease.**

- Obesity is recognised as a chronic disease that requires long-term management by health organisations such as WHO^{xxx}, The Organisation for Economic Co-operation and Development (OECD)^{xxxi}, The American Medical Association (AMA)^{xxxii} and the Canadian Medical Association (CMA).^{xxxiii}
- However, currently the Netherlands, Portugal and Italy are the only EU countries that recognises obesity as a disease^{xxxiv}.

⁴ <http://www.bbc.com/news/blogs-magazine-monitor-27601593>

- **The EU has already recognised that obesity can constitute a disability.**
 - In December 2014, the European Court of Justice ruled that obesity can be a disability when it causes long-term impairment^{xxxv}.
- **It is a concern that obesity is not widely recognised as a chronic disease as it is the gateway to many other diseases, including most NCDs (Non Communicable Diseases).**
 - Obesity plays a central role in a person’s development of a number of risk factors and chronic diseases including type 2 diabetes, cardiovascular diseases, and certain cancers.^{xxxvi}
 - Overweight and obesity are responsible for about 80% of cases of type 2 diabetes, 35% of ischaemic heart disease and 55% of hypertensive disease among adults in the European region^{xxxvii}
 - The risk of developing more than one of these obesity related diseases greatly increases when body weight is elevated (BMI over 35 kg/m²).^{xxxviii}
- **Greater recognition of obesity as a disease is needed to precipitate a shift in thinking of obesity as just a lifestyle choice, to a medical disease with an obligation to treat it as such.**
 - It is crucial that authorities in the EU recognise that obesity is a complex and multifactorial chronic disease with numerous causes, many of which are largely beyond an individual’s control. Causes of obesity range from genetic^{xxxix} and endocrine^{xl} conditions, to environmental factors^{xli} such as stress, diet and increasingly sedentary working patterns.
 - This vital recognition of obesity as a disease will help to ensure more resources are dedicated to much needed research, prevention and treatment^{5 xlii}; that encouragement is given to healthcare professionals to recognise obesity treatment as a necessary and valued professional specialty; and that there is a reduction in the stigma and discrimination experienced by the millions of people affected.
 - Obesity fits all the criteria of some definitions of ‘a disease’ and many criteria of others.^{xliii}
- **Failing to accept obesity as a disease contributes to stigma, shame, stress and ultimately the worsening health of patients.**
 - A health policy that does not recognise obesity as a disease actively worsens the health of millions of European and is therefore not fit for purpose.

⁵ Healthcare matters are primarily the responsibility of EU member states and there is no unified law dictating that member states must treat recognised diseases, however recognition of obesity as a chronic disease would bring it under the purview of existing ‘chronic disease strategies’, and their associated budgets. At an EU level this would result in greater funding opportunities from EU initiatives and Joint Action under the Health Programme, particularly for research and innovation and more specific recommendations from the EU on addressing chronic diseases in Member States.

○ **Obesity management is multidisciplinary by nature.**

- Obesity management requires co-operation between healthcare professionals with complementary expertise including dieticians, psychologists, exercise physiologists and specialists in numerous other diseases and conditions related to obesity.^{xliv} Delivering comprehensive treatment to people with obesity represents a real challenge for healthcare systems due to there being no medical specialism in obesity.^{xlv} This needs to be specifically recognised and addressed as part of national obesity strategies.
- We therefore ask member states and Chief Medical Officers to help advance the co-ordination of obesity management and research in Europe to the benefits of citizens, society and the economy.

Healthcare professionals

○ **Obesity is a disease, not a lifestyle choice.**

- Causes of obesity range from genetic^{xlvi} and endocrine^{xlvii} conditions, to environmental factors^{xlviii} such as stress, diet and our increasingly sedentary working patterns.
- Treating obesity a chronic disease can result in significant cost savings to healthcare systems.
- Obesity has been estimated to cost the European Union €70 billion annually through healthcare costs and lost productivity.^{xlix}
- The European Association for the Study of Obesity (EASO) found direct obesity-related costs ranging from 1.5–4.6% of health expenditure in France to around 7% in Spain.^l

○ **Obesity is the gateway to many other diseases, including most NCDs (Non Communicable Diseases).**

- Obesity plays a central role in a person's development of a number of risk factors and chronic diseases including type 2 diabetes, cardiovascular diseases and certain cancers.^{li}
- Overweight and obesity are responsible for about 80% of cases of type 2 diabetes, 35% of ischaemic heart disease and 55% of hypertensive disease among adults in the European region^{lii}
- The risk of developing more than one of these other diseases greatly increases when body weight is elevated (BMI over 35 kg/m²)^{liii}

- **There is an urgent need for a greater understanding of why obesity is a disease, its causes and consequences. Healthcare professionals can make a difference by becoming more knowledgeable about the disease and working to address the needs and concerns of patients.**
 - Many people who could benefit from medical care for obesity are not receiving it.
 - The lack of education and training for physicians and other healthcare professionals often represents a major barrier to obesity treatment.
 - The topic of obesity as part of medical training is given little time or attention, and more efforts should occur to improve health care professionals' understanding of obesity and comprehensive treatment approaches that can be delivered as part of patient care.
 - Greater medical specialisation in obesity would lead to better care and support for patients.
 - Healthcare professional organisations can help to identify the knowledge gaps in their own community, and to provide solutions through education and the provision of more information.
 - Properly trained healthcare professionals can make a huge difference in addressing the weight management needs and concerns of patients. GPs should be trained and encouraged to improve weight management discussions with their patients.
 - Counselling and supportive advice from healthcare professionals can have a positive effect on patient action regarding weight management⁶
- **Training of healthcare providers to treat obesity needs to address bias, as well as behaviour change strategies, and the ability to work collaboratively with inter-professional teams.**
 - According to an article in the Lancet weight bias by healthcare professionals can impair the quality of healthcare delivery to patients. Healthcare providers spend less time in appointments, provide less education about health, and are more reluctant to do some screening tests in patients with obesity. Furthermore, physicians report less respect for their patients with obesity, perceive them as less adherent to medications, express less desire to help their patients, and report that treating obesity is more annoying and a greater waste of their time than is the treatment of their thinner healthier.^{liv}
 - In the UK, the training of healthcare professionals to prevent and treat people who are overweight or with obesity was addressed and widely endorsed in a 2010 report prepared by the Royal College of Physicians.

⁶ Rose SA, Poynter PS, Anderson JW, Noar SM, Conigliaro J. Physician weight loss advice and patient weight loss behavior change: a literature review and meta-analysis of survey data. *Int J Obes (Lond)*. 2013;37(1):118-128

The report emphasised the need for all healthcare professionals to identify those at risk of obesity and to manage treatment and care for patients living with obesity. It emphasised horizontal integration across disciplines and provided a framework covering both generalist and specialist level competencies, with specific skills for managing adults and children with obesity.^{lv}

- **Reducing stigmatisation and discrimination can improve recovery rates^{lvi}**
 - It is important to create a supportive healthcare environment to ensure the successful treatment of people with obesity.^{lvii}
 - With the right support, people living with obesity can make real progress.
- **Policy and environmental changes alone are unlikely to result in substantial weight loss in patients with severe obesity.**
 - Whilst we must continue to advocate for effective public policy, education and awareness to prevent obesity, we must provide better care and treatment for those who are already living with obesity.
- **There is a need for greater medical specialism in obesity**
 - There is a recognised need for multi-disciplinary weight management programmes supported by specialists including psychologists, special nurses, dieticians and exercise physiologists.^{lviii}

Reimburseurs

- **Treating obesity, in combination with prevention programmes, can improve public health and public health services.**
 - While acknowledging the importance of prevention in tackling the obesity epidemic, it is also important to provide available and effective treatment for the millions of Europeans who already have obesity.
- **Obesity is a gateway to many other diseases.**
 - Since obesity is a gateway to many other diseases, if obesity is managed appropriately it will close the gate to many associated diseases including type 2 diabetes, cardiovascular diseases and certain cancers.^{lix} The diseases attributable to obesity are often reduced or even completely disappear when obesity is treated.^{lx}
- **The burden that obesity-related diseases and conditions place on healthcare systems is substantial.**
 - People with obesity increase indirect medical costs by up to 30% and direct medical costs by up to 39%, compared to people of normal weight.^{lxi}

- Funding treatment for people with obesity does not only benefit them but European taxpayers, healthcare providers and insurance reimbursers.
- **Treatment of obesity requires long term care.**
 - Long-term support of patients having obesity ensures higher success rates and encourages them to continue living a healthy lifestyle^{lxii}
- **Reimbursing aftercare increases success rates of treatment**
 - Long-term support of people with obesity results in higher success rates and encourages them to continue living a healthy lifestyle^{lxiii}

Pharmacists

- **Pharmacists have an important role to play, advising patients on weight loss options and encouraging them to seek advice from their healthcare provider.**
 - Pharmacies are often the first point of information for people with overweight or obesity.
 - Pharmacists have an opportunity to talk directly to patients with obesity who have not yet consulted their doctor. Therefore there is a greater opportunity to counsel them, particularly when it affects other conditions for which they are seeking medication.
 - Counselling patients on their weight and how to manage it encourages more people with obesity to attempt weight loss.^{lxiv}

Media

- **The media can play a crucial role in helping people to understand more about obesity.**
 - Recognising the fact that obesity is a chronic disease in media reporting will help reduce stigmatisation and can play a role in helping to secure treatment for the millions of Europeans who have this disease.
 - Avoiding stigmatisation in images and text will encourage people with obesity to recognise their condition and seek advice from a healthcare professional

Patients and General Public

- **Obesity is a chronic disease that requires treatment.**
 - It can be managed with appropriate support and it is possible to take small steps to a healthier future.
- **Help and treatment is available for people who have obesity**
 - It is important to ask your doctor for advice or ask to be recommended to an obesity specialist.
 - Ask your national obesity association for details of local support groups in your area.
- **It is important to understand the facts of being overweight and having obesity.**
 - A healthier lifestyle, including a healthy diet and regular physical activity can help with treatment.
 - However, obesity is a chronic disease and should be treated as such. Furthermore it is the gateway to many other diseases including type 2, cardiovascular diseases and certain cancers.^{lxv}
- **It is important to offer support and understanding to people who have obesity. It is a chronic disease.**
 - Causes of obesity range from genetic^{lxvi} and endocrine^{lxvii} conditions, to environmental factors^{lxviii} such as stress, diet and increasingly sedentary working patterns.
 - Accepting and supporting people living with obesity will help them seek the care and treatment they need.
- **By sharing stories, people with obesity can support others affected by the disease.**
- **Support EASO's call to action for (better) training to be provided for physicians and healthcare providers.**

Parents

- **Preventing and controlling obesity is a lifelong task**
 - Overweight children and those with obesity are likely to stay that way into adulthood and are more likely to develop noncommunicable diseases like

diabetes and cardiovascular diseases at a younger age. Prevention of childhood obesity therefore needs high priority.

Call to action

- **EASO is calling for quality training in obesity for physicians and healthcare providers.**

ⁱ World Health Organization. Global strategy on diet, physical activity, and health: childhood overweight and obesity. Accessed March 9, 2012.

ⁱⁱ OECD (2019), The Heavy Burden of Obesity: The Economics of Prevention, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/67450d67-en>.

ⁱⁱⁱ World Health Organization, Facts on Obesity: <http://www.who.int/features/factfiles/obesity/en/> and World Health Organisation. Global Status Report on Non-Communicable Diseases 2010.

^{iv} World Health Organisation. The challenges of obesity in the WHO region and the strategies for response, 2007

http://www.euro.who.int/_data/assets/pdf_file/0010/74746/E90711.pdf

^v <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/obesity/data-and-statistics>

^{vi} Organisation for Economic cooperation and Development. Health at a glance: Europe 2014

^{vii} L. Webber, D. Divajeva, T. Marsh et al, 'The future burden of obesity-related diseases in the 53 WHO European-Region countries and the impact of effective interventions: a modelling study', BMJ Open (2014) 4(7):

<http://bmjopen.bmj.com/content/4/7/e004787.full>

^{viii} http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf. Page 17

^{ix} http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf. Page 17

^xEuropean Commission Health and Consumer Protection:

http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/10keyfacts_nut_obe.pdf

^{xi} Ikramuddin, S. Roux-en-y Gastric Bypass vs Intensive Medical Management for the control of type 2 diabetes, hypertension and hyperlipidemia: The Diabetes Survey Study Randomized clinical trial. JAMA 2013

<http://jama.amanetwork.com/article.aspx?articleid=1693889>

^{xii} European Association for the Study of Obesity (EASO), [Obesity Facts & Figures](#)

^{xiii} EU Observer: <https://euobserver.com/health/136060>

^{xiv} "Obesity is a chronic disease, prevalent in both developed and developing countries, and affecting children as well as adults."

World Health Organization. Obesity: Preventing and Managing the Global Epidemic. Technical Report Series 894, 2000; page 1

http://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/

^{xv} OECD Obesity update 2014. www.oecd.org/els/health-systems/Obesity-Update-2014.pdf

^{xvi} America Medical Association, 'AMA Adopts New Policies on Second Day of Voting at Annual Meeting', (2013): <http://www.ama-assn.org/ama/pub/news/news/2013/2013-06-18-new-ama-policies-annual-meeting.page>

^{xvii} <https://www.cma.ca/En/Pages/cma-recognizes-obesity-as-a-disease.aspx>

^{xviii} http://www.idf.org/sites/default/files/Council_conclusions_7%20Dec%202010_Chronic%20Disease.pdf

^{xix} <http://www.who.int/nutrition/topics/obesity/en/>

^{xx} The University of Reading (UK), Research and Enterprise Services; European Commission Eatwell Report:

http://cordis.europa.eu/result/rcn/53206_en.html

^{xxi} Erixon, F, Brandt, L et al, "Investing in Obesity Treatment to Deliver Significant Healthcare Savings: Estimating the Healthcare Costs of Obesity and the Benefits of Treatment," ECIPE Occasional Paper, No. 1/2014. <http://ecipe.org/publications/investing-obesity-treatment-deliver-significant-healthcare-savings-estimating-healthcare-costs-obesity-and-benefits-treatment/>

^{xxii} OECD Obesity update 2014. www.oecd.org/els/health-systems/Obesity-Update-2014.pdf

^{xxiii} L. Webber, D. Divajeva, T. Marsh et al, 'The future burden of obesity-related diseases in the 53 WHO European-Region countries and the impact of effective interventions: a modelling study', BMJ Open (2014) 4(7):

<http://bmjopen.bmj.com/content/4/7/e004787.full>

^{xxiv} The question of the effectiveness of the obesity prevention strategy has been raised by MEP Hugues Bayet (S&D, BE) in a written question to the Commission, highlighting the fact that this is becoming a political issue. 4

^{xxv} http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm

^{xxvi} http://ec.europa.eu/health/nutrition_physical_activity/policy/strategy_en.htm

^{xxvii} http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm

^{xxviii} http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

^{xxix} http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/143285.pdf

^{xxx} "Obesity is a chronic disease, prevalent in both developed and developing countries, and affecting children as well as adults."

World Health Organization. Obesity: Preventing and Managing the Global Epidemic. Technical Report Series 894, 2000; page 1

http://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/

^{xxxi} OECD Obesity update 2014. www.oecd.org/els/health-systems/Obesity-Update-2014.pdf

^{xxxii} America Medical Association, 'AMA Adopts New Policies on Second Day of Voting at Annual Meeting', (2013): <http://www.ama-assn.org/ama/pub/news/news/2013/2013-06-18-new-ama-policies-annual-meeting.page>

- ^{xxxiii} <https://www.cma.ca/En/Pages/cma-recognizes-obesity-as-a-disease.aspx>
- ^{xxxiv} <https://www.dgs.pt/doencas-chronicas/a-obesidade.aspx>
- ^{xxxv} European Court of Justice: <http://curia.europa.eu/jcms/upload/docs/application/pdf/2014-12/cp140183en.pdf>
- ^{xxxvi} http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf. Page 17
- ^{xxxvii} World Health Organisation. The challenges of obesity in the WHO region and the strategies for response, 2007
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<http://jama.jamanetwork.com/article.aspx?articleid=1693889>
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- ^{xl} Obesity and endocrine disease, Kokkoris P, Pi-Sunyer FX. 2003
<http://www.who.int/mediacentre/factsheets/fs311/en/>
- ^{xli} http://www.idf.org/sites/default/files/Council_conclusions_7%20Dec%202010_Chronic%20Disease.pdf
- ^{xlii} The Obesity Society. Obesity as a disease: Whitepaper on evidence and arguments commissioned by the council of the Obesity Society. 2008 <http://onlinelibrary.wiley.com/doi/10.1038/oby.2008.231/abstract>
- ^{xliii} General practitioners' and district nurses' conceptions of the encounter with obese patients in primary health care
- ^{xliiii} European Association for the study of Obesity. An EASO position statement on multidisciplinary obesity management in adults. 2014
- ^{xlv} Genetics of obesity and the prediction of risk for health, Andrew J. Walley, Alexandra I.F. Blakemore and Philippe Froguel, 2006
- ^{xlvii} Obesity and endocrine disease, Kokkoris P, Pi-Sunyer FX. 2003
<http://www.who.int/mediacentre/factsheets/fs311/en/>
- ^{xlviii} The University of Reading (UK), Research and Enterprise Services; European Commission Eatwell Report: http://cordis.europa.eu/result/rcn/53206_en.html
- ^l EASO, Obesity perception policy
- ^{li} http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf. Page 17
- ^{lii} World Health Organisation. The challenges of obesity in the WHO region and the strategies for response, 2007
- ^{liii} Ikramuddin, S. Roux-en-y Gastric Bypass vs Intensive Medical Management for the control of type 2 diabetes, hypertension and hyperlipidemia: The Diabetes Survey Study Randomized clinical trial. JAMA 2013
<http://jama.jamanetwork.com/article.aspx?articleid=1693889>
- ^{liiii} Management of obesity: improvement of health-care training and systems for prevention and care
Dietz, William H et al. The Lancet , Volume 385 , Issue 9986 , 2521 – 2533
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- ^{lv} Royal College of Physicians. The training of health professionals for the prevention and treatment of obesity. Report prepared for Foresight by the Royal College of Physicians. 2010. <https://www.rcplondon.ac.uk/news/rcp-report-concludes-all-health-professionals-need-obesity-training>
- ^{lvi} The Obesity Society: <http://www.obesity.org/resources/facts-about-obesity/bias-stigmatization>
- ^{lvii} The Obesity Society: <http://www.obesity.org/resources/facts-about-obesity/bias-stigmatization>
- ^{lviii} European Association for the study of Obesity. An EASO position statement on multidisciplinary obesity management in adults. 2014 <http://easo.org/wp-content/uploads/2014/03/Multidisciplinary-Obesity-Management-in-Adults.pdf>
- ^{lix} Frühbeck G, Toplak H, Woodward E, Yumuk V, Maislos M, Oppert JM: Obesity: the gateway to ill health – an EASO position statement on a rising public health, clinical and scientific challenge in Europe. Obes Facts 2013; 6:117–120. <http://easo.org/wp-content/uploads/2014/03/Multidisciplinary-Obesity-Management-in-Adults.pdf>
- ^{lx} European Society of Endocrinology. "Losing weight when obese can prevent or cure diabetes, whatever the initial BMI, study suggests." ScienceDaily. ScienceDaily, 6 May 2012 <https://www.sciencedaily.com/releases/2012/05/120506160149.htm>
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- ^{lxii} [Why Aftercare is Not Optional for Long-Term Success](http://www.obesityaction.org/educational-resources/resource-articles-2/weight-loss-surgery/why-aftercare-is-not-optional-for-long-term-success)
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