



KEY MESSAGES

The **key messages** provide top-line language to outline the framework for our campaign. The key messages intend to build a shared understanding among our partners and collaborators about our joint mission to inspire EU Member States to put in place and 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 a chronic disease impacting populations worldwide. People living with obesity face weight bias, stigma, discrimination, and challenges accessing empathetic, evidence-based healthcare.
- 🌱 To ensure that obesity is managed with the same level of compassion and respect given to other chronic diseases, these five key principles have been developed and agreed by the 12 members of the International Obesity Collaborativeⁱ.

1. IT IS UNDENIABLE THAT OBESITY IS A COMPLEX, CHRONIC DISEASE.

Obesity is a chronic disease. It can last for a lifetime and requires ongoing management. Obesity should be diagnosed by a qualified healthcare professional based on an appropriate medical assessment. Obesity cannot be cured, but it can be controlled, like other chronic diseases such as diabetes or high blood pressure. Obesity is associated with more than 200 weight-related health conditions, including heart disease, type II diabetes, and many cancers. Obesity also affects overall quality of life and sense of well-being. These health impacts vary based on a person's ethnicity, race, and age.

2. OBESITY IS DRIVEN BY POWERFUL UNDERLYING BIOLOGY, NOT BY CHOICE.

Obesity is a chronic disease resulting from the complex interactions between genetic, environmental, behavioural, and social factors. Obesity is not a personal failure or the sole result of a lack of willpower. Weight and/or BMI is not the only indicator of obesity. When someone with obesity loses weight, the underlying contributing factors that contribute to obesity still exist. Weight loss leads to powerful biological responses that increase appetite, decrease energy expenditure, and promote weight regain.

3. THE MANY HEALTH EFFECTS OF EXCESS WEIGHT CAN START EARLY.

The health complications associated with obesity can start early in life, and the longer obesity is left untreated, the greater the potential impact of these negative effects. Preventing excess weight gain has positive health benefits. Although prevention efforts are important, they may be insufficient for many individuals to avoid developing obesity.

4. OBESITY IS TREATABLE.

Multiple evidence-based treatments are available to treat obesity, including intensive behavioural therapy, surgical interventions, and pharmacotherapy. Like other chronic diseases, such as high blood pressure and type II diabetes, effective management of obesity requires ongoing lifelong management. Obesity care and weight loss are not the same. The treatment of obesity focuses on overall health, not just weight reduction.

5. WEIGHT BIAS, STIGMA, AND DISCRIMINATION ARE HARMFUL.

People with obesity often face stigma and bias, which can manifest as discrimination. Discrimination can affect self-esteem and or access to quality healthcare. Every person deserves appropriate treatment regardless of body size. The decision to seek treatment for obesity is personal, and a person's choice should be respected.

- 🌱 The International Obesity Collaborativeⁱⁱ furthermore developed the following consensus statements:

Obesity care and weight loss are not the same.

Obesity care delivered by qualified clinicians consists of evidence-based options that address comorbidities of obesity (diabetes, hypertension, hyperlipidemia, etc.) and improve well-being. Obesity care is about health, not weight. Weight loss is just one outcome of obesity care.

Obesity is a serious, relapsing chronic disease that requires long-term care, just like any other chronic disease. Safe and effective evidence-based obesity treatments that improve patient health are available.

Evidence-based treatments for obesity and severe obesity may include nutrition and behaviour modification, physical activity, medications, approved devices, and metabolic/bariatric surgery. In decisions shared with patients, clinicians utilise one or more of these modalities to treat obesity.

Globally, medical coverage limits access to effective obesity care to the detriment of patient health. National statutes and medical insurance coverage have not kept pace with evidence and advances in clinical science. Like other serious chronic diseases, support for obesity care must be incorporated into national public health strategies and include standard benefits and coverage for obesity across the lifespan.

People with obesity deserve care, free from stigma and shame.

Body mass index (BMI)

Body mass index (BMI) is a measure used to screen for obesity that neither defines the disease nor replaces clinical judgment. Social determinants, race, ethnicity, and age can modify the risk associated with a given BMI. Successful obesity management should be measured by the health and quality-of-life goals established through shared decision-making by the patient and their healthcare provider rather than changes in BMI alone.

Facts and Figures

- 🌱 **According to the WHO European Regional Obesity Report 2022ⁱⁱⁱ:**
 - Overweight and obesity have reached epidemic proportions in the WHO European Region, affecting almost 60% of adults.
 - Children are also affected, with 7.9% of children younger than five years and one in three school-aged children living with overweight or obesity. Prevalence decreases temporarily in those aged 10–19 years, where one in four live with overweight or obesity.
 - There have been consistent increases in the prevalence of overweight and obesity in the WHO European Region.
 - No Member State is on track to reach the target of halting the rise in obesity by 2025.
 - Recent estimates suggest that overweight and obesity is the fourth most common risk factor for NCDs in the Region, after high blood pressure, dietary risks and tobacco.
- 🌱 **The World Obesity Atlas 2023^{iv}, published by the World Obesity Federation, predicts that the global economic impact of overweight and obesity will reach \$4.32 trillion (€3.95 trillion) annually by 2035 if prevention and treatment measures do not improve.**
 - At almost 3% of global GDP, this is comparable with the impact of COVID-19 in 2020.
- 🌱 **Obesity causes a range of chronic diseases, including type 2 diabetes, cardiovascular diseases and certain cancers^v**
 - 44% of type 2 diabetes, 23% of ischaemic heart disease and between 7% and 41% of certain cancers are attributable to overweight and obesity^{vi}
 - 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.^{vii}
- 🌱 **Severe obesity reduces average life expectancy by a decade^{viii}**
 - 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 ten 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.^{ix}
- 🌱 **National actions to address the problem of obesity are hugely inconsistent**
 - According to a survey conducted by EU Observer in 2016^x, 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."

World Obesity Day

🌐 **World Obesity Day (WOD) is a focal point for local, national and international activities in support of people living 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, well-being and treatment of people with obesity - so that access and availability of treatment is improved.

The European tagline "Addressing Obesity Together" aims to encourage and facilitate opportunities for stakeholders to work together to tackle the growing obesity epidemic.

- WOD provides an opportunity to highlight EU member state strategies where they exist, to call for strengthening 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 it will bring to individuals and healthcare systems. Obesity is now recognised as a chronic disease that requires long-term management by health organisations such as WHO^{xi}, The Organisation for Economic Cooperation and Development (OECD)^{xii}, The American Medical Association (AMA)^{xiii} and the Canadian Medical Association (CMA).^{xiv}
- Recognition of obesity as a chronic disease will result in greater access to care and treatment for those who are overweight or who have obesity^{1 xv}
- At the same time, the campaign supports the broader initiatives of ECPO and the obesity community to encourage European citizens who are overweight or living with obesity to make the necessary changes to manage their weight and improve their overall health and quality of life.

🌐 **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 a global awareness day on 4 March, the annual campaign activities around WOD are just as important. Numerous events and initiatives are held in Europe during the build-up to WOD and in the days and weeks afterwards.

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.

MESSAGES FOR KEY AUDIENCES

Healthcare professionals

- 📌 **Obesity is a disease, not a lifestyle choice.**
 - Causes of obesity range from genetic^{xvi} and endocrine^{xvii} conditions, to environmental factors^{xviii} such as stress, diet and our increasingly sedentary working patterns.
 - Treating obesity as 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.^{xix}

- 📌 **Obesity is the gateway to many other diseases, including many 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.^{xx}
 - 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^{xxi}
 - The risk of developing more than one of these other diseases greatly increases when body weight is elevated (BMI over 35 kg/m²)^{xxii}

- 📌 **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 is a significant barrier to obesity treatment.
 - The topic of obesity as part of medical training is given little time or attention, and more effort should be made to improve healthcare 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 patient care and support.
 - Healthcare professional organisations can help identify the knowledge gaps in their community and provide solutions through education and more information.
 - Properly trained healthcare professionals can make a huge difference in addressing patients' weight management needs and concerns. 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 management^{xxiii}

- 📌 **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 say that treating obesity is more annoying and a greater waste of their time than is the treatment of their thinner healthier.^{xxiv}

- 📌 **Reducing stigmatisation and discrimination can improve recovery rates^{xxv}**
 - It is important to create a supportive healthcare environment to ensure the successful treatment of people with obesity.^{xxvi}
 - 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 multidisciplinary weight management programmes supported by specialists including psychologists, special nurses, dieticians and exercise physiologists.^{xxvii}
 - ECPO is calling for quality training in obesity for physicians and healthcare providers.

- 📌 **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.^{xxviii}

People living with obesity and the General Public


- 📌 **Obesity is a chronic disease that requires treatment.**
 - It can be managed with appropriate support, and taking small steps to a healthier future is possible.
- 📌 **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 living with 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 diabetes, cardiovascular diseases and certain cancers.^{xxix}
- 📌 **It is important to offer support and understanding to people who have obesity. It is a chronic disease.**
 - Causes of obesity range from genetic^{xxx} and endocrine^{xxxi} conditions, to environmental factors^{xxxii} 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.
- 📌 **Preventing and controlling obesity is a lifelong task**
 - Overweight children and those with obesity are likely to stay that way into adulthood. They are more likely to develop noncommunicable diseases like diabetes and cardiovascular diseases at a younger age. Prevention of childhood obesity, therefore needs high priority.
- 📌 **By sharing stories, people with obesity can support others affected by the disease.**
- 📌 **Support the ECPO and EASO call to action for (better) training to be provided for physicians and healthcare providers.**

Noncommunicable Disease (NCD) Groups

- 📌 **The WHO European Regional Obesity Report 2022 states:**
 - Obesity is associated with many diseases that affect multiple body systems. Adverse effects of obesity on health include those that result from the mechanical effects of increased body weight, such as some musculoskeletal complications, metabolic effects such as type 2 diabetes mellitus and cardiovascular risk, and the effects on mental health.
 - Obesity is also considered a cause of at least 13 different types of cancer, including cancers of the breast, colorectum, kidney, liver and ovary, multiple myeloma and meningioma.
 - Across the WHO European Region, obesity is likely to be directly responsible for at least 200,000 new cancer cases annually, with this figure projected to rise in the coming decades.
 - For some countries within the Region, it is predicted that obesity will overtake smoking as the leading risk factor for preventable cancer in the coming decades.
 - While strategies targeting those at higher risk of obesity-related cancers may be necessary, public health policies aimed at reducing obesity will likely have an important impact on the cancer burden.

Policymakers

- 📌 **Europe is facing an obesity crisis of epidemic^{xxxiii} 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.^{xxxiv}
 - 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 approaches^{xxxv}, governments could save up to 60% in some European countries.^{xxxvi}
- 📌 **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 OECD^{xxxvii} region. The obesity epidemic continues to spread, and no country has seen a reversal of the trend since the epidemic began^{xxxviii}
 - Governments need to take collective action now if the WHO Global Target 2025 of 'no increase in childhood overweight' is to be achieved.^{xxxix}
 - 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.

 **WHO European Regional Obesity Report 2022ⁱⁱⁱ states:**

- It is shown that people living with obesity may benefit from an approach aimed at improving patient-centred health outcomes rather than weight loss or maintenance alone. It further shows that individualised care plans that address the causes of obesity and support behavioural change are advised. In addition, adjunctive therapies (psychological, pharmacological and surgical interventions) could be considered.
- Obesity is complex, with multifaceted determinants (including social determinants) and health consequences, meaning that no single intervention alone can halt the rise of the growing obesity epidemic.
- In order to be successful, any policy must have high-level political commitment, strong political leadership and supportive government administrations.
- Policies must also be comprehensive, reaching individuals across the life course and targeting inequalities.
- Efforts to prevent obesity need to consider the wider determinants of the disease, and policy options should move away from solely individualistic approaches and address the structural drivers of obesity.
- The report concludes by recommending a suite of population-level interventions and policy options that Member States should consider in preventing and tackling obesity in the WHO European Region, emphasising building back better after the COVID-19 pandemic.
- 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 obesogenic^{xl}

 **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^{xli}, The Organisation for Economic Cooperation and Development (OECD)^{xlii}, The American Medical Association (AMA)^{xliii} and the Canadian Medical Association (CMA).^{xliv}
- However, the Netherlands, Portugal and Italy are the only EU countries that fully recognise obesity as a disease^{xlv}. The German Parliament also recognised obesity as a disease in July 2020^{xlvi}

 **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^{xlvii}.

- 🌱 **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.^{xlviii}
 - 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^{xlix}
 - The risk of developing more than one of these obesity related diseases greatly increases when body weight is elevated (BMI over 35 kg/m²).^l
- 🌱 **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^{li} and endocrine^{lii} conditions, to environmental factors^{liii} 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^{liv} ^{lv}; 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.^{lvi}
- 🌱 **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 Europeans and is therefore not fit for purpose.
- 🌱 **Obesity management is multidisciplinary by nature.**

 - Obesity management requires cooperation between healthcare professionals with complementary expertise including dieticians, psychologists, exercise physiologists and specialists in numerous other diseases and conditions related to obesity.^{lvii} Delivering comprehensive treatment to people with obesity represents a real challenge for healthcare systems due to there being no medical specialism in obesity.^{lviii} 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.

- ⁱ <https://obesitymedicine.org/about/international-obesity-collaborative/>
- ⁱⁱ <https://obesitymedicine.org/about/international-obesity-collaborative/>
- ⁱⁱⁱ <https://www.who.int/europe/publications/i/item/9789289057738>
- ^{iv} <https://www.worldobesity.org/resources/resource-library/world-obesity-atlas-2023>
- ^v http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf . Page 17
- ^{vi} http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf. Page 17
- ^{vii} European Commission Health and Consumer Protection: http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/10keyfacts_nut_obes.pdf
- ^{viii} 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>
- ^{ix} European Association for the Study of Obesity (EASO), [Obesity Facts & Figures](https://www.easo.org/)
- ^x EU Observer: <https://euobserver.com/health/136060>
- ^{xi} "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/
- ^{xii} OECD Obesity update 2014. www.oecd.org/els/health-systems/Obesity-Update-2014.pdf
- ^{xiii} 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>
- ^{xiv} <https://www.cma.ca/En/Pages/cma-recognizes-obesity-as-a-disease.aspx>
- ^{xv} http://www.idf.org/sites/default/files/Council_conclusions_7%20Dec%202010_Chronic%20Disease.pdf
- ^{xvi} Genetics of obesity and the prediction of risk for health, Andrew J. Walley, Alexandra I.F. Blakemore and Philippe Froguel, 2006
- ^{xvii} Obesity and endocrine disease, Kokkoris P, Pi-Sunyer FX. 2003
- ^{xviii} <http://www.who.int/mediacentre/factsheets/fs311/en/>
- ^{xix} The University of Reading (UK), Research and Enterprise Services; European Commission Eatwell Report: http://cordis.europa.eu/result/rcn/53206_en.html
- ^{xx} http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf. Page 17
- ^{xxi} World Health Organisation. The challenges of obesity in the WHO region and the strategies for response, 2007
- ^{xxii} 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>
- ^{xxiii} 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
- ^{xxiv} 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 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61748-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61748-7/abstract)
- ^{xxv} The Obesity Society: <http://www.obesity.org/resources/facts-about-obesity/bias-stigmatization>
- ^{xxvi} The Obesity Society: <http://www.obesity.org/resources/facts-about-obesity/bias-stigmatization>
- ^{xxvii} 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>
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- ^{xxxii} <http://www.who.int/mediacentre/factsheets/fs311/en/>
- ^{xxxiii} <http://www.who.int/nutrition/topics/obesity/en/>
- ^{xxxiv} The University of Reading (UK), Research and Enterprise Services; European Commission Eatwell Report: http://cordis.europa.eu/result/rcn/53206_en.html
- ^{xxxv} The approaches examined were commercially provided behavioural based treatments that help people make and sustain changes to lifestyle and weight
- ^{xxxvi} 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/>
- ^{xxxvii} 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.
- ^{xxxviii} OECD Obesity update 2014. www.oecd.org/els/health-systems/Obesity-Update-2014.pdf
- ^{xxxix} 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>
- ^{xl} <http://www.bbc.com/news/blogs-magazine-monitor-27601593>
- ^{xli} "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/
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- ^{xliiv} <https://www.cma.ca/En/Pages/cma-recognizes-obesity-as-a-disease.aspx>
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- xlvii European Court of Justice: <http://curia.europa.eu/jcms/upload/docs/application/pdf/2014-12/cp140183en.pdf>
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- ⁱ 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>
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- ⁱⁱⁱ Obesity and endocrine disease, Kokkoris P, Pi-Sunyer FX. 2003
- ⁱⁱⁱⁱ <http://www.who.int/mediacentre/factsheets/fs311/en/>
- ^{lv} 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.
- ^{lv} http://www.idf.org/sites/default/files/Council_conclusions_7%20Dec%202010_Chronic%20Disease.pdf
- ^{lvi} 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>
- ^{lvii} General practitioners' and district nurses' conceptions of the encounter with obese patients in primary health care
- ^{lviii} European Association for the study of Obesity. An EASO position statement on multidisciplinary obesity management in adults.2014