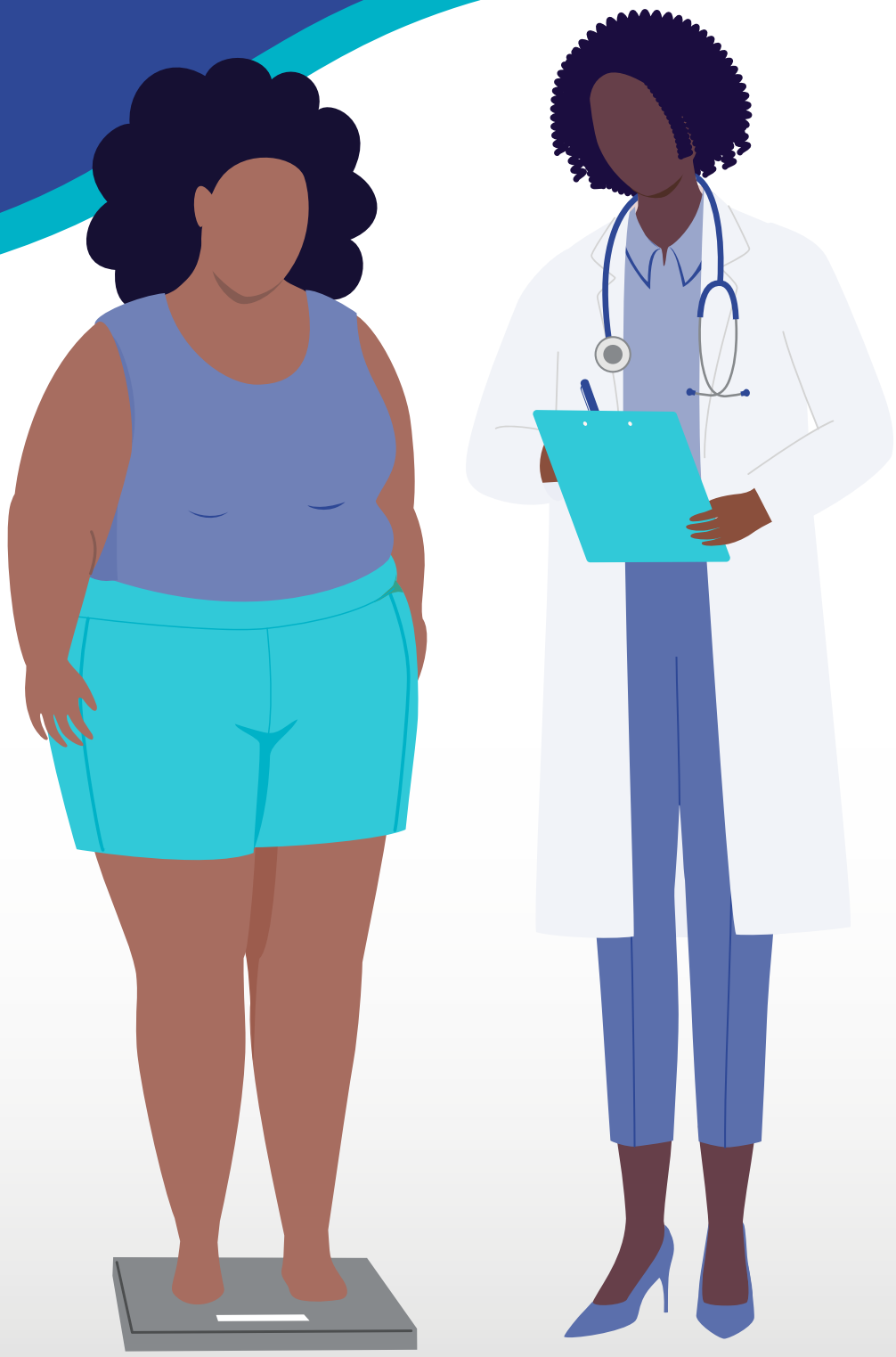
# Medical Support for Obesity



# Identifying Your Obesity Care Providers

Depending on your life stage, treatment goals, and your network of providers, you may want or need to seek obesity care from different types of providers. Consider your personal risk factors, comorbidities, and treatment goals when building your obesity care team. A comprehensive approach that considers your unique situation is the most effective approach for care. Providers you may consider for your obesity concerns and treatment include:

- **Bariatric Surgeon/Bariatrician**: A provider who specializes in medical treatment of obesity and comorbidities of obesity.
- **Endocrinologist:** A provider who specializes in diagnosing and treating disorders of the organs and glands that produce hormones (the endocrine system).
- **Nurse Practitioner or Advanced Practice Registered Nurse (NP or APRN)**: A registered nurse with advanced training in administering patient care. A Women's Health Nurse Practitioner (WHNP) is an APRN who specializes in the care of women.
- **Physician Assistant (PA)**: A health care professional who practices across different specialties and health care settings with physician supervision. PAs may support lifestyle modifications, behavioral interventions, and prescription medication management.
- **Obesity Medicine Specialist:** A provider trained to treat obesity and obesity-related conditions.
- **Primary Care Provider (PCP):** A provider who diagnoses and treats general health and common conditions over time.
- **Registered Dietitian (RD or RDN):** A certified health professional who specializes in diet and nutrition.

You may also consider seeking care from mental health providers (psychologists, psychiatrists, social workers), cardiologists, exercise specialists, and physical therapists. If you are of reproductive age, pregnant, or trying to become pregnant, you should also consider consulting an obstetrician-gynecologist, reproductive endocrinologist, or maternal-fetal medicine specialist.

**Many women avoid seeking care for obesity and comorbidities due to weight stigma and bias. Multiple studies have shown that patients living with overweight or obesity can experience stigma and discrimination from their providers due to their weight. This stigma can lead women to avoid or delay care for obesity and other conditions and contribute to internalized weight stigma.[22,23]**

**You have the right to safe, effective, and respectful care in all health care settings.** If you feel like you are being treated differently due to your weight, advocate for yourself – be vocal about your needs, seek support from others, and if necessary, find a new provider.

# Talking to Your Care Team

When you meet with your provider, you may want to bring information about your risk factors and have questions prepared. The questions below can be tailored to your situation, medical history, and goals. General questions to consider are:

- What is my current weight and BMI?
- What is a healthy weight for me?
- How is my weight affecting my overall health right now?
- Are there other health-related issues that might be affecting my weight?
- What is a healthy and realistic weight loss goal for me? How long will it take to achieve this goal?
- Is there a specific obesity management program you would recommend for me? Should I consider: lifestyle changes, medication, surgery?
- What other strategies would you recommend for my obesity management?
- How can you support me during my care journey?
- Are there any other health care professionals I should contact to help me with my care?

# Deciding on a Care Plan

Your personalized care plan should be developed with your health care providers. The process of collaboratively planning your care alongside your provider, also known as shared-decision making, can result in better health outcomes and increased weight loss. Some important things to consider when selecting your plan are:

- **Cost and Coverage**: For coverage of your treatment, key questions to consider are: Does my insurance policy cover my treatment plan? Are there certain medical requirements for my treatment to be covered? Is there a time limit on how long my treatment may be covered? Many patients will consider costs of treatments covered or not covered by insurance, but it is also important to consider additional care costs like groceries and transportation to care.
- **Employment**: Obesity has been associated with loss of workdays or productivity at work.[24] A care plan may help reduce these workplace disruptions, but you should be clear about how a treatment plan fits in your work life. Will you need to go to additional doctors' appointments during work hours? Do you need to schedule time during your workday to prepare healthy meals?
- **Impact on Daily Living**: Engaging in a care plan will require lifelong changes to your day-to-day living. What amount of change feels reasonable and sustainable in your life?
- **Recovery**: Treatments like bariatric surgery may require recovery time in the hospital and at home. Consider that you may need to take time off work or require assistance with caregiving or housework.
- **Social Support**: A support network can have meaningful impacts on weight loss.[25] Think about who in your community can provide support during your treatment journey or if you should find a support group.
- **Sustainability**: The sustainability of a treatment plan is one of the most important and challenging considerations. Be honest with yourself about what you can imagine doing six months, one year, two years, or five years from now.
- **Obesity and other health conditions**: Your provider should counsel you on what care plan is most appropriate for you given your health history, current weight, medical conditions, and risk for complications. You should also consider what beyond weight loss is a relevant treatment outcome for you.

# Exploring Treatment Options

Treatment goes far beyond weight loss. For women living with obesity, goals of treatment may also include the prevention and/or improvement of comorbidities or complications and enhancing physical function and quality of life.[26] Obesity treatment is not about short-term solutions but about effective long-term management. Treatment options for obesity are commonly broken down into three categories: **lifestyle modifications, obesity medications, and metabolic and bariatric surgery**.

**For people living with obesity, even moderate weight loss (5-10%) from obesity treatment can have clinically meaningful benefits for comorbidities such as reduction in cardiovascular risk factors, improvements in depression, and improvements in menstrual regularity.[27]**

## Lifestyle Modification

Lifestyle modification is a part of every obesity treatment plan and is often the entry point for care. For some patients living with obesity, lifestyle modifications alone are not effective in achieving their treatment goals. Lifestyle modification can be completed alone, in a care setting with your primary care provider, in a commercial setting, online, or in a specialty practice like an obesity medicine clinic. Current clinical guidelines recommend that the most effective behavioral weight loss treatment is an in-person, high-intensity program delivered by a trained interventionist.[28] Key features of a lifestyle modification care plan include[26]:

- **Nutrition and dietary recommendations**: A tailored nutrition plan is essential for weight loss. Treatment may include speaking with a dietitian or other qualified health care provider and receiving guidance on appropriate portion sizes, reading nutrition labels, preparing healthy foods, meal timing, and grocery shopping.
- **Physical activity**: Physical activity is a key component of any obesity management plan, long-term weight maintenance, and general well-being. There are many types of exercise, so try to find one that fits not only your needs but also that you enjoy. Strength training along with aerobic exercise may be recommended based on your other treatments. If you have not exercised before or recently, be sure to speak to your provider prior to starting a new routine and build your routine slowly.
- **Behavioral therapy**: Behavior modification is a type of therapy that aims to replace undesirable behaviors with positive ones and can be provided individually or in groups. This therapy may be combined with other types of therapy like Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and motivational interviewing.

Other types of lifestyle modifications include community-based weight loss programs and commercial weight loss programs. Studies have shown that individuals who engage in commercial weight loss programs have greater reductions in weight compared to those who try to lose weight on their own.[29,30] Ask your provider about these resources and check out your local health department, hospital, or YMCA for available programs. Your employer or health plan may also include coverage or incentives for participating in these types of programs.

## Obesity Medications

Over the past few decades, considerable progress has been made in the safety and success of obesity medications. There are medications for chronic weight management, short-term weight loss, and medications for treating the comorbidities of obesity. Recent attention has focused on obesity medications like **GLP-1 receptor agonists** (GLP-1s) which mimic a hormone (GLP-1) in the body, but there are additional types of medications that you and your providers may consider. Some obesity medications have also been indicated (approved) for the treatment of other health conditions like type 2 diabetes, cardiovascular disease risk reduction, chronic kidney disease, MASH (metabolic dysfunction-associated steatohepatitis), and obstructive sleep apnea.[31,32] While medications do not all have the same efficacy, some research shows that women have greater weight loss from GLP-1s compared to men.[33,34,35]

When identifying your treatment plan, you and your provider should focus on medications that will help you achieve your goals while also considering access, cost, health status, risk, and preferences. While there are limited studies on sex differences in obesity medication outcomes, some evidence suggests that side effects from these medications occur more often in women.[36,37]

As of spring 2026, the U.S. Food and Drug Administration (FDA) has approved seven obesity medications for long-term obesity management that can be prescribed when a patient meets certain criteria. These medications are from different classes of drugs and work through different mechanisms like appetite suppression, reduced fat absorption, controlled cravings, and slowing the emptying of the stomach. The seven medications approved for long-term use and their drug classes are:

- Orlistat (lipase inhibitor)
- Phentermine-topiramate (anorectic + anticonvulsant)
- Naltrexone-bupropion (opiate antagonist + antidepressant)
- Liraglutide (GLP-1 receptor agonist)
- Semaglutide (GLP-1 receptor agonist)
- Tirzepatide (dual GLP-1/GIP receptor agonist)
- Orforglipron (GLP-1 receptor agonist)

Additional FDA approved medications include a drug (Setmelanotide) approved for limited use in individuals with specific rare genetic conditions, and medications approved for short-term use only. Several other medications with weight-reducing benefits may be prescribed for off-label use to treat obesity.[38] You should always consult with your doctor before using a new medication.

**Due to high demand for weight loss medications, supply problems, and cost barriers, some patients have considered or taken counterfeit (fake) or compounded (custom-made) versions of popular medications. It is important to note that many of these medications are different from the manufactured version and have not been tested for safety, effectiveness, or quality.**

**You should always consult your provider before taking medication to learn about potential risks.**

Visit **https://www.fda.gov/medwatch** for additional information.

## Metabolic and Bariatric Surgery

Metabolic and bariatric surgery works by making changes to the digestive system to reduce the number of calories your body can absorb and consume. Surgery also impacts certain hormones in the gastrointestinal system, improving metabolism, and affecting appetite. While evidence shows minimal difference between men's and women's outcomes from bariatric surgery, there are important considerations for women considering surgery, particularly for those who intend to become pregnant following surgery.[39,40] There are four main types of metabolic and bariatric surgery[41]:

- **Roux-en-Y gastric bypass:** This surgery reduces how much food the stomach can hold (from about 3 pints before surgery to 1 oz directly after surgery) and reduces caloric absorption. The bypass created in the small intestine also impacts hormone levels in the gastrointestinal system, which can reduce feelings of hunger and increase feelings of fullness.
- **Sleeve gastrectomy**: In this procedure, about 75-80% of the stomach is removed, leaving a tube- or banana-shaped section. This surgery restricts how much food the stomach can hold and impacts the hormones in the gastrointestinal system, which impacts metabolism and can decrease hunger and increase feelings of fullness.
- **Biliopancreatic diversion with duodenal switch (BPD/DS)**: This type of surgery includes two separate procedures, beginning with a sleeve gastrectomy, where a portion of the stomach is removed. The second procedure divides the small intestine and reattaches the section on distinct parts of the intestine. This restricts how much food the stomach can hold and reduces the absorption of calories and nutrients. More than gastric bypass or a sleeve gastrectomy alone, this procedure impacts hormones that decrease hunger, increase fullness, and improve blood sugar control.
- **Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S)**: This surgery begins with a sleeve gastrectomy with a portion of the stomach removed. The first section of the small intestine, the duodenum, is then closed off and connected to a lower part of the small intestine, the ileum. This surgery restricts how much food the stomach can hold and reduces the absorption of calories and nutrients.
- Additional procedures include *adjustable gastric banding* and or non-surgical options like the *intragastric balloon.*