Seeking Care for Obesity

Understanding Obesity in Women

While the number of men and women who are living with obesity in the United States is similar, more women are diagnosed with severe (**class III**) obesity (**Body Mass Index (BMI)** ≥ 40 kg/m^2) than men.[4] There are differences in body fat distribution and function with women having higher overall **adipose tissue** (body fat), more subcutaneous adipose tissue (SAT) (fat under the skin), and more SAT in the abdominal and thigh areas.[5] Structural, chemical, and functional changes in the brain which can influence food intake, eating behavior, and food choices also differ between men and women.[6] Women also experience unique changes in adipose tissue function across their lifespan during hormonal milestones like puberty, pregnancy, perimenopause (the menopause transition), and menopause. Most relevant for those seeking care for obesity, there are sex differences in treatment responses, **comorbidities**, and health outcomes.[7,8,9]

In the United States, there are significant racial, ethnic, and socioeconomic disparities in obesity. Non-Hispanic Black and Hispanic women experience higher rates of obesity than White and Asian women with non-Hispanic Black women having the highest prevalence of obesity (56.9%).[10] Ethnic differences have been observed in body image, **weight perception**, and motivation for weight loss. In comparison to non-Hispanic White women, non-Hispanic Black women and Mexican-American women with obesity demonstrated higher weight misperception, or a mismatch between their actual weight and their believed weight.[11] Notably, there are also racial and ethnic differences in treatment outcomes that may be due to social determinants of health.[12]

Diagnosing Obesity in Women

Currently, only about 41% of patients with class III obesity receive a formal diagnosis, with many people living with obesity being underdiagnosed and undertreated.[14] Rates of underdiagnosis are higher for marginalized groups and patients with less severe obesity.[15] The simplest and most common way to diagnose obesity is by measuring body mass index (BMI), but this is a limited tool. BMI does not accurately capture the type of body fat, body composition, or the impact of excess body fat on your health. A BMI ≥ (greater than or equal to) 30 kilograms per square meter (kg/m^2) alone does not always need to be treated.

If you are experiencing any or all of the following, consider talking to your provider about your weight:

- Struggling to manage your weight, particularly after modifying diet and physical activity levels
- A diagnosis of common comorbid conditions of obesity like type 2 diabetes, **dyslipidemia**, metabolic dysfunction-associated steatotic liver disease (MASLD), or hypertension
- Experiencing comorbid symptoms of obesity like joint pain (back/knees), shortness of breath, or gastroesophageal reflux disease (GERD)
- Family history of obesity or other chronic diseases, such as obstructive sleep apnea, type 2 diabetes, or heart disease

Obesity is a classified as a chronic disease, defined as a condition that lasts for 1 year or more and requires ongoing medical attention or impacts daily life or both.[13]

Once your provider confirms you are a candidate for obesity treatment, your journey should begin with a comprehensive assessment of medical and weight history, family history, lifestyle behaviors, environment, and current physical and psychosocial health. It is important to speak with a professional to ensure that treatment recommendations are evidenced-based and appropriate for your specific needs and goals.

Understanding Risk Factors and Comorbidities

When seeking care for obesity, it is essential to recognize that obesity is a complicated disease with multiple risk factors, contributors, and comorbidities, some of which are beyond individual control. The underpinnings of obesity are complex with multiple causes, some which begin *in utero* (before birth). Environmental and societal factors like access to healthy food, access to childcare, poverty, and discrimination also play a role in obesity. As a woman, your experience with obesity is also influenced by your age and life stage. There are unique challenges associated with pregnancy, perimenopause, and menopause. Before meeting with a provider, understanding your risk factors can assist you identify the appropriate provider and care plan for you.

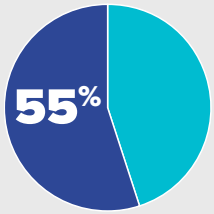
Common risk factors for obesity are:

- Certain medications
- Environmental factors and exposures
- Family history
- Genetics
- Medical conditions
- Mental health (e.g., stress, depression, anxiety)
- Physical inactivity
- Poor sleep habits or sleep disorders
- Social factors
- Unhealthy eating habits or excessive caloric intake

To investigate your unique risk factors, use the Risk Factor Tracker at the end of this toolkit.

People living with obesity are more likely to have multiple health conditions and complications than those without obesity, which can lead to worse health outcomes and increased care costs.[16] Common comorbidities of obesity include type 2 diabetes, cancer, depression, heart disease, kidney disease, MASLD, and obstructive sleep apnea. Women living with obesity are at a heightened or unique risk of specific medical diseases and conditions including endometrial and ovarian cancer, polyendocrine metabolic ovarian syndrome (PMOS), and bothersome symptoms of menopause.[17,18,19]

About 55% of cancers diagnosed in women are overweight- and obesity-related cancers compared to only 24% of those diagnosed in men.[20]



Around 50% of women with PCOS (now known as PMOS) are living with obesity.[21]