The prevention and treatment of obesity.

Abstract:

The high prevalence of obesity (24% of the adult population) and its adverse effects on health call for effective prevention and treatment. Pertinent articles were retrieved by a systematic literature search for the period 2005 to 2012. A total of 4495 abstracts were examined. 119 publications were analyzed, and recommendations were issued in a structured consensus procedure by an interdisciplinary committee with the participation of ten medical specialty societies. Obesity (body-mass index [BMI] \textgeq 30 kg/m²) is considered to be a chronic disease. Its prevention is especially important. For obese persons, it is recommended that a diet with an energy deficit of 500 kcal/day and a low energy density should be instituted for the purpose of weight loss and stabilization of a lower weight. The relative proportion of macronutrients is of secondary importance for weight loss. If the BMI exceeds 30 kg/m², formula products can be used for a limited time. More physical exercise in everyday life and during leisure time promotes weight loss and improves risk factors and obesity-associated diseases. Behavior modification and behavioral therapy support changes in nutrition and exercise in everyday life. With respect to changes in lifestyle, there is no scientific evidence to support any particular order of the measures to be taken. Weight-loss programs whose efficacy has been scientifically evaluated are recommended. Surgical intervention is more effective than conservative treatment with respect to
reduction of bodily fat, improvement of obesity-associated diseases, and lowering mortality. Controlled studies indicate that, within 1 to 2 years, a weight loss of ca. 4 to 6 kg can be achieved by dietary therapy, 2 to 3 kg by exercise therapy, and 20 to 40 kg by bariatric surgery. There is good scientific evidence for effective measures for the prevention and treatment of obesity.