BASO
Belgian Association for the study of Obesity

OPB
Obesity Platform Belgium

OBESITY PLATFORM BELGIUM

POLICY RECOMMENDATIONS FOR A HOLISTIC APPROACH TO OBESITY AS A CHRONIC DISEASE

WHITE PAPER

BY THE BELGIAN ASSOCIATION FOR THE STUDY OF OBESITY

The principal obesity organization in Belgium and Full Member of World Obesity Federation. BASO promotes interdisciplinary cooperation in the treatment of obesity.

THE CONCRETE POLICY RECOMMENDATIONS OF OBESITY PLATFORM BELGIUM

PREVENTION

Environmental Policies
Focus on creating a society that encourages a healthy lifestyle.

Health Data
Enhance data availability for early detection, stratification and management.

Communication and Education
Provide the general public with correct information to reduce stigma.

CHILDREN

Early Intervention and Detection
Encourage healthy lifestyles for all.

Advanced Treatment
Access to medication or bariatric surgery in integrated care setting when needed.

Specialised Support
Ensure specialised support for cases of monogenic, hypothalamic, rare endocrine, or syndromic obesity with reimbursement for specific medications.

Integrated Care in Primary Care (EOSS-P 0-1)
Customized primary care program with reimbursement of tailored therapies.

ADULTS

Integrated Care for Obesity with Minimal Complications (EOSS 0-2)
Customized primary care program with reimbursement of tailored therapies including medication in first line.

Integrated Care for Obesity with Advanced Complications (EOSS 3-4)
Customized program in an adult multidisciplinary obesity center with reimbursement of therapies including the multidisciplinary team, medication, and bariatric surgery.

Surgical Bariatric Care Pathway
Implement comprehensive bariatric care.

Executive Summary

The prevalence of overweight and obesity poses a challenge for society. The latest data reveals that almost half (49.3%) of the adult population are living with overweight, while 15.9% are living with obesity. Forecasts for 2030 are alarming, with a predicted obesity prevalence of 17.2% among women and 27.6% among men[1]. In children and adolescents, 19% struggle with overweight; while a subgroup of 5,8% has obesity[2]. This is especially alarming as obesity in childhood and adolescence has major implications because it usually persists into adulthood and is associated with many somatic and psychological comorbidities, which can result in premature death[3]. Action is needed.

Shifting perspectives

However, not everything is doom and gloom. There is a growing understanding of the pathophysiology of this complex, multifactorial disease which has led to a paradigm shift in the way we approach the prevention and treatment of this chronic disease[4]. Obesity can no longer be seen primarily due to a low willingness to change lifestyle habits, and it is fundamentally important that this is understood to improve the attitudes of therapists and their communication with affected individuals and families[5].

Policy alignment

In the interim, policies need to align with these evolving insights and offer tailored solutions for those living with overweight and obesity. In this executive summary, our objective is to furnish an overview of successful policies implemented in Belgium, while also highlighting policy gaps that demand urgent attention given the pressing nature of the issue.

From Successes in Childhood Obesity Policy

In December 2023, a stepped-care integrated model was implemented in Belgium to combat childhood obesity[6]. It was thanks to the joined forces of the pediatric working group of the Belgian Association for the Study of Obesity (BASO), Eetexpert, and Zeepreventorium De Haan that a comprehensive framework to provide tailored obesity care to children and adolescents aged 2 to 17 years old saw the light.

The emphasises is on providing every child with the appropriate level or intensity of care, acknowledging the fact that only a subgroup (with high impact on health/comorbidities) needs specialized treatment. In essence obesity treatment follows the principles of stepped care and continuity of care. In order to assess the impact of overweight and obesity the Edmonton Obesity Staging System – Pediatrics (EOSS-P) is used[7]. The stepped care model allows to tailor the treatment not only on the intensity but also on the need of each individual child and its family (Figure 1). Whereas gaps remain in the treatment of overweight)and obesity in childhood, this constitutes a great leap forward.

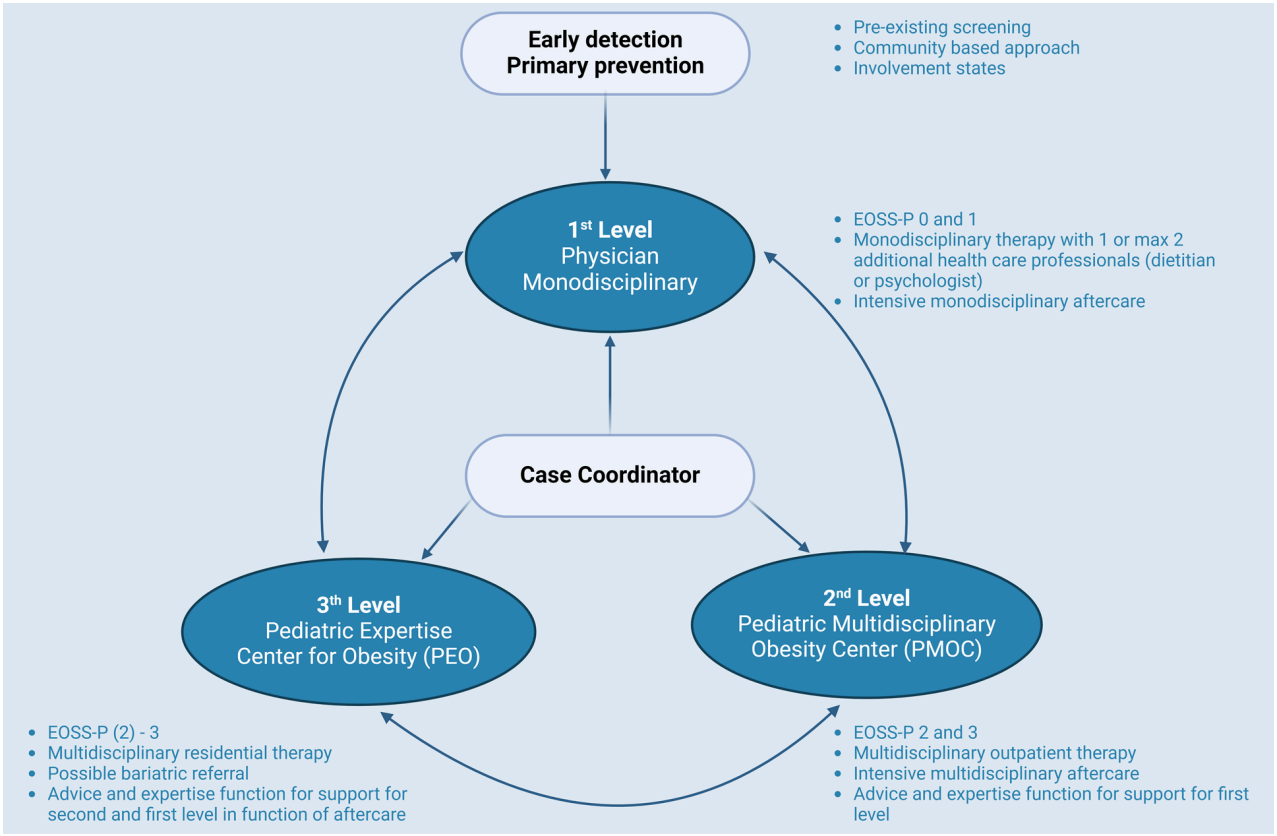

Figure 1. Stepped-care integrated care model for childhood obesity.

To Unmet Needs in Childhood Obesity Care Policy

Despite the progress made in Belgium with the implementation of a stepped-care model to combat childhood obesity, further efforts are essential. There remains a need to introduce initiatives that promote a healthy lifestyle from pregnancy and through the first 1000 days of life, as early interventions are crucial. Additionally, for cases where multidisciplinary care is insufficient, options such as medication, bariatric surgery, and specialized support for monogenic or syndromic obesity must be integrated and financially accessible.

EARLY INTERVENTION AND DETECTION. Initiatives need to be introduced to encourage a healthy lifestyle during pregnancy and the first 1000 days of life. An essential part of understanding obesity in early life is the development cascade model of childhood obesity summarized in Figure 2[8]. Thus we urgently need earlier interventions and promote early detection of childhood obesity.

ADVANCED TREATMENT. In case of treatment failure or insufficient effect to stop the progression of the disease through multidisciplinary care, medication or bariatric surgery in an integrated care setting is warranted[9] [10]. The costs of these interventions should be fully reimbursed.

SPECIALISED SUPPORT. In case of monogenic, hypothalamic, rare endocrine, or syndromic obesity, support for both the child and parents should be guaranteed through the most appropriate healthcare professionals (endocrinologist/pediatrician, dietician, psychologist, social worker, physiotherapist, geneticist, and potentially an abdominal surgeon). If a specific medication is available (e.g. Setmelanotide), the cost should be reimbursed[11].

INTEGRATED CARE IN PRIMARY CARE. For patients who are evaluated as category EOSS-P 0 and 1, guidance should be provided in a customized program through primary care. There must be an improved reimbursement scheme for the costs of treatments by a psychologist, dietitian, physiotherapist, as well as an option for reimbursement for multidisciplinary bilan and case coordination in the first line.

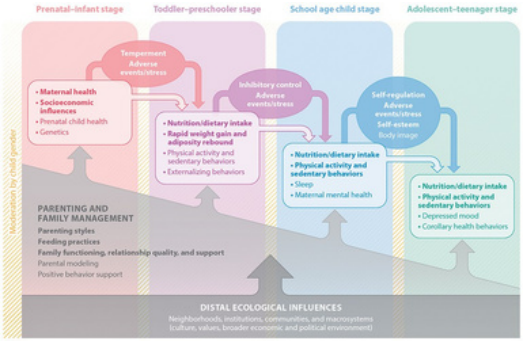

Figure 2. The Developmental Cascade Model of Pediatric Obesity by Smith and colleagues highlights critical risk and protective factors, emphasizing parental roles and how risks amplify across stages, affected by stress and self-regulation. It integrates broader ecological influences and highlights gender-specific differences.

From Successes in Adulthood Obesity Policy

Unfortunately and even though obesity is a chronic disease, adults facing the disease are largely left to deal with it by themselves, until they develop comorbidities such as sleep apnea or diabetes. Although various proven effective treatments are available for obesity, ranging from cognitive behavioral therapy to surgery and, more recently, effective medication, a structured obesity policy that is embedded in the current healthcare system is lacking[12]. Furthermore, these treatment strategies all need to be supported with advice on nutrition and exercise, to optimize their efficacy, safety, and tolerability.

In 2020, a bariatric care path was proposed by the Belgian Health Care Knowledge Centre (KCE), but it has thus far not been implemented[13]. However, the lack of clear care provision makes it difficult for many people battling this condition to access this kind of personalized approach, despite strong examples of effective chronic care in Belgium, including the approach to diabetes, a disease that is, in fact, often a direct result of overweight or obesity.

To Unmet Needs in Adulthood Obesity Care Policy

In cases of overweight or obesity, the severity of the disease should be evaluated on the basis of the body mass index (BMI), and the impact of the disease on the somatic, psychological and social wellbeing of the individual patient should be evaluated with the help of the Edmonton Obesity Staging System (EOSS) (Figure 3)[14]. On the basis of the stage identified using the EOSS, the right treatment can be initiated (Figure 4).

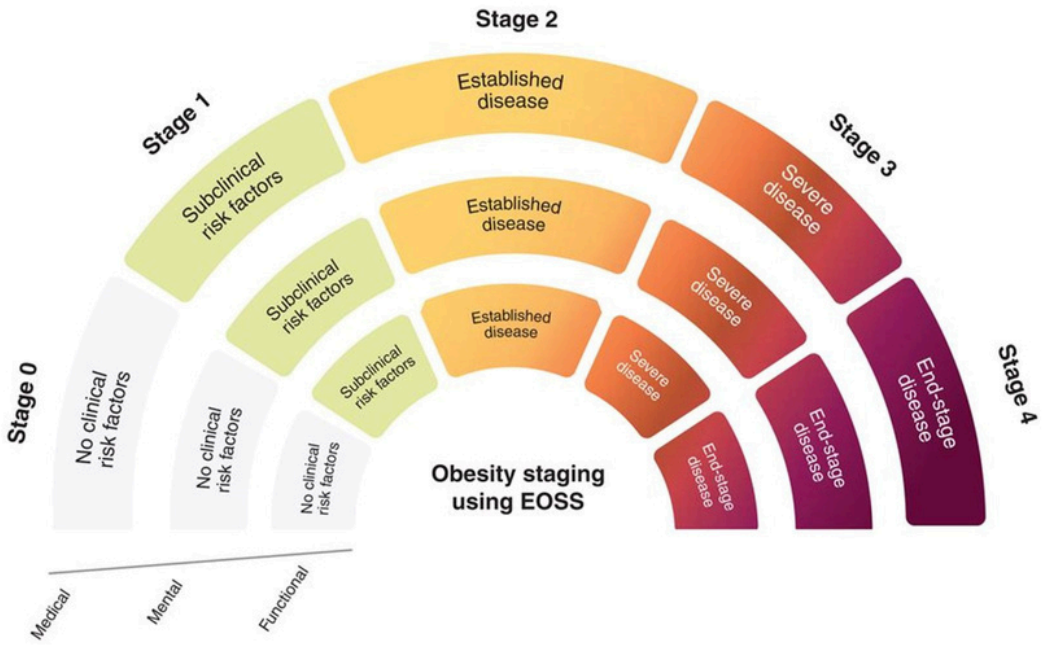

Figure 3. Assessment of obesity according to Edmonton Obesity Staging System (EOSS).

INTEGRATED CARE EOSS 0-2 IN PRIMARY CARE. For patients who are evaluated as category EOSS 0-2, guidance should be provided in a customized program through primary care. There must be an improved reimbursement scheme for the costs of treatments by a psychologist, dietitian, and physiotherapist, aswell as an option for reimbursement of medication as part of this treatment. In case of insufficient effect or worsening, treatment should be intensified and patients should be referred to a multidisciplinary team consisting of an endocrinologist, dietician, social worker, psychologist, physiotherapist, and abdominal surgeon. It is important to ensure a coordinated approach, in which the patient is supported by a coordinator who is part of the team.

INTEGRATED CARE EOSS 3-4. For people who are evaluated as category EOSS 3-4, reimbursement should be provided for treatment by the multidisciplinary team as described above. Medication or bariatric surgery should be immediately reimbursed if the team decides this is the most appropriate treatment. All healthcare providers work as a team around the patient, who should be central and supported by a coordinator who acts as the contact point for the patient. All treatments should be provided within an integrated care path.

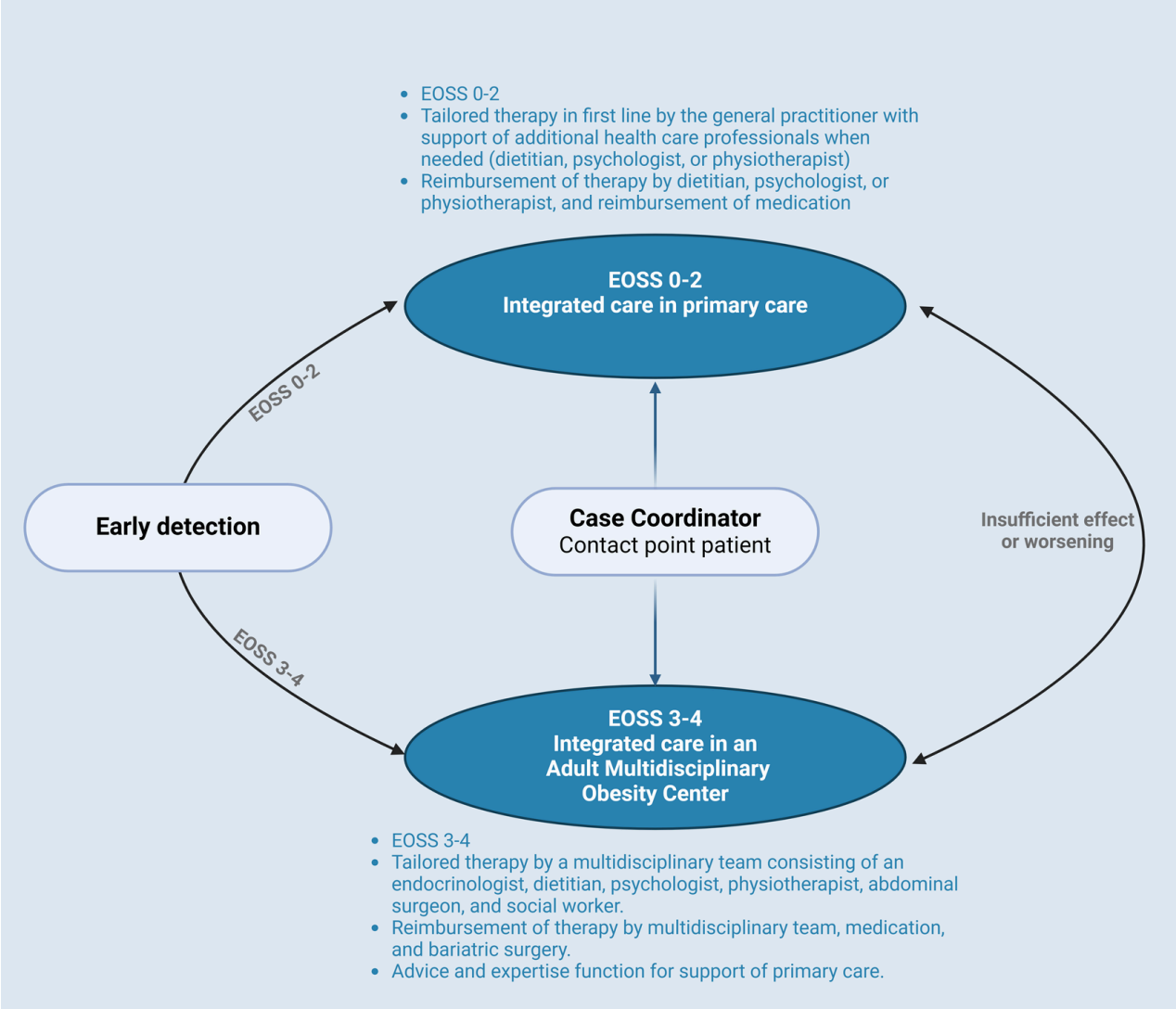

Figure 4. Proposed stepped-care model needed for adult obesity.

SURGICAL BARIATRIC CARE PATHWAY. The bariatric care pathway, as proposed by the Belgian Health Care Knowledge Centre in 2020, should be fully implemented. 'Conventions' should be used as a financing mechanism for the care pathways of bariatric surgery, both pre and postoperatively. This should make it possible to finance the multidisciplinary team needed to guide the patient through the care pathway. Here too, a coordinator is required as a contact person for the patient and to coordinate the multidisciplinary approach. The duration of the follow-up coordinated by the bariatric center in close cooperation with primary care should be 5 years. Afterward, a transfer to primary care should follow unless a more intensive and/or specific follow-up remains necessary. Centers should meet quality requirements including sufficient surgical experience and a full multidisciplinary team. Reimbursement of nutritional support, including multivitamins and other nutritional support, is needed.

General Unmet Needs in Prevention Policy

This introduction highlights the critical need for integrated preventive strategies—encompassing education, policy reform, and data management—to effectively support and combat obesity with the holistic healthcare approaches explained above.

ENVIRONMENTAL POLICIES. Preventive measures for obesity surpass the responsibility of the Ministry of Health. Focus on creating a society that encourages a healthy lifestyle, needs to be found in decisions surrounding topics such as spatial planning, labor law, fiscal incentives for commuting traffic, affordable healthy food, marketing regulation, and the reduction of ultra-processed food availability.

HEALTH DATA. Significant effort is being undertaken to increase the availability of health data to guide decisions regarding population health management. We strongly advocate incorporating data regarding weight, growth, and its impact on medical, mental, and functional health in this trajectory.

COMMUNICATION AND EDUCATION. We advocate increasing the current efforts to provide the general public with correct information about the new insights on overweight and obesity. Firstly, this will help reduce the stigma surrounding the disease. Secondly, this will shorten the delay for people living with overweight and obesity to reach out for proper treatment. As early detection and treatment can prevent complications, the return on this investment will be present on both the individual as societal level.

WHITE PAPER BY OBESITY PLATFORM BELGIUM OF THE BELGIAN ASSOCIATION FOR THE STUDY OF OBESITY IS ENDORSED BY THE FOLLOWING ORGANIZATIONS:

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