Redefining obesity: advancing care for better lives

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For more on **worldwide trends in obesity** see **Articles** *Lancet* 2024; **403:** 1027–50

For the **Commission announcement** see **Comment** *Lancet Diabetes Endocrinol* 2023; **4:** 226–28

On Jan 14, 2025, *The Lancet Diabetes & Endocrinology* published its Commission on the definition and diagnostic criteria of clinical obesity. Acknowledging the obstacles and knowledge gaps in the field, this Commission changes how we think about obesity. By providing a new definition and diagnostic framework, the Commission identifies when obesity is a risk factor (preclinical obesity) and when it represents a stand-alone illness (clinical obesity).

The Commission, led by Professor Francesco Rubino (Kings College London, London, UK), was born from the recognition that, despite obesity affecting almost an eighth of the world's population, a global consensus on the classification and definition of obesity has not been reached. Individuals living with obesity have different health profiles and needs, but are often discussed as a single entity, defined by one single parameter (BMI), or not discussed at all. Initial conversations between the editors of this journal and Francesco Rubino 5 years ago led to the formation of the Commission—a truly collaborative effort that included 56 leading experts from high-income, middle-income, and low-income countries, representing a broad range of expertise. This collaboration involved regular meetings, during which a variety of opinions, thoughts, and life experiences were shared to drive the Commission forward. The Commission was formally announced in our pages in March, 2022, to much acclaim and interest, and we are pleased to say that, at the time of publication, the Commission has been endorsed by more than 75 international medical organisations with a stake in obesity and the care of those affected.

The new, evidence-based definition distinguishes "clinical obesity", a chronic, systemic disease state directly caused by excess adiposity, from "preclinical obesity", a condition of excess adiposity without current organ dysfunction or limitations in daily activities but with increased future health risk. Given the limitations of BMI, the Commission uses other measurements of body size (waist circumference, waist-to-hip ratio, or waist-to-height ratio), in addition to BMI, to define obesity status.

Equal access to care remains an important global issue, and so it was vital from the start that the changes proposed by the Commission could be used and applied in a range of settings and locations. BMI is the benchmark due to its ease of use without the need for expensive resources, and so the new measurements for body size should be equally easy to carry out. Nevertheless, the need for a more in-depth medical assessment of obesity might increase the workload of and time pressures on health-care workers and, with this, cost. However, continuing with the current inaccurate diagnostic framework could lead to even greater burden and costs, both to health systems and to individuals living with obesity.

Implementation of this new diagnostic framework should open the doors to a more accessible and effective management of obesity. Existing policies for access to care (ie, surgery or medication) are inadequate and should be updated to a cost-effective prioritisation of individuals who need these interventions the most. For those classified as living with preclinical obesity, risk mitigation will be a key priority. People with lower risks might be managed primarily through lifestyle changes; however, further work is needed to identify those at increased risk who might require medical intervention.

How does this reframing of obesity change what we know about the epidemiology of the condition? To start, current epidemiological data on obesity prevalence, which rely solely on BMI, must be updated to reflect obesity as a spectrum of medical presentations. Preliminary audits of available databases are already underway and suggest that a substantial number of people with obesity do not fulfil the criteria for clinical obesity. However, these analyses are limited by the use of historical, incomplete data. Therefore, databases must include a fuller picture of the individual's health-care status. Furthermore, there is substantial scope for stratification of clinical obesity into different subtypes, potentially based on their clinical presentation or pathophysiology, which should enable better management and understanding.

Adopting a new and more precise approach to obesity identification and shifting societal perceptions will take time and effort, but at the heart of these proposals is the aim to improve the lives of people living with obesity. We now have the opportunity to transform obesity care, moving away from a system in which individuals are seen under one single label toward a system that recognises the unique health and needs of each person.

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