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Obesity is a disease and we need to start treating it like one

Misperceptions and a focus on weight-loss medications risk oversimplifying a complex health crisis. A coordinated approach is needed.

Sue-Anne Toh and Prashanth Subramanian

Weight-loss medications have continued to make headlines with public figures like Oprah Winfrey and Elon Musk openly acknowledging their use. At the 82nd Golden Globe Awards, American actress Nikki Glaser kicked off the show with a cheeky nod to the trend, quipping, "Welcome to the 82nd Golden Globes, Ozempic's biggest night" – a reference to the popular weight-loss pill.

But while these medications – Wegovy, Mounjaro and Zepbound, to name a few more – have been hailed as a potential "end to the obesity pandemic" by the World Health Organisation (WHO), the agency also stresses the need for comprehensive management plans to tackle the issue.

Obesity itself seldom causes death. It is the resultant cardiovascular-renal-metabolic (CRM) conditions – diseases that impact the heart, kidneys or even cause diabetes – that drive obesity-related mortality rates. In Singapore, for example, cardiovascular disease caused 31 per cent of all deaths in 2022.

So, while it is tempting to think the solution is as simple as a medication that helps people bring down the numbers on the weighing scale, that would be folly. Weight-loss medications alone are not enough to address, reverse, or prevent the complexities of CRM conditions and their root causes, including adverse lifestyle habits.

In South-east Asia, the obesity crisis is far from resolved. Obesity rates have risen over 40 per cent since 1990 and in the next five years, an estimated 52.4 million people in the region will be living with the disease. In Singapore, 30 per cent of people are overweight.

Hoping to slow these worrying trends, the WHO in 2024 urged South-east Asian countries to address obesity and associated diseases as they not only cause preventable deaths, but also mount unsustainable pressure on health systems and economies.

In Singapore, the annual economic cost of obesity in those aged 40 to 80 years is estimated to be $261 million for medical expenditures and absenteeism. At the individual level, the financial burden is also immense, as people living with obesity face an average 37 per cent higher healthcare costs.

With that in mind, we need a collective shift in focus from the weighing scale to the risks associated with CRM conditions. Part of that shift involves prioritising check-ups.

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A LIFE-CHANGING HEALTH CHECK

Obesity is not just a "size" issue. It impacts quality of life. This was the case for 30-year-old Xiao (not his real name), who suffered from lower back pain since his early 20s.

Once a football enthusiast who played weekly with friends, the Covid-19 pandemic and a stressful job caused a significant decline in his active lifestyle. Over three years, Xiao's sedentary lifestyle, long hours and late-night snacking on processed foods led him to gain 15kg, worsening his back and joint pain.

Xiao also has a family history of heart, kidney and metabolic diseases. But like many patients, Xiao thought only older people were affected by these conditions and didn't consider his obesity a risk factor.

It was only in 2024, when his wife was expecting their first child, that he scheduled a check-up as he felt it was time to take control of his well-being.

The results were shocking – Xiao's elevated blood sugar levels were in the pre-diabetes range, and there was protein in his urine, a sign of early kidney disease. On his doctor's advice, Xiao enrolled in a health management programme of holistic and personalised lifestyle coaching that improved nutrition, fitness, sleep and stress. The programme included therapeutics to address the root cause of his conditions.

A year on, the interventions returned his blood glucose and protein levels in his urine to normal. He lost about 15 per cent of his body weight, reduced his waist circumference by 15cm, his back and joint pain is gone, and

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Obesity management not about losing weight but gaining health

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he can lift his young child without trouble. Importantly, Xiao feels great and has more energy than ever.

Xiao's case is exceptional because extensive testing by healthcare professionals is not typically conducted on young, seemingly "healthy" individuals, and generic advice to "lose weight" often fails to address the serious health risks associated with obesity. This can create a false sense of security, delaying diagnosis and prevention of CRM diseases.

CHANGING HOW PEOPLE UNDERSTAND OBESITY

If we are to effectively address the obesity and CRM burden and avoid millions of preventable deaths, then we need to fundamentally shift perceptions.

The consequences of not initiating this change are high. Recent research shows that in South-east Asia, obesity prevalence more than doubled between 1990 and 2021 in both females and males. Driven by growing populations, the number of individuals with obesity is forecast to continue increasing through to 2050, fuelling a greater obesity and CRM-related disease burden.

From now to 2050, experts predict a staggering 81.6 per cent rise in the cardiovascular death rate in South-east Asia, and 185 million people will be living with diabetes (up 73 per cent).

As a starting point, industry and government must help the general population to view obesity as a legitimate health concern and as a disease itself. It is not solely a size issue or for vanity – it can be facing the prospect of living with the burden of chronic illness, as in Xiao's case.

Governments have promoted initiatives urging physical and dietary well-being. But their success relies on the volume of programmes and on adequate uptake, especially by those facing obesity-related risks.

There is, therefore, a major health literacy need in this area of public health. Improving patient understanding of obesity is a prerequisite to participation in such initiatives, which include proactive screening engagement and holistic health management programmes.

Moreover, raising awareness and educating at the individual level empowers people to act sooner.

From now to 2050, experts predict a staggering 81.6 per cent rise in the cardiovascular death rate in South-east Asia, and 185 million people will be living with diabetes (up 73 per cent). It is vital to help the population view obesity as a legitimate health concern and as a disease itself, say the writers. PHOTO ILLUSTRATION: UNSPLASH

HOW THE MEDICAL COMMUNITY CAN ADAPT

Structural challenges exist within the medical community.

In Singapore, like many other nations, obesity is not classified as a chronic disease and often misconstrued as a mere consequence of lifestyle choices and lack of willpower. As a result, it is siloed in general practice, sees less resource allocation, little innovation in coordinated care strategies and remains highly stigmatised. Some healthcare circles view obesity as an "aesthetic" issue rather than a disease, which can spread misconceptions and hinder proper care pathways.

Coordinated care is widely viewed as one of the answers to the world's chronic disease crisis. By classifying obesity as a chronic disease, we can open the doors to greater coordinated care, enabling entire specialist teams – nutrition, fitness, sleep, stress management and medical practitioners – to better manage patients and seamlessly integrate lifestyle interventions into routine clinical care.

Health screenings are the gateway to timely diagnosis and optimal treatment pathways for people with chronic conditions. But when it comes to obesity, there is a need for a more integrated approach to screening to ensure physicians are looking beyond the weight scale and identifying underlying health issues sooner.

For instance, while conducting health screenings and body mass index (BMI) assessments, physicians can also assess waist circumference and body composition – both of which provide a more accurate picture of one's body fat-to-muscle ratio. Assessing someone with obesity is also an opportunity to take vital indicators such as blood pressure and blood markers for lipids, glucose, and other factors tied to obesity, diabetes, heart and kidney problems.

The answer to the obesity challenge is far more complex than weight-loss medication.

While these new therapeutics have put weight loss in the spotlight, we must now confront the more critical question of how we raise obesity awareness by addressing the underlying conditions.

Once patients, caregivers, healthcare professionals and policymakers understand the implications of treating obesity in isolation, then we will be able to truly resolve the disease burden crisis we face.

Obesity management is not about losing weight but gaining health.

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