

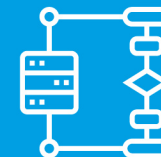
1. PRINCIPLES



Recognise obesity as an adiposity-based chronic disease (ABCD)



Assess severity and complications to guide treatment



Management must be individualised and sustained

2. CORE INTERVENTIONS



Lifestyle intervention: nutrition, physical activity, behaviour therapy (foundation of care)



Obesity Management Medications (OMMs):

- **Orlistat** – modest efficacy, lipid benefits
- **Naltrexone/Bupropion** – moderate efficacy, mood effects, ↑ BP risk
- **Liraglutide** – weight loss, T2D benefit, some QoL improvement
- **Phentermine/Topiramate** – higher weight loss, ↓ BP
- **Semaglutide** – substantial weight loss (>10%), ↓ MACE, ↓ all-cause mortality, T2D remission, ↓ pain in knee OA
- **Tirzepatide** – highest weight loss (≥15%), T2D remission, OSAS and MASH remission, ↓ HF hospitalisation



Metabolic Bariatric Surgery: for severe disease or insufficient medical therapy

3. TAILORING BY COMORBIDITIES



Type 2 Diabetes
Tirzepatide or
Semaglutide most effective



Cardiovascular disease
Semaglutide
(MACE reduction)



Heart failure
Semaglutide or
Tirzepatide



Prediabetes
Semaglutide,
Tirzepatide, **Liraglutide**,
Orlistat



Liver disease (MASH/MASLD)
Tirzepatide - best evidence



Obstructive sleep apnoea
Tirzepatide



Knee osteoarthritis
Semaglutide

4. LONG-TERM PERSPECTIVE



Weight regain is common if medication is stopped → continuous therapy is supported by evidence



Combine lifestyle with pharmacotherapy, and surgery as appropriate



Always monitor safety, mental health, and QoL

KEY TAKEAWAY

The algorithm highlights that early, sustained intervention with appropriate medication choice guided by complications supports patients with obesity. Obesity management must be long-term, multi-component, and personalised.

The algorithm is based on the EASO Framework:
<https://doi.org/10.1038/s41591-024-03095-3>

www.easo.org

