



## WHY THIS MATTERS

Obesity in later life is common and complex.

- Affects up to one third of older adults
- Ageing alters fat distribution, muscle mass and physical function
- Obesity in older adults is biologically and clinically distinct from earlier life

## KEY CHALLENGE

Body mass index (BMI) alone is often misleading.

- Does not distinguish fat mass from muscle mass
- May mask sarcopenia, frailty or malnutrition
- Weight change may reflect underlying disease rather than improvement



## DIAGNOSIS: MOVE BEYOND BMI

A multidimensional assessment is essential.

- Body composition (DXA reference; BIA pragmatic alternative)
- Central adiposity (waist-to-height ratio, WHtR)
- Physical function (handgrip strength, gait speed, chair-stand, SPPB, TUG)
- Psychological wellbeing (depression, disordered eating, internalised weight stigma)

## COMMON CONSEQUENCES

Health, function and quality of life are affected.

- Cardiovascular disease, type 2 diabetes, MASLD, chronic kidney disease
- Osteoarthritis, pain, falls and fractures
- Functional decline and loss of independence



## MANAGEMENT PRINCIPLES

Care should be personalised, goal-oriented and function-focused.

- Preserve muscle mass, mobility and independence
- Balance benefits of weight reduction against risks
- Avoid overly restrictive approaches



## PROTEIN INTAKE

To avoid excessive protein intake, EASO / ESPEN consensus statements support protein intakes above 1 g/kg Adjusted Body Weight (ABW)\* / day.

\*ABW = ideal body weight + 25% excess body weight

## CORE INTERVENTIONS

Foundation of care.

**Nutrition:**

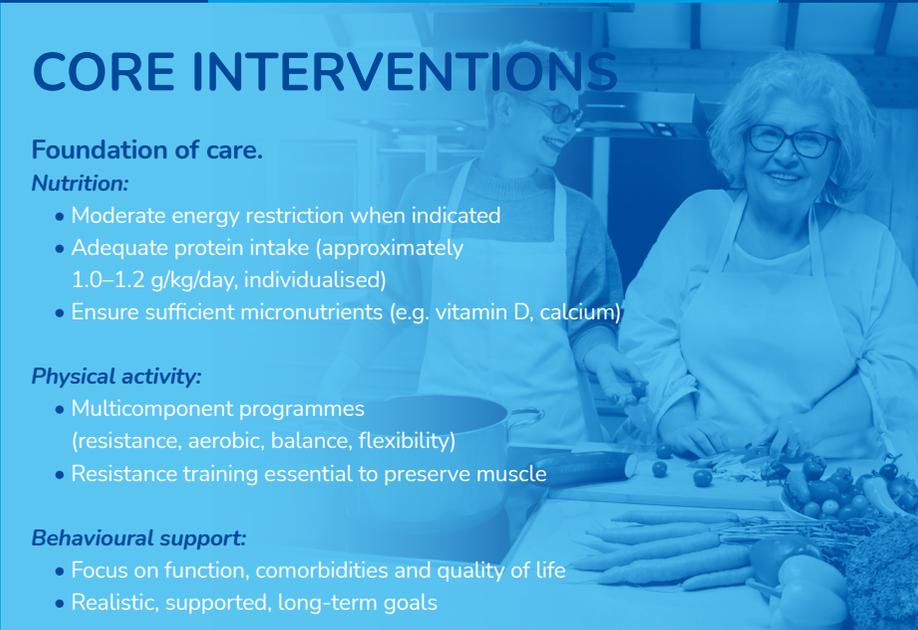
- Moderate energy restriction when indicated
- Adequate protein intake (approximately 1.0–1.2 g/kg/day, individualised)
- Ensure sufficient micronutrients (e.g. vitamin D, calcium)

**Physical activity:**

- Multicomponent programmes (resistance, aerobic, balance, flexibility)
- Resistance training essential to preserve muscle

**Behavioural support:**

- Focus on function, comorbidities and quality of life
- Realistic, supported, long-term goals



## ADVANCED OPTIONS (SELECTED INDIVIDUALS)

Careful assessment is required.

- Obesity management medications: limited evidence in adults aged 75+; monitor lean mass, nutrition and polypharmacy
- Metabolic bariatric surgery: age alone not a contraindication, but higher risks; shared decision-making essential

## CORE FRAMING



Stigma-free, evidence-based and multidisciplinary care is essential.

- Obesity in older adults requires a different approach
- Focus on body composition, function and wellbeing
- Support healthy ageing and independence rather than weight loss alone