

# EASO OBESITY TAXONOMY

## PROVIDING A COMMON LANGUAGE FOR OBESITY

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Obesity is a chronic, relapsing, and life-long disease which needs to be approached in the same way as other chronic diseases. It is therefore imperative that we have a common, precise and scientifically accurate language about obesity to use across all stakeholder groups. Using a common language for obesity will contribute to the basis for high-performing and resilient healthcare systems resulting in better patient care.

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## THE TAXONOMY PROVIDES 54 EVIDENCE-BASED STATEMENTS THAT

- ✓ Importantly align with those used from policy to practice for other major policy-prioritized non-communicable diseases (NCDs)
- ✓ Are divided into definitions, scope and contextual usage across 6 themes

## OBESITY TAXONOMY THEMES

### 1. DEFINITION OF OBESITY

- Pre-obesity
- Disease staging frameworks
- Indicators
- Signs

### 2. CAUSES, ONSET AND PROGRESSION FACTORS

### 3. OBESITY PREVENTION

- Health promotion
- Primary prevention

### 4. SCREENING AND EARLY DIAGNOSIS

- Screening
- Early diagnosis

### 5. TREATMENT AND MANAGEMENT

- Outcomes
- Shared decision making

### 6. OBESITY CONSEQUENCES: HEALTH AND SOCIO-ECONOMIC

# CONSENSUS ON THE EVIDENCE-BASED LANGUAGE WAS ACHIEVED BY



**70 EXPERTS**



**16 STAKEHOLDER GROUPS**

including healthcare professionals, industry, policymakers, lived experience and researchers



**30 COUNTRIES**

represented

## TARGET AUDIENCE

Use of this Taxonomy, which aligns the language of obesity with that of other policy prioritized NCDs, is appropriate for policy makers, healthcare professionals, people living with obesity, researchers, and health system users. This tool is useful for advocacy, communications, and education.



European Association for the Study of Obesity

Reference: Bowman-Busato, J., Schreurs, L., Halford, J.C.G., Yumak V, O'Malley G, Woodward E, De Cock D, Baker J.L. Providing a common language for obesity: the European Association for the Study of Obesity obesity taxonomy. *International Journal of Obesity*; 2024.

<https://doi.org/10.1038/s41366-024-01565-9>



# THEME 1: DEFINITION OF OBESITY



## OBESITY DEFINITION

**Definition:** Obesity is defined as an abnormal or excessive fat accumulation that can impair health.

**Scope:** Obesity is an adiposity-based chronic disease which is characterised by the function, total amount and distribution of adipose tissue. Obesity is a disease that consists of different phenotypes.

**Context:** The onset, development and progression of obesity can be influenced by a single or many causes or progressing factors.

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## OBESITY INDICATORS

**Definition:** A metric describing the presence of the disease obesity at the population level.

**Scope:** Indicators of obesity signal the presence of the disease at the population level.

**Context:** The following non-exhaustive list of indicators of obesity can be examined: developmental and medical history, laboratory analyses, physical examination at the organ and system levels, mental health, medication intake, activities and tasks of daily living, human behaviours, participation in society, and human exposures.

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## OBESITY DISEASE STAGING FRAMEWORKS

**Definition:** Obesity disease staging frameworks classify patients based on signs and indicators, to determine an individual's health risk and optimise obesity treatment and management.

**Scope:** Staging frameworks are used in many diseases to help to determine disease severity and support clinical decisionmaking with regards to treatment and management.

**Context:** Available obesity disease staging frameworks reflect disease frameworks used for other NCD's.

# THEME 1: DEFINITION OF OBESITY (CONT.)



## PRE-OBESITY DEFINITION

**Definition:** The state of health in which an individual exhibits changes in the function, total amount and/or distribution of adipose tissue that may be a precursor to obesity.

**Scope:** The state of health in individuals with altered function, total amount and/or distribution of adipose tissue before pathological signs emerge.

**Context:** Overweight does not always reflect the dysregulation of adipose tissue in individuals and therefore is not a synonym for pre-obesity.

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## OBESITY SIGNS

**Definition:** A manifestation of the disease obesity at the individual level.

**Scope:** Physiological, functional or psychological health impairments exist that may signal the presence of obesity in an individual.

**Context:** At the individual level, an investigation of signs of obesity includes more than just measuring weight or BMI.

## THEME 2: CAUSES, ONSET AND PROGRESSION FACTORS



### OBESITY CAUSES

**Definition:** An event, condition, characteristic or combination thereof which starts the onset of obesity.

**Scope:** Factors that produce malfunctioning adipose tissue, an abnormal distribution and/or an excessive amount of adipose tissue.

**Context:** Causes of developing obesity may be biologically modifiable or biologically non-modifiable.

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### OBESITY ONSET

**Definition:** The disease onset is a given moment in time when changes occur that alter the function, distribution and/or total amount of adipose tissue.

**Scope:** The onset of obesity is the start of the processes that lead to the manifestation of obesity.

**Context:** The biological processes that provoke the onset of obesity may be ongoing for a long period of time before they are detected.

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### OBESITY PROGRESSION FACTORS

**Definition:** An event, condition, or characteristic or combination thereof that exacerbates obesity.

**Scope:** Factors that increase the severity of obesity by altering the biology of the disease.

**Context:** Factors that cause the progression of obesity may be biologically modifiable or biologically non-modifiable.

# THEME 3: OBESITY PREVENTION



## HEALTH PROMOTION

**Definition:** Health promotion is the process of enabling and supporting people and populations to maximise their health and quality of life.

**Scope:** Health promotion is generally a behavioural approach to supporting a healthy lifestyle for all.

**Context:** Health promotion is delivered to the general public and not only those who might be at risk of obesity.

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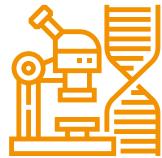
## PRIMARY PREVENTION

**Definition:** Primary prevention aims to prevent the disease of obesity before it ever occurs.

**Scope:** Primary prevention targets risk factors of obesity compared to health promotion which enables people to increase, and to improve, their health.

**Context:** Primary prevention is distinct from secondary prevention, which means early detection, diagnosis and treatment as to stop the progression of obesity and the development of health consequences, and tertiary prevention which means treating and managing the disease of obesity to reduce its long lasting effects.

## THEME 4: SCREENING AND EARLY DIAGNOSIS



### OBESITY SCREENING

**Definition:** Screening for obesity refers to the investigation of obesity indicators in populations as to identify individuals with signs of having obesity.

**Scope:** Elements to consider when screening for indicators for obesity may include a person's age, biological sex, body composition, ethnic background, family history, pre-existing medical conditions, among others.

**Context:** Obesity screening can lead to the identification of factors that change the likelihood of developing obesity and use of this knowledge to prevent or lessen obesity by modifying these factors.

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### OBESITY EARLY DIAGNOSIS

**Definition:** Early diagnosis of obesity refers to detecting an individual who is living with obesity as early as possible based on signs of this disease.

**Scope:** Elements to consider when evaluating signs for the early diagnosis of obesity may include a person's age, biological sex, body composition, ethnic background, family history, pre-existing medical conditions, among others.

**Context:** Early diagnosis of obesity can lead to better control of disease and to better patient-centred health outcomes, medical outcomes, and socio-economic outcomes in the long term.

# THEME 5: TREATMENT AND MANAGEMENT



## OBESITY TREATMENT

**Definition:** Healthcare given to a patient living with obesity by a healthcare professional.

**Scope:** Treatment options for obesity or a combination thereof include: Therapeutic physical activity and rehabilitation, Therapeutic nutrition, Psychological therapy, Pharmacotherapy, Metabolic and bariatric surgery.

**Context:** Medical obesity treatment options take a multidisciplinary and holistic approach, and if possible, are person-centred and individualised. Obesity treatment options can be categorised as acute or long-term and consider the fluctuating nature of the disease.

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## OBESITY MANAGEMENT

**Definition:** Actions taken by individuals, families and communities to promote, maintain and restore health in people living with obesity.

**Scope:** Obesity management consists of different levels including: supported self-management, clinical support, informal support and support from the overarching health and social security system.

**Context:** Obesity management focusses on rebalancing the biological dysregulation, improving signs and symptoms and thus optimising patient-centred health outcomes, medical outcomes and socio-economic outcomes. Weight management may be a component of this.

## THEME 5: TREATMENT AND MANAGEMENT (CONT.)



### OBESITY TREATMENT AND MANAGEMENT OUTCOMES

**Definition:** Evaluation undertaken to assess the results or consequences of treating and managing obesity.

**Scope:** When treating or managing obesity, patient-centred health outcomes, medical outcomes, and socio-economic outcomes are assessed.

**Context:** Obesity treatment and management outcomes go beyond weight.

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### SHARED DECISION-MAKING

**Definition:** A process in which both the patient and the healthcare professional work together to decide the best plan of obesity care for the patient.

**Scope:** The conversation brings together: the clinician's expertise, such as treatment options, evidence, risks and benefits; what the patient knows best, their preferences, personal circumstances, goals, values and beliefs.

**Context:** Shared decision-making forms the basis of a clinical consultation. Implementation of this process is useful for complex medical decisions.

# THEME 6: OBESITY CONSEQUENCES



## OBESITY HEALTH COMPLICATIONS

**Definition:** Obesity is a gateway disease to a range of medical and mental complications.

**Scope:** 200 + complications are associated with obesity including: Type 2 diabetes, heart disease and cancer.

**Context:** Obesity was regarded as a comorbidity of many non-communicable diseases whereas now these diseases are seen as medical complications of obesity.

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## OBESITY SOCIO-ECONOMIC CONSEQUENCES

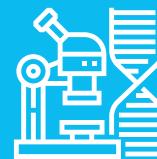
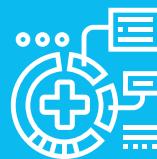
**Definition:** Obesity can harm an individual's education, income, job opportunities and value creation.

**Scope:** Obesity impacts individuals at several socio-economic levels and decreases their quality adjusted life years.

**Context:** Obesity places a significant pressure on public and specialised health institutions in terms of costs and quality of services.

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# EASO

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