



ALLOB
**Working group on multidisciplinary
obesity management in adult**

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Working group on multidisciplinary obesity management in adult

- **Aims:**
 - To improve the *quality of obesity care* in Switzerland and to standardize it
 - To propose a *multidisciplinary gold standard evidence based program* recognized by obesity experts in Switzerland, the Federal Office of Public Health and by the health insurance companies
 - *Reimbursement* of treatment by all health insurance companies

Working group on obesity management in adult

- **Method** based on:
 - Swiss and International guidelines (Swiss consensus, Canadian guidelines, Irish guidelines ...)
 - The experience of the experts of the working group and their own multidisciplinary team
 - Literature review: results of studies on the effectiveness of this type of management and treatment

Multidisciplinary management program: the TEAM

- *Physician specializing in obesity* should be in charge of the multidisciplinary team (*subspecialty Certificate in obesity*)
- *Psychiatrist/psychologist*
- *Dietician/nutritionist*
- *Specialist in adapted physical activities or physiotherapist*
- All must be trained in the field of obesity
- Contact with the *General Practitioner*
- Contact with *Patient Association*



Multidisciplinary management programme

- **Objectives:**

- **Weight loss** of minimum **5%** of the initial weight
- Decrease in **comorbidities**
- Decrease in **waist circumference**
- Improvement in **body composition**
- Improvement in **physical capacities**
- Decrease in **eating disorders**
- Decrease in **depression**
- Decrease in **internalized stigma**
- Improvement in **self-esteem, body image, self-affirmation**
- Improvement in **self-confidence**
- Improvement of **quality of life**



Multidisciplinary management programme

- **Duration** of the programme: 1 year
- **Follow up:** 1-2 year
- **Treatment modality:** individual or in group.



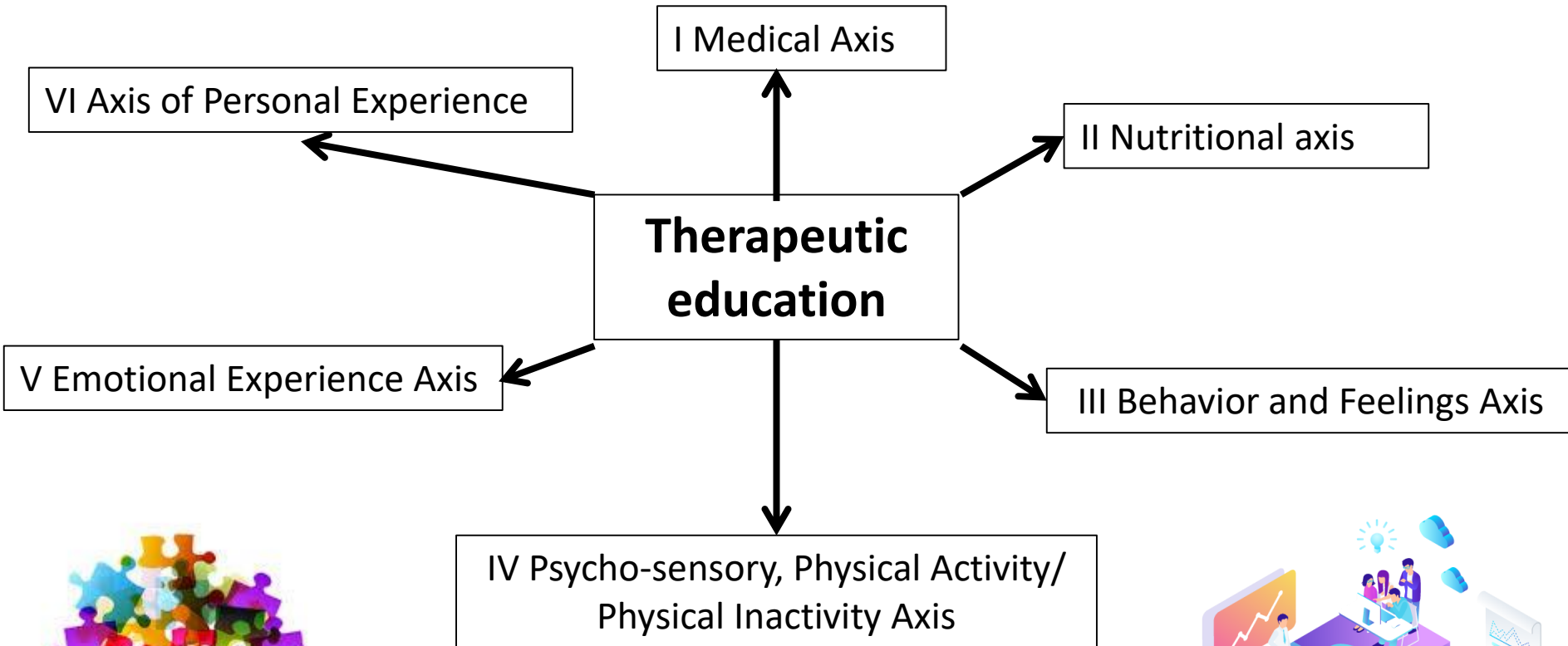
Multidisciplinary management programme

- **Structure** of the programme:
 - ~ 120-140 hours over 1 year
 - Sessions of Patient therapeutic education
 - Psychological aspects and treatment
 - Adapted physical activity
 - Nutrition
 - Ergotherapy
 - Physiotherapy

Patient therapeutic education

- Aims to help patients acquire or maintain the skills they need to manage their lives with a chronic disease as well as possible.
- Takes into account the patient's environment and the social environment
- Main targets are :
 - Psychosocial adaptation to an illness that is altering self-image and self-esteem
 - Therapeutic lifestyle changes
 - Seeking social support

The 6 axis of Patient therapeutic education



Monitoring the effectiveness of the program

- **Variables** to be measured before and after implementation:
 - Comorbidities: *hypertension, dyslipidaemia, Type 2 diabetes - glycated haemoglobin...*
 - Waist circumference
 - Body composition (*BIA*)
 - Weight loss
 - Eating disorders (*Semi-structured Eating Behaviour Assessment ; ESSCA*)
 - Depression (*PHQ-9 questionnaire*)
 - Physical skills (*simple ergometry*)
 - Self-esteem and quality of life (*WHO "lifescale" questionnaire*)

Conclusions

- The details of the multidisciplinary program still need to be worked out
- A second revised version will be sent to the *FOPH* in Spring 2023
- The final version should be completed in 2023-2024
- The obesity subspecialty certificate will increase the number of doctors trained in this field
- The number of multidisciplinary programs should therefore progressively increase, allowing for improved management of patients living with obesity
- The reimbursement of these programs by health insurance companies will allow all patients to access these treatments

"Accompanying someone means walking alongside them, leaving them free to choose their path and the rhythm of their steps."

Patrick Verspieren

Thank you for your attention!

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Leman lake

Half an hour of meditation is essential except when you are very busy. Then an hour is necessary.

François De Sales

Quatre éléments pour faire face à la stigmatisation

Fig 2

