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AACE Response to a Candid Discussion of Obesity

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To the Editor

The editorial authored by Doroghazi, “A Candid Discussion of Obesity,”¹ merits this response on behalf of the American Association of Clinical Endocrinologists (AACE).

AACE has over 7000 members in the US and 96 other countries and is dedicated to advancing science and improving the care of people with metabolic and endocrine disorders.

In 2012, AACE defined obesity as a chronic disease based on scientific evidence.² At the annual meeting of the American Medical Association (AMA) House of Delegates in June 2013, the AMA adopted an AACE-initiated resolution designating obesity as a disease. In 2014, AACE convened their first Consensus Conference on Obesity, bringing together stakeholders in obesity care with the purpose of capturing new data to formulate actionable recommendations in combating the obesity pandemic.³

AACE agrees with Doroghazi that behavior modification, implementation of a healthy meal plan centered on caloric restriction through portion control, daily physical activity, and adequate sleep are necessary first steps to initiate and maintain weight loss.⁴

However, Doroghazi ignores the evidence that obesity is a multifactorial process involving the interaction among susceptibility genes, environment, and behaviors that promote increased adiposity with subsequent excess morbidity and mortality. People who have obesity do not choose to have this disease; genetics and biochemistry trump individual willpower. AACE believes that obesity is not a lifestyle choice and that blaming those who are crippled by the disease reflects old-order thinking that has failed our patients and society.

AACE advocates a fresh, complications-centric approach that targets more aggressive medical and surgical interventions for those patients with complications who will derive the greatest benefit from treatment. In the practice of bariatric endocrinology, our goal is to help patients achieve weight loss, return derangements of metabolism toward normal, and ameliorate weight-related complications. AACE has advanced the position that obesity

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warrants the full force of our medical model for prevention and treatment. Pharmacotherapy and bariatric surgery are important adjuncts to lifestyle in achieving these goals over a lifetime.⁵

AACE urges Doroghazi to take a more comprehensive view of the obesity pandemic, and to consider that individuals affected by overweight and obesity deserve a full range of medical and surgical care for their chronic disease, not just admonitions for self-improvement.

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