EASO Presidential Lecture

Chairperson

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Speaker

Volkan Yumuk
Istanbul University-Cerrahpaşa, Turkey

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• Education

Period	Affiliation	Position
– **1995-1997**	University of Alabama at Birmingham School of Medicine, Division of Endocrinology, Birmingham, USA	Clinical Fellow
– **1992-1993**	University of Michigan School of Medicine, Division of Endocrinology, Ann Arbor, USA	Research Fellow
– **1987-1992**	Okmeydanı Teaching and Training Hospital,Istanbul, Turkey	Internal Medicine Resident
– **1979-1985**	Hacettepe University Medical Faculty, Ankara, Turkey	Medical Doctor

• Affiliations / Experience

Period	Affiliation	Position
– **1992-Present**	Istanbul University-Cerrahpaşa, Cerrahpaşa Medical Faculty	Faculty Member
– **1985-1987**	Ministery of Health Primary Care Health Unit	General Practitioner

• Committee Memberships

- EASO Policy Working group
- TOS Steering Committee for the Standards of Care for Obesity Clinical Practice in Adults
- ESE Research Roadmap Steering Group of European Society of Endocrinology
- EASL Lancet commission Fatty Liver Disease Research and Action Priorities
- Obesity Canada CALIBRE Scientific Planning Committee

• Publications

- A new framework for the diagnosis, staging and management of obesity in adults. Luca Busetto, Dror Dicker, Gema Frühbeck, Jason CG Halford, Paolo Sbraccia, Volkan Yumuk, Gijs Goosens . *Nature Medicine* 2024. https://doi.org/10.1038/s41591-024-03095-3
- Providing a common language for obesity: the European Association for the Study of Obesity obesity taxonomy. Halford JCG, Yumuk V, O'Malley G, Woodward E, De Cock D, Baker JL. *Int J Obes (Lond)*. 2024 Jun 20. doi: 10.1038/s41366-024-01565-9
- Pharmacotherapy for older people with obesity. Boyle LD, Akbas F, Yazıcı D, McGowan BM, Yumuk V. *Eur J Intern Med*. 2024 Jun 18:S0953-6205(24)00192-4. doi: 10.1016/j.ejim.2024.05.006.
- Expert Opinion on the Utility of Telemedicine in Obesity Care: Recommendations on a Hybrid Multidisciplinary Integrated Care Follow-Up Algorithm. Bayram F, Sonmez A, Kiyici S, Akbas F, Yetgin MK, Yazici D, Cingi A, Sargin M, Unal S, Iseri C, Mahmutoglu FS, Yumuk VD.*Curr Obes Rep*. 2024 Mar;13(1):167-182. doi: 10.1007/s13679-023-00541-0

EASO Presidential Lecture

Management of Obesity in Older Adults

Volkan Yumuk (Istanbul University-Cerrahpaşa, Turkey)

Obesity is a multifactorial, relapsing, progressive, chronic disease, that is a gateway to other diseases. Population of the world is ageing and the prevalence of obesity in older people is increasing. The prevalence of overweight (BMI > 25 kg/m2) in older people (age > 65 yrs) in the Europian Union has reached 60% in 2019. The all-cause mortality in this population shows an exponential increase beyond a body mass index of 30.9 kg/m2. In the 20-70 age range, a rise in fat mass (FM), a progressive decrease in fat free mass (FFM) by 40%, a decline in basal metabolic rate by 30% are expected. After the age of 70 years, a decrease in FM and FFM, increase in abdominal fat, and a decrease in physical activity are observed. Current data suggests that excess visceral or muscle fat is associated with higher prevalence of cardiometabolic complications in older adults, who are of normal body weight. Practitioners should not discount the risk of this condition in older people entirely on the basis of body weight or BMI. In a study in older adults, more lean mass was lost with weight loss than was gained with weight gain, showing that weight loss could accelerate sarcopenia in older people. The diagnosis of sarcopenic obesity can be made by referring to the ESPEN/EASO consensus statement. The goals of obesity therapy are comprised of reaching a weight loss target, maintaining the lost weight and most importantly providing significant health benefits. Diabetes risk reduction, improvement of cardiovascular risk markers, reduction in functional impairment, improvement of quality of life, remission of complications of obesity and de-escalation of therapy are among those benefits. Currently the obesity guidelines for younger adults are being implemented for older people. Lifestyle interventions (LSI), pharmacotherapy and bariatric surgery are choices of treatment. The severity of the disease could be assessed by the Edmonton obesity staging system and the treatment plan could be devised by pertinent algorithms. A moderately hypocaloric diet may be prescribed with adjustments to protein intake, accompanied by resistance exercise in order to maintain muscle strength and performance. In non-frail younger adults with concomittant diseases, who are not resonponding to LSI, adult guidelines for pharmacotherapy may be used. Orlistat and liraglutide may be first line choices. Second generation obesity management medications may be an effective treatment option older people unless evidence states otherwise. Phentermine-topiramate, bupropion-naltrexone combinations may be avoided due to their cardiovascular and central nervous system side effects and scarce data in older people. Polypharmacy and drugs causing weight gain must be avoided. Bariatric surgery is an effective treatment in patients over 60 years of age. Although the risk of post-operative complications and re-operations are higher, the length of hospital stay is similar to younger adults. The improvement in obesity-related complications is also similar between patients over 60 years old and those aged 60 and under.