Interventions for the management and treatment of Obesity

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Guidelines for Selecting Obesity Management and Treatment

BMI: 25-26.9	BMI: 27-29.9	BMI: 30-34.9	BMI: 35-39.9	BMI: 40 and above
Diet, Physical Activity, and Behavioral Therapy	Diet, Physical Activity, and Behavioral Therapy	Diet, Physical Activity, and Behavioral Therapy	Diet, Physical Activity, and Behavioral Therapy	Diet, Physical Activity, and Behavioral Therapy
	Pharmacotherapy with comorbidities	Pharmacotherapy	Pharmacotherapy	Pharmacotherapy
		Endoscopic intervention	Weight Loss Surgery with comorbidities OR Vagal Nerve Blockade with comorbidities	Weight Loss Surgery OR Vagal Nerve Blockade with comorbidities

Pharmacologic Management

The following are FDA approved drugs for the management of obesity:

Orlistat (Xenical)	Phentermine-topiramate (Qsymia)	Naltrexone-bupropion (Contrave)	Liraglutide (Saxenda)	Semaglutide (Wegovy)
Setmelanotide (Imcivree)	Phentermine	Benzphetamine	Diethylpropion	Phendimetrazine

Guidelines for Surgical Intervention

Endoscopic Intervention	Bariatric Surgery	Vagal Nerve Stimulation
Ex: Endoscopic Sleeve Gastroplasty (Accordion) Procedure; Intragastric Balloon	Ex: Roux-en-Y gastric bypass, sleeve gastrectomy, biliopancreatic diversion with duodenal switch, adjustable gastric band, single anastomosis duodeno-ileal bypass with sleeve gastrectomy	Ex: Vagal Nerve Blockade (Vbloc) Therapy
1. BMI 30 or more OR 2. Diet and exercise have not been successful	1. BMI 35 or above 2. At least one comorbidity 3. At least 6 months of unsuccessful, supervised weight loss attempts Additional expectations to be met prior to procedure include a multidisciplinary treatment plan.	1. BMI 40 or above OR 2. BMI 35-39.9 with one comorbidity

Descriptions of Endoscopic Interventions

Intragastric Balloon	Endoscopic Sleeve Gastroplasty (Accordion) Procedure
A saline filled, 400-700ml balloon, is inserted into the stomach.	The anterior and posterior walls of the stomach are suctioned together and held in place (staples or –fastener device) in order to create a gastric tube.

Descriptions of Bariatric Surgical Interventions

Roux-en-Y gastric bypass	Sleeve gastrectomy	Biliopancreatic diversion with duodenal switch	Adjustable gastric band	Single anastomosis duodeno-ileal bypass with sleeve gastrectomy
Create a small gastric pouch from the proximal stomach, anastomose it to a Roux limb, and connect the Roux limb to the biliopancreatic limb creating a common channel.	Vertical removal of 70-80% of the greater curvature of the stomach to create a narrow gastric tube.	Sleeve gastrectomy + connection of the duodenum to the ileum (bypassing the jejunum).	A tight adjustable prosthetic band is placed at the entrance of the stomach.	Sleeve gastrectomy + creation of a single duodeno-ileal anastomosis

Descriptions of Vagal Nerve Stimulation

Vagal Nerve Stimulation
The device consists of an electric pulse generator and two wire leads. One wire is attached to the anterior vagal trunk and the other to the posterior vagal trunk. The electric pulse generator is implanted subcutaneously in the abdomen. The device sends intermittent electrical pulses to the vagal nerve which creates a feeling of satiety.