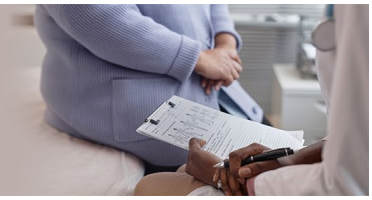
Addressing Myths and Misconceptions in Obesity



Editor's Note: This is a transcript of an online course released in August 2025. To go to the course, CLICK HERE.

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The purpose of this 14-video series is to address common myths and misconceptions regarding obesity and its treatment options. The discussions in the series are based on the best information available. Some examples of the types of myths that we hope to dispel include obesity is a choice, not a medical condition, and low-fat diets are the best way to reduce body fat. Remember, it's important to talk to your healthcare provider if you're interested in learning what your options are for weight management.

Misconception: "Obesity is a choice, not a medical condition"

There's a very common misconception that obesity is a choice made by individuals, and not a medical condition. This is simply not true. It's important to know that obesity is fully recognized as a serious, chronic medical condition by many medical societies and organizations, such as the American Medical Association and the World Obesity Federation. There are many hormones and systems that regulate weight, and the factors that lead to excess body fat and obesity vary from person to person. These factors include genetics, other medical conditions, medications one may be taking, as well as nutrition and lifestyle. As such, everyone has different responses to treatment options as well. Just as with other medical conditions, there are a variety of related complications and comorbidities. Related to obesity, these include increased inflammation and risk of heart attack, stroke, type 2 diabetes, high blood pressure, cholesterol problems and liver complications. Early weight loss interventions significantly reduce weight-related complications. So, it's essential to seek medical advice and manage obesity just like you would any other chronic medical condition.

Myth: "Individuals with obesity have low metabolism."

Many people hold true to the myth that individuals with obesity actually have a low metabolism when, in fact, patients with obesity have a higher resting metabolic rate due to increased muscle and organ mass. There are many factors that determine one's metabolic rate, including age, gender, genetics, environmental climate as well as one's body surface area, size and composition. Individual variation in behavior also plays a key role in regulating body weight. Increasing physical activity and building lean muscle mass elevates the metabolic rate that's required to sustain one's body weight and cellular functions. Furthermore, hormonal factors, such as puberty, menopause, testosterone levels, estrogen levels can make the same patient have changes in their metabolism throughout their life.

Myth: "Obesity is defined just by BMI"

There's a common myth that obesity is only defined by one's body mass index or BMI. In fact, in medical practice, we use many more measures to look at fat percentage than just the height-weight ratio, which is what dictates body mass index. While BMI is the most common screening tool because it is easy to calculate, there are other measures we use to look at body fat percentage, such as looking at someone's waist circumference. There is an increase in cardiovascular disease risk if a woman has a waist circumference over 35 inches or if a man has a waist circumference over 40 inches. So, this is quite simple to measure at home or in a doctor's office to determine if one may be at risk for obesity or its weight-related conditions.

We also use measures such as looking at body composition analysis. These can come from scales or other devices which send painless impulses through the body to determine one's fat percentage, muscle percentage and their water percentage. We can use dual-energy x-ray absorptiometry (DEXA) scans which are a more formal test that's ordered to look at bone density to determine if someone has excessive fat accumulation or excess adipose tissue, which is really what defines obesity. If any of these measures are found to give a patient the diagnosis of obesity, as medical practitioners we treat it appropriately. So, remember, it's not all about BMI, but minimizing the fat that one has because fat can lead to inflammation which leads to disease.

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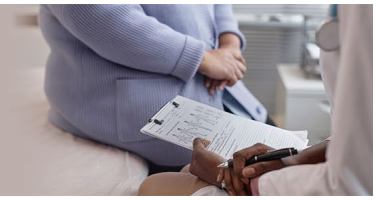

Misconception: Weight loss of at least 10% over 6 months is needed for any benefit."

Many of my patients believe that they need to lose 10% of their present body weight to get meaningful improvements in their health, and I tell them that even smaller amounts of weight loss can yield benefits. For example, 2.5% weight loss can cause an improvement in blood glucose levels, as well as triglyceride levels, and even improve fertility in patients with polycystic ovarian syndrome. Now, a 5% weight loss really improves the way the muscle responds to insulin and can further improve glucose levels, as well as decrease the amount of fat in the liver, and improve symptoms of urinary incontinence. Once we get to 10% weight loss, there's definitely benefit in reducing the effects of sleep apnea and metabolic-associated steatohepatitis which is a severe form of liver disease characterized by fat accumulation in the liver which can cause organ damage long term. A 15% weight reduction significantly improves cardiovascular risk. So, that means there's a decreased risk of heart attack or stroke, even in those with a family history of the condition. So, it's important to know that every pound matters and this is a marathon; it's not a race. When we're looking at weight management, it's important to determine one's individual goals for their health and happiness.

Myth: "Low fat diets are the best way to reduce body fat."

There is a very common myth that low-fat diets are the only way to lose weight and reduce body fat. Now, while consuming diets that are generally low in fat is a good idea, all too often low-fat foods are high in carbohydrates. During the 1980s and 1990s, people were encouraged to consume most of their calories from grains and low-fat products, and the Snackwell phenomenon was possibly responsible for the increase in insulin resistance that we saw during that period. This was a time when a low-fat, high-carbohydrate diet was recommended, and that, when combined with a sedentary lifestyle and limited physical activity, can lead to obesity rates as well as type 2 diabetes.

So, the pitfalls of low-fat culture do not account for nutritional benefits of healthier unsaturated fats and may be associated with increased refined carbohydrate intake. A healthy diet is a balanced one that includes consumption of nonstarchy vegetables, fruits, whole grains and legumes. And we can't forget about the importance of moderate consumption of healthy fat, such as nuts, lean meats, and proteins, certain oils, and low-fat dairy products. What is very important for our overall health is to limit trans-fat intake, excessive amounts of saturated fats in the diet, too much red meat, sodium and sugar-sweetened beverages. There are many different dietary plans that can help you achieve these goals, such as the Dietary Approaches to Stop Hypertension (DASH) diet, Mediterranean diet, plant-based diets. So, it's important for you to think about your lifestyle and how you can best lead that lifestyle in a way where you're getting a balanced diet. And remember, fat is not the enemy; we just don't want to eat the wrong fats too often.

Myth: "Increased physical exercise is the only effective way to reduce body weight"

There's a common myth that increasing physical activity is the only way to reduce your body fat and your body weight. Now, we can't ignore the benefits of physical activity, such as improvements in cardiovascular health, overall body composition, improving blood flow to the heart and reduced plaque formation to reduce the risk of heart attacks and strokes. But it's also important that we remember that we need to create a caloric deficit in order to effectively lose weight. The average amount of activity recommended for weight loss is 150 minutes of moderate cardiovascular activity per week. In addition, muscle strengthening activities, such as resistance training, should be performed at least 2 times a week. This can include weightlifting or other activities where you feel you're moving your muscles to fatigue. Where our muscles get bigger, it actually increases our metabolism, and physical activity also promotes the browning of white fat. So, if you think about the different types of fat that we have in our body, white fat, known as white adipose tissue or WAT for short, is the fat that's inflammatory and leads to disease. But when we do more physical activity, we can transform some of this inflammatory white fat into brown fat which is more metabolically active, improves insulin sensitivity and is associated with other health benefits.

Misconception: "Behavioral therapy techniques are not necessary for long-term weight loss"

There is a common misconception that once you achieve your weight goal, you no longer have to do the behavioral change technique that you used to achieve weight loss. This is something that we need to really think about and dispel this myth. Many people aren't even aware of what behavioral modification is, so I'll explain. Behavioral modification uses techniques that promote healthier choices and create a more sustainable lifestyle change by focusing on building a supportive environment for healthy

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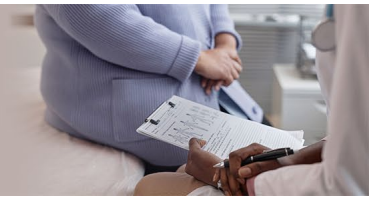

weight management. Some examples of behavioral modification techniques include chewing your food many times, drinking enough fluids through the day so you don't confuse hunger with thirst, and getting the recommended amount of sleep, as well as managing stress in a productive manner.

Some strategies which are also adopted include tracking food intake, tracking your fitness and how many days a week and how often you're exercising. Some of these use smart watches or social media or apps or even social support, such as your friends and family. This personalized tracking enhances planning, knowledge, record keeping, accountability and reflection on your food, activity and other lifestyle choices.

Behavioral modification techniques are often easy to slowly incorporate into your weight loss plan and they have demonstrated improved weight loss success and long-term weight maintenance. Sometimes it takes practice to make these behaviors stick in the long term, and if you have a slip-up, you can get right back on the horse and modify those behaviors. Your healthcare team can be essential in providing recommendations as well as support in modifying behaviors to help you reach your goals.

Myth: "Vitamins and herbal supplements are effective for weight reduction"

Many companies that make vitamins and supplements will try to tout the weight loss benefits of these supplements when, in fact, there is no vitamin or supplement that alone will lead to weight loss. It's important that we achieve this through healthy living, activity and behavioral modification. So, there is no strong evidence that any vitamin or herbal supplement actually causes weight reduction. In fact, some of these vitamins may contain hidden ingredients which may not be ideal for the individual, lead to things such as elevated heart rate, potentially damaging organs such as the liver or kidneys, and even diarrhea or increases in blood pressure.

Herbal and dietary supplement-induced liver injury accounts for up to 20% of cases of liver disease in the United States. Supplements can also interact with prescription and over-the-counter medications which can pose a health risk. However, supplements have a vital role in patients who've had bariatric surgery. Because of the malabsorptive nature of these surgeries, these patients often need to take vitamins to make sure they have the best nutrition. So, it's important to talk to your healthcare provider about which vitamins or supplements are appropriate for you, so you can make the best decisions for your health.

Misconception: "Bariatric surgery is a cosmetic procedure that requires little effort by the patient following surgery to achieve and maintain weight loss"

There's a misconception that bariatric and metabolic surgery are cosmetic procedures. These surgeries require a lot of effort from the people who decide to have these procedures and also can have many medical benefits, including longevity and improvement or complete resolution of weight-related conditions. While there are 14 million Americans who are eligible for metabolic and bariatric surgery, only 1% of these people actually have the surgery. You may want to ask your healthcare provider if metabolic and bariatric surgery is an option for you. Generally, these procedures are considered when someone has a body mass index over 40 kg/m^2 or over 35 kg/m^2 with a weight-related condition such as diabetes or hypertension. Metabolic and bariatric surgery is improving a lot of the conditions that patients have, such as their liver disease, kidney disease, joint disease and even some skin disorders. The latest literature suggests that metabolic and bariatric surgery is associated with a 37% reduction in death due to any cause. So, it's important to recognize that recipients of metabolic and bariatric surgery must be dedicated to making lifelong changes, and supplementing their diet with nutrition as well as vitamins, as necessary. So, be sure to seek advice from your healthcare provider to determine if metabolic and bariatric surgery is an option for you.

When am I a candidate for weight-loss medication?

Patients often ask me if they are candidate for medications to manage their weight. It's important to remember that lifestyle, which is nutrition, activity and behavior, is always the basis of weight management, even if one is starting medication. Generally, when patients have a body mass index of 30 kg/m^2 or higher, or if they have a body mass index of 27 kg/m^2 or higher with a weight-related medical condition, then they are candidates for medicine for weight management which we call obesity medication or anti-obesity medication.

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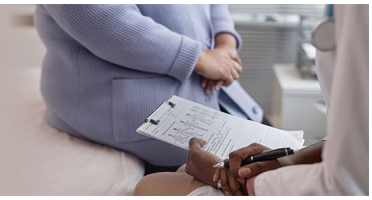

It's important to have a discussion about what your options are for medication, as an individual. The benefits of losing weight with medications can be that patients are able to tolerate a caloric deficit longer because of less hunger, more satiety and there are additional benefits for those who have conditions such as type 2 diabetes or heart disease. Keep in mind that lifestyle is always the basis, so it's important to check in with your provider about your nutrition and activity, as well as any side effects you may be having from the medication. Also tell your provider about other medications you may be taking because there could be potential interactions. And finally, weight loss medications are not recommended during pregnancy because we should not lose weight during pregnancy, and also if you have a history of documented allergy to the medication. So, again, it's important to discuss your options as an individual with your provider to make the next best steps to see if medications are an option.

Myth: "Drugs should not be used to treat obesity, because weight will only be regained once weight-loss medications are discontinued."

There is a myth that many people believe that says we should not use drugs to treat obesity because the weight will be regained after the drug is no longer being taken. The benefits of using medications as an adjunct to lifestyle for weight loss are that it helps the patient to adopt the healthy habits that they need to do long-term in order to lose weight and live a longer, healthier life. Historically, weight loss drugs were used short-term just to suppress appetite, and were not recommended for longer than 3 months. Now, the newer classes of medications give benefits beyond just appetite regulation, but also can help patients with really changing fat cell size and the way we metabolize and digest foods so we can get long-term weight loss and weight maintenance.

Furthermore, the benefits of some of the newer weight-loss medications, such as GLP-1 agonists, are that they decrease risk of cardiovascular disease, such as heart attack or stroke, and ultimately can increase the longevity of one's life.

Myth: "All long-term weight-loss medications provide similar weight loss."

There is a common myth that all weight-loss medications will yield the same weight loss results. This is simply not true. All the medications are not recommended for every patient, so it's important to have a conversation with your healthcare provider about your current health, other medications you may be taking. as well as your weight loss goals. For example, phentermine is an older medication intended for short-term use, just a few months, and the weight loss is in the range of 3% to 8%. While some of the newer medications that are intended for long-term, chronic use, you'll have weight loss in the range of 5% to 18%. So, it's important to consider what other health benefits you may get from using the medication as well. Some of those additional benefits could be improvements in glucose control, as well as the signs and symptoms of sleep apnea. And remember, medications for weight management are really an adjunct or an add-on to lifestyle. So, don't forget the importance of nutrition, activity and behavior modification.

Myth: "Lifestyle modification is not as important once a weight-loss medication is started."

Many people believe the myth that once you start a medication for weight loss, you no longer need to do behavioral techniques to improve your health. This is simply not true. In all of the studies that were designed to demonstrate the efficacy of weight loss for all the medications on the market, a caloric deficit and exercise are recommended, both in the group receiving the drug and the placebo group or the group that was not receiving the drug. Again, lifestyle alone can be beneficial, but lifestyle plus medications, in the studies, tends to be more beneficial in the long term.

It's important to continue to see your provider and a dietitian or health coach to make sure you're making the right behavioral modification techniques a part of your life so you can get the optimal outcome from the weight loss medication that was prescribed for you. The purpose of weight loss medications is not to replace healthy lifestyle decisions, but to make it easier to adopt these healthy behaviors long term to yield sustainable and meaningful weight loss.

Misconception: "Weight loss medications obtained online are safe and effective."

There's a common misconception that weight-loss medications obtained from your local pharmacy, a compounding pharmacy or online are all the same. The history of using weight-loss medications from compounded pharmacies is such that during times of shortage, the Food

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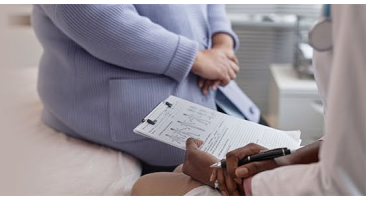

and Drug Administration of the United States, or FDA, allowed the compounding of medications for patients who needed them, because the shortage limited access. However, now that the FDA-approved drugs are readily available and no longer in shortage, compounded medications are no longer permitted. The difference is when the US FDA approves a medication for use in the United States, it also inspects and approves the facility where it will be manufactured. Medications compounded outside of these facilities, such as in a local compounding pharmacy or an online pharmacy, are not inspected by the FDA. Thus, compounded medications cannot be guaranteed to have the same efficacy, safety and purity of FDA-approved drugs. Lastly, it's important to know that the provider who is prescribing your medication is a licensed, knowledgeable prescriber and also to know the source of the medication you are obtaining. In order to make sure you optimize your health while losing weight, it's best to use FDA-approved versions of weight-loss medications.