

Facilitating Change in Obesity: A Multi-Stakeholder Driven Discussion

Educational symposium

Tuesday 14 November 2023

Disclosures

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Obesity in the media - recent headlines

Massive cost of obesity to the NHS is revealed

Heaviest patients require spending of £1,100 a year, twice the total for those of healthy weight

By Laura Donnelly
in an interview in Dublin

OBESSE patients cost the NHS twice as much as those of healthy weight, as research shows that the heaviest require £1,100 of spending a year.

A study, the first of its kind, presented at the European Congress on Obesity in Dublin, lays bare the costs of the condition in the long term, as those who are not overweight cost the health service an annual average of £500.

The findings suggest that the NHS could save close to £14 billion a year if everyone was a healthy weight.

Experts warned that the full costs of Britain's weight problem were greater still, having a crippling effect on the economy, with long-term sickness keeping millions out of work.

In coming amid pressure on the Government to tax junk foods and take action to restrict advertising of such fats, with the Institute for Government warning that "supermarkets" abuse the measures could mean voters face higher taxes.

Two in three adults in the UK are overweight or obese.

admissions for such patients were "by far the biggest cost to the NHS" identified by the study, which also tracked spending on prescriptions, hospital and GP and outpatient appointments.

Latest NHS data show 30 per cent of adults in England are obese and a further 30 per cent are overweight but not obese, with similar figures in Scotland and Wales.

The research was led by Dr Jonathan Pearson-Studard, a public health scientist based at Imperial College London, and head of health analytics at the ICF consultancy.

He said: "This is a first of its kind study, showing the costs of obesity across the whole health system. As weight increases through the BMI categories - from healthy to overweight to obese - costs increase and use of health-care resources increase."

"These costs are not just from living with obesity, but all the different conditions it results in - such as heart disease, stroke and back pain. People collect more and more obesity-related conditions over time."

"Of by the biggest cost to the NHS is hospital admissions."

The Daily Telegraph,
May 2023

Pharma's big push for a new generation of obesity drugs

The Economist, 28 September 2023 ([link](#))

Scarlett McNally: Obesity is a community issue, not just an individual one

BMJ, 29 March 2023 ([link](#))

Why do these two countries have among the lowest obesity rates in Western Europe?

BBC, September 2023 ([link](#))

Why are we talking about obesity?



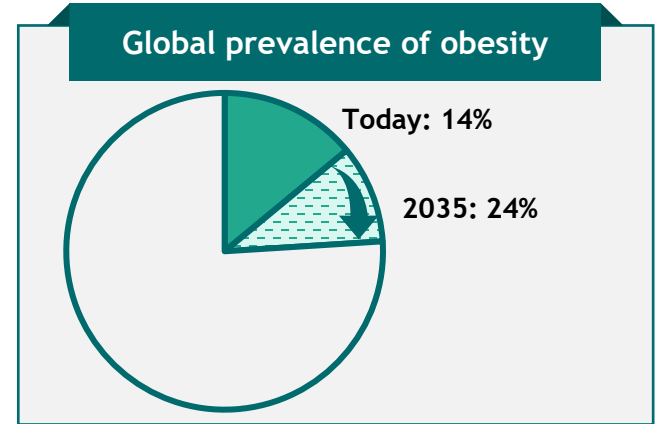
The prevalence of obesity* is anticipated to rise to 24% of the population by 2035



In Europe, predictions indicate that **35% of females** and **39% of males** will be obese by 2035



Obesity is a leading cause of mortality (ranked #5 globally), and is linked to various comorbidities

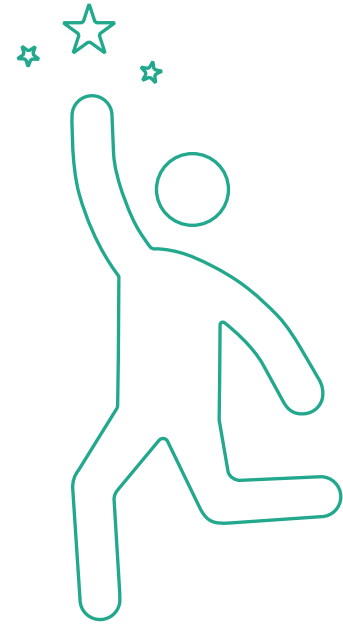


As a complex disease with multifaceted determinants and health consequences, it is unlikely that any single intervention will be able to halt the obesity epidemic

Poll



What needs to change
to stop the rise in
obesity?



Speakers



Zoe Philips

Chair at Delta Hat, UK
Moderator



Phil McEwan

Director at HEOR, UK
Facilitating change in obesity: a health economic perspective



Lars Holger Ehlers

Director, NIHE, Denmark
Facilitating change in obesity: a HTA and health policy perspective



Claudia Catacchio

Senior Consultant, ten4 Consulting, Germany
Facilitating change in obesity: A patient perspective

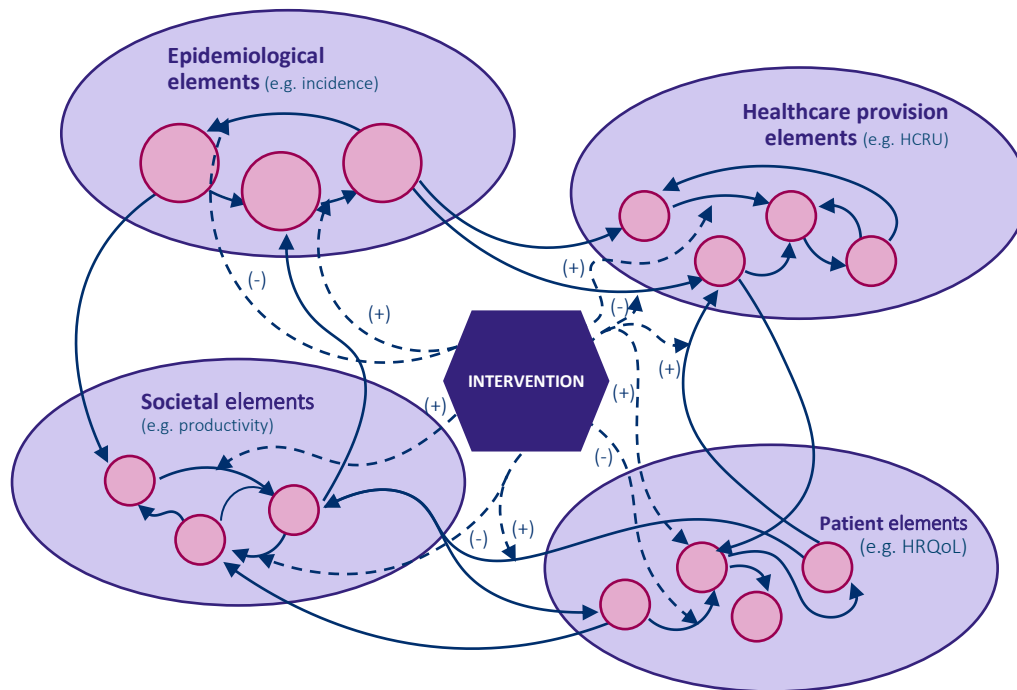


The Health Economics of Obesity

Phil McEwan



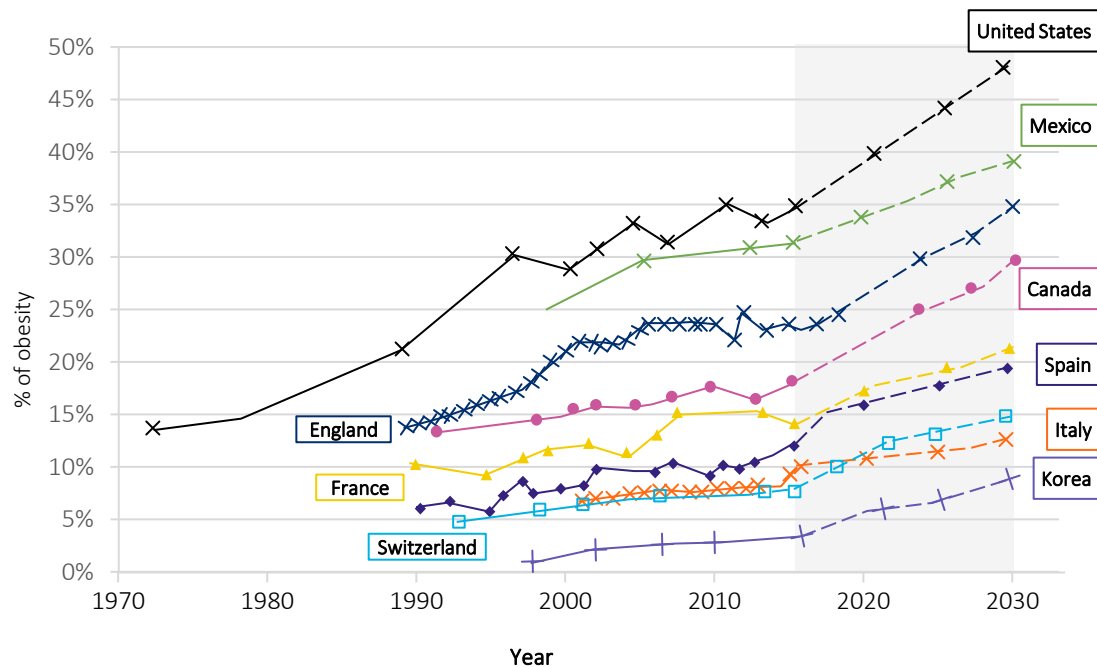
The Health Economics of Obesity



Population dynamics

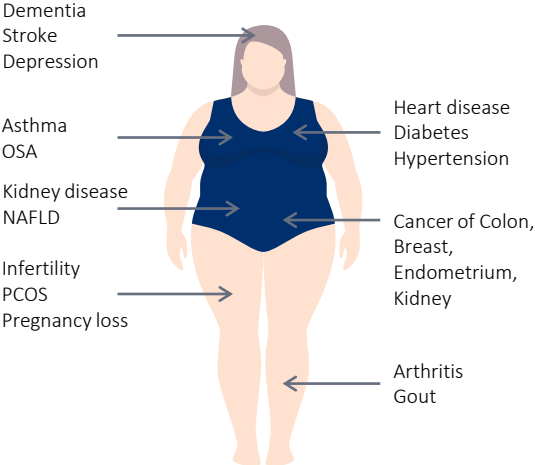


Worldwide more than **2.1 billion** people overweight or obese¹



1. Ng M, Fleming T, Robinson M, et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 2014;384:766–81.

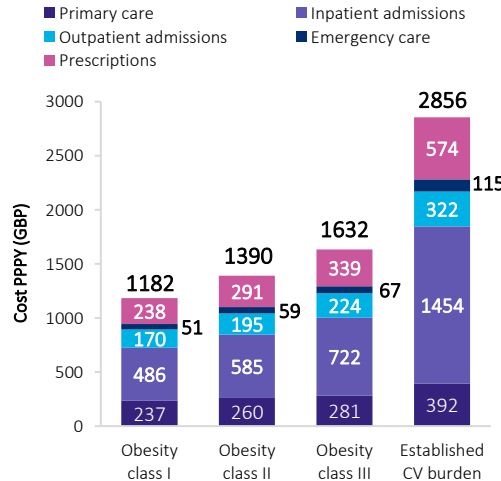
Obesity-related complications and cost



Source: QJM: An International Journal of Medicine, 2018, Vol. 111, No. 7



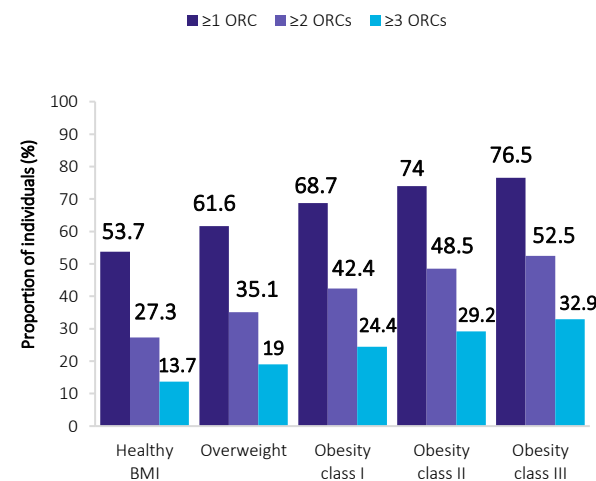
Healthcare costs per-patient per year¹



1. Pearson-Stuttard et al. Mortality and incidence of cardiovascular events in individuals with obesity and individuals with established cardiovascular burden: a UK retrospective open cohort study. Presented at the 30th European Congress on Obesity, 17–20 May 2023, Dublin, Ireland.



Progression of obesity-related complications over 10 years²



2. Pearson-Stuttard et al. Progression of obesity-related complications over 10 years in a UK population: a retrospective open cohort study. Presented at the 30th European Congress on Obesity, 17–20 May 2023, Dublin, Ireland.

Direct Healthcare Costs of Obesity



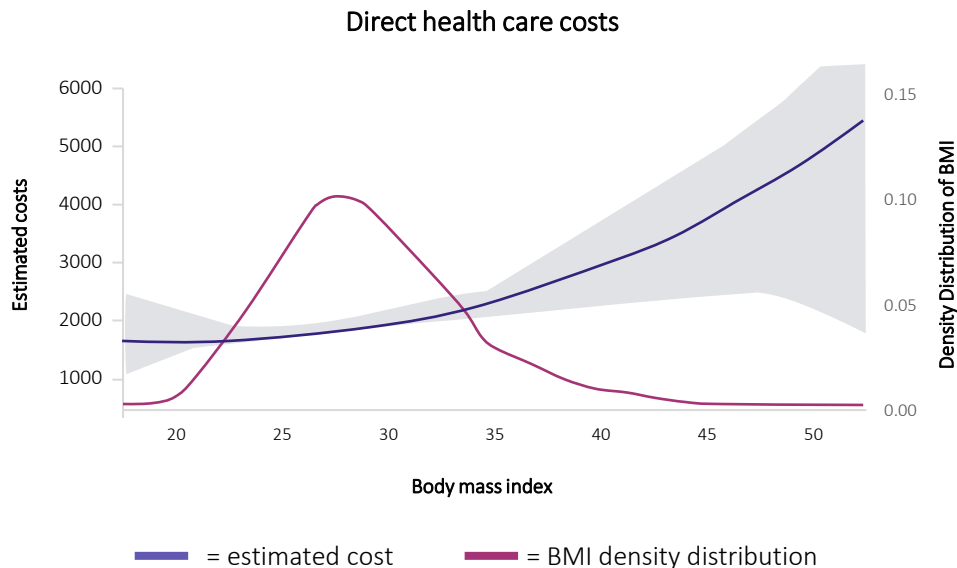
German study of 6757 participants

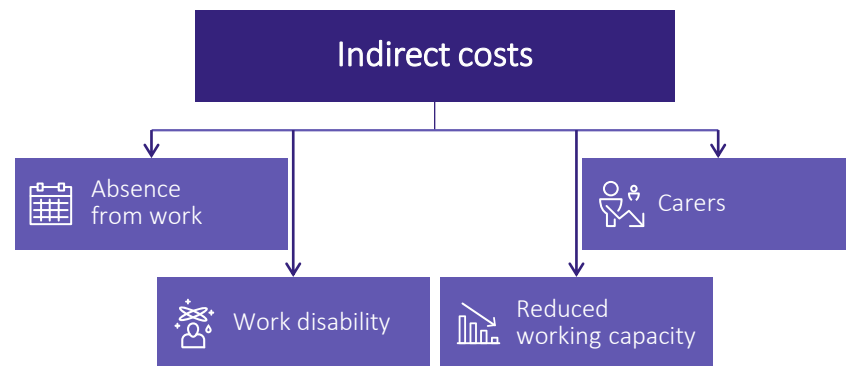
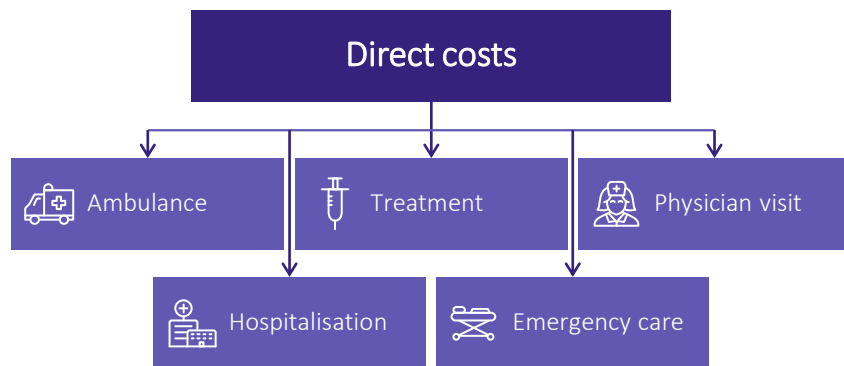


Direct costs (2011) included

- Physician visits
- In-patient visits
- Outpatient visits
- Rehabilitation
- Pharmacy costs

Annual costs (€) associated with BMI





Canada

CA\$ 6.0 billion



USA

\$30.3 billion



Canada

CA\$ 5.0 billion



USA

\$42.8 billion



Germany

€4.8 billion



Sweden

SEK2.2 billion



Germany

€5.0 billion

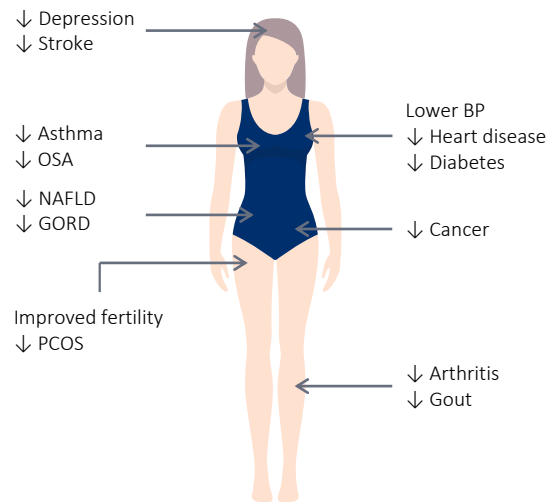


Sweden

SEK2.9 billion

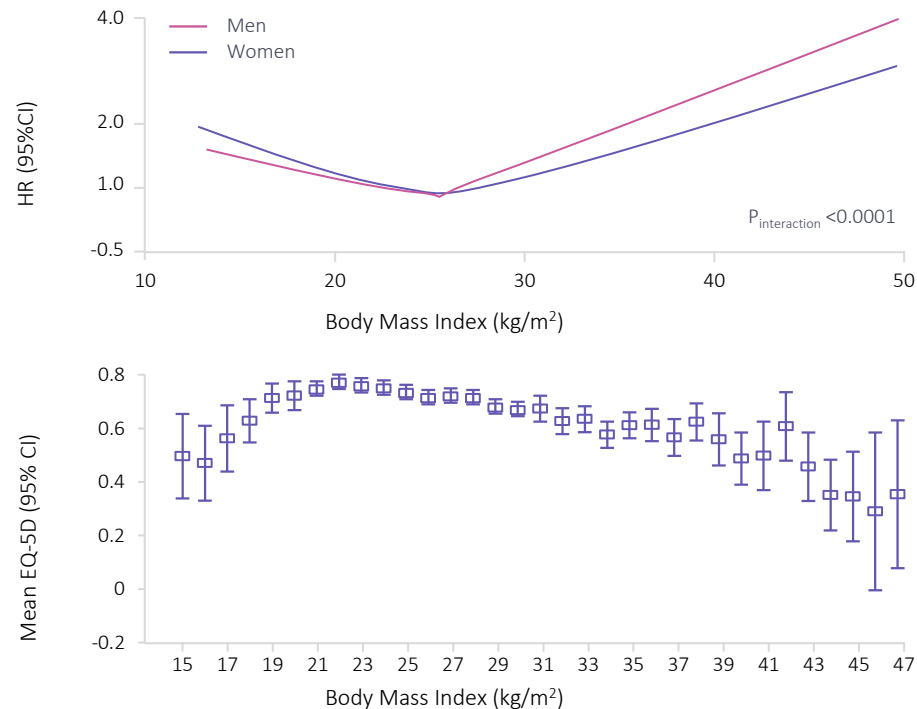
Dee et al. The direct and indirect costs of both overweight and obesity: a systematic review. BMC Res Notes. 2014 Apr 16;7:242. doi: 10.1186/1756-0500-7-242

The Health Benefits of Weight Loss



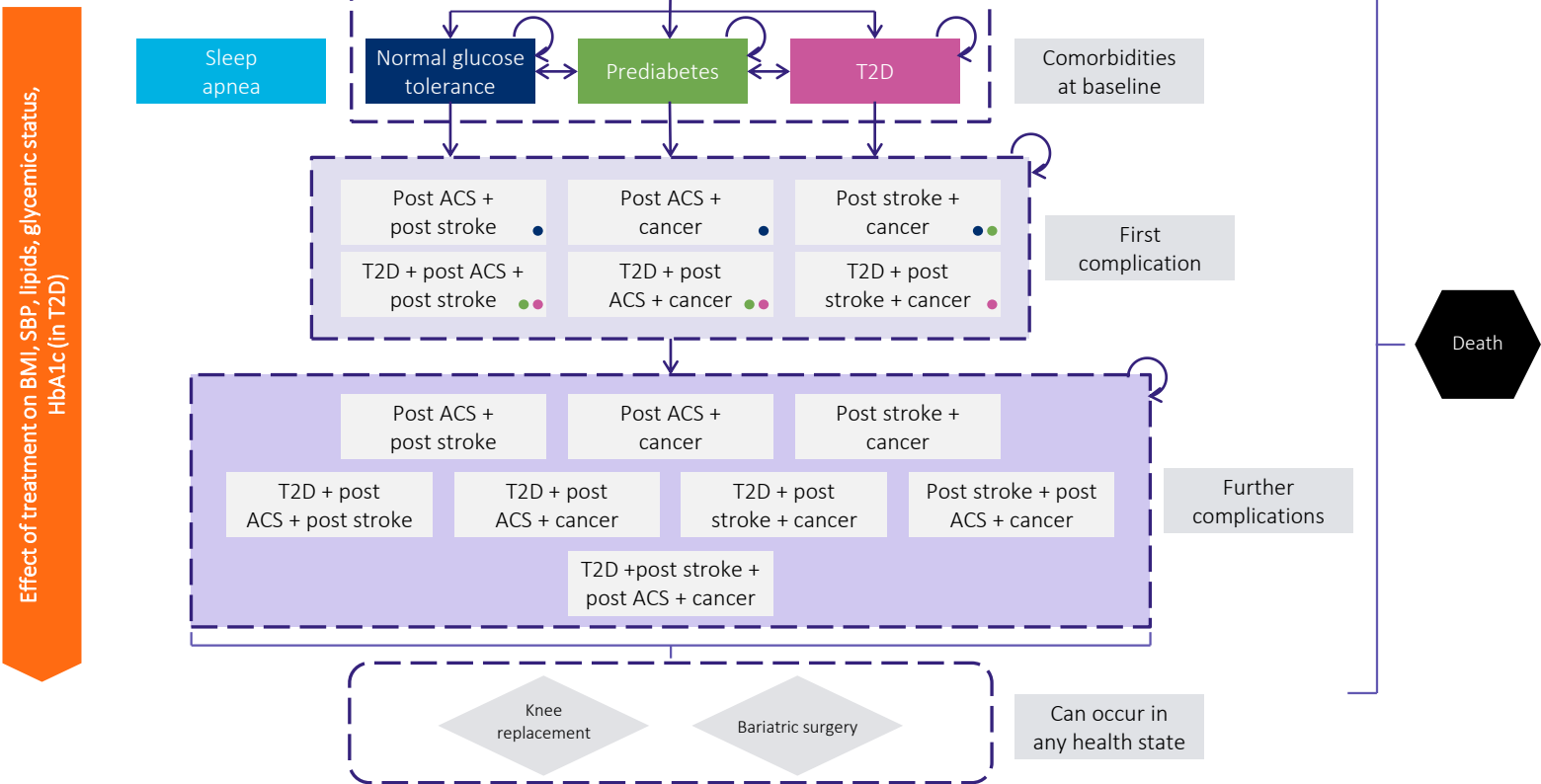
Inverse U-shaped
relationship
between BMI and
utility²

Association between BMI and all-cause mortality



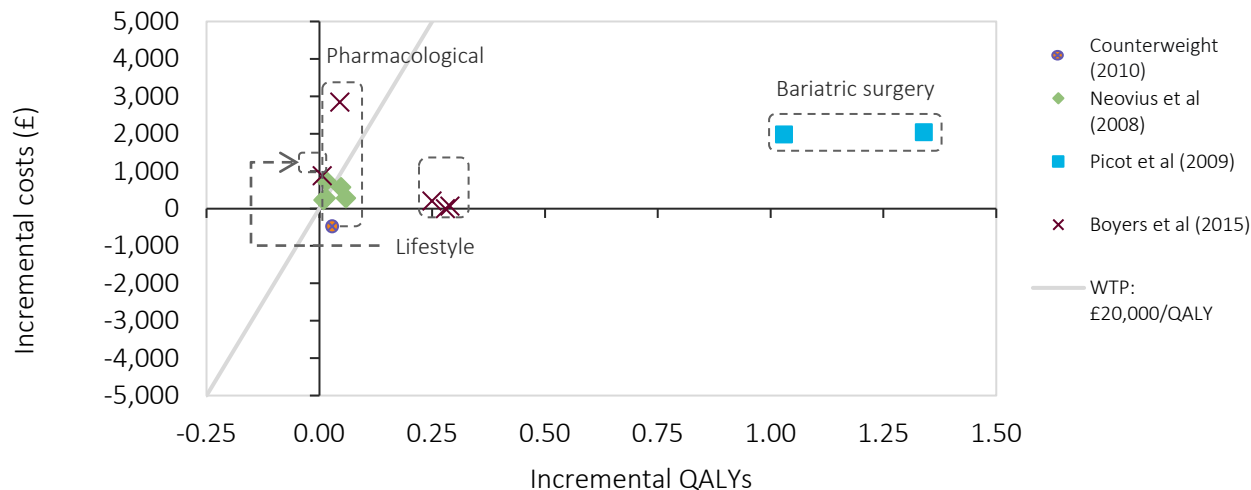
1. QJM: An International Journal of Medicine, 2018, Vol. 111, No. 7 2. Dixon et al., Expert Rev Pharmacoeconomics Outcomes Res 2004;4:657–65 3. Finer N. Medical consequences of obesity. Medicine 2015(43) 61-140

Health Economic Modelling in Obesity



Lopes S, et al. Obes Sci Pract. 2021 Mar 9;7(3):269-280.

Cost-effectiveness of obesity interventions



Results of cost-utility studies included in three published reviews¹⁻³, reporting costs in GBP



Semaglutide 2.4 mg injection compared to diet and exercise resulted in an incremental cost-effectiveness ratio (ICER) of £14,827/QALY gained⁵

1. Neovius M, et al. Int J Obes (Lond). 2008 Dec;32(12):1752-63.
2. Picot J, et al. Health Technol Assess. 2009 Sep;13(41):1-190, 215-357, iii-iv.
3. Boyers D, et al. Obes Res Clin Pract. 2015 Jul-Aug;9(4):310-27.
4. Trueman et al. Int J Clin Pract. 2010 64(6):775-783
5. Sandhu, H, et al. Adv Ther 40, 1282–1291 (2023)



Concluding thoughts



What is the solution?

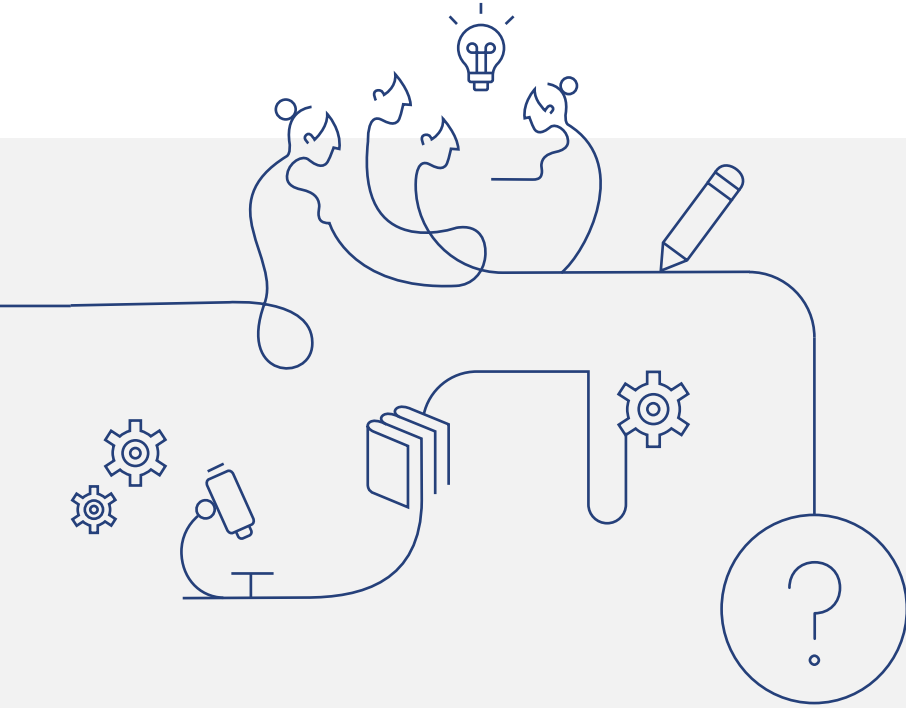


Can we afford to not address this problem?

Barriers towards prioritizing interventions for obesity

Lars Ehlers, Nordic Institute of Health Economics

Research Question



What are the barriers faced by global healthcare decision-makers for the reimbursement of new medical treatments for obesity?

The 4 main barriers towards prioritizing obesity interventions



Budget impact



Uncertain long-term effectiveness



No common understanding and recognition of obesity as a disease



Lack of political will and popularity

Barrier 1. Budget impact



Affordability issues in all healthcare systems



Obesity interventions are uncertain investments with benefits over a long period of time

Barrier 2: Uncertainty about long-term effectiveness



Evidence shows:



Many barriers exist in general practice towards effective treatment of obesity



Individualised interventions are effective on short-term, but often not on long-term



Multifaceted interventions are probably required to tackle the obesity issues globally

Barrier 3: No common understanding and recognition of obesity as a disease

Patients, doctors, and decision-makers have different views of obesity



Biomedical vs.
Bio-Psycho-Social



Is obesity a disease
or a condition?



Is obesity comparable
or different from other
health issues?

Barrier 4: Lack of political will and popularity



It seems difficult to get politicians to prioritize the obesity problem.



Budget impact is a problem.



Public policy changes are unpopular and bad for the economy.



The Government shall not tell us what to eat and drink!



Conclusion



The global fight against obesity faces barriers that hinder the prioritization of interventions towards obesity.



Each barrier may be unclear and contestable in its definition, but they are interconnected and strong.



Looking ahead - Call for action



Research

- > What evidence are disputable?
- > Where could society gain from more knowledge?



Agenda Setting

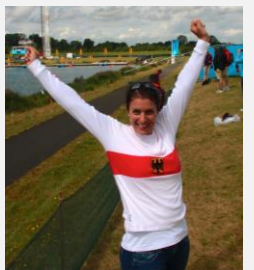
- > What should be the next step in helping the agenda?

Contemplating Obesity from the Patient Perspective

What looking at an atypical case
can tell us about a complex problem.

Meet the Patient

Claudia: Psychologist, academic, athlete, coach.



Origin



Intellectual ability



Activity level



Athletic achievement



Family life



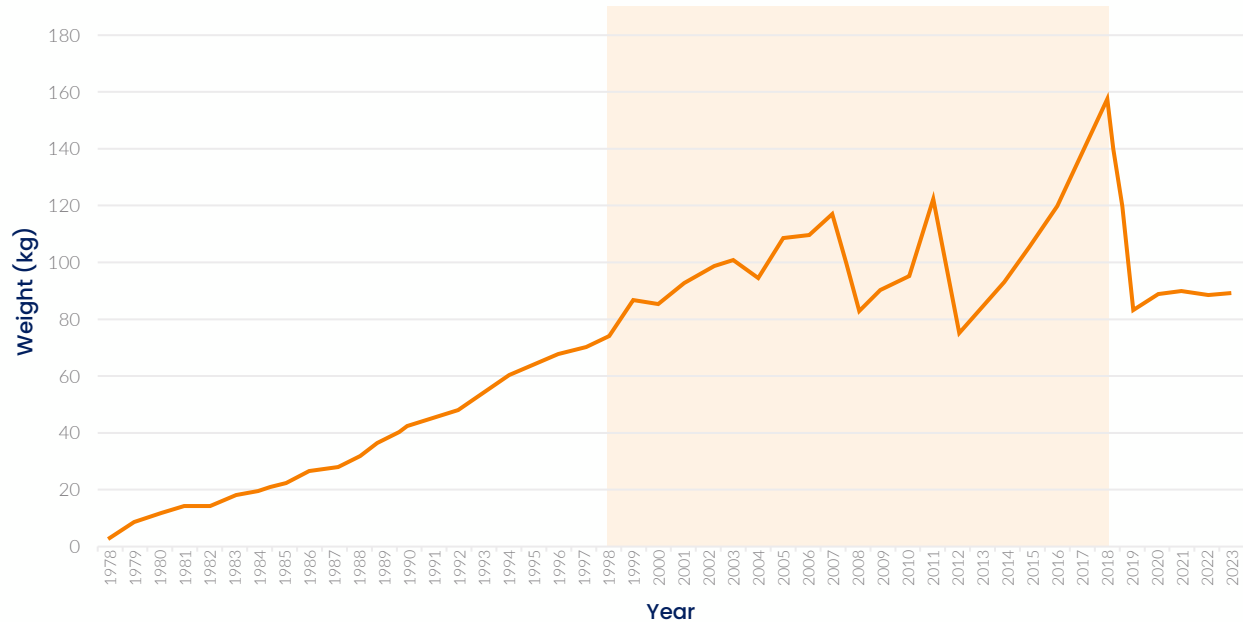
Access to medical care / nutrition



Education

And yet...

She is morbidly obese.



Not just a physical affliction

Obesity manifests physically but the psychological toll is as grave.



Chronic disease or pop culture phenomenon?

When it comes to obesity, everyone is an expert.



The omnipresent critic

01

- Eat less
- Only eat certain things
- Only eat at certain time

02

- Move more.
- Move differently.

03

- Be disciplined.
- Be restrictive.
- Be responsible.



Body positivity

01

- Eat.

02

- Move or don't move – up to you.

03

- Love yourself.

Inching towards a solution

How can we create an environment that allows us to tackle obesity in a less judgmental and more constructive way?



Medical Field

- Recognize complexity
- Understand the vastness of the unknown.
- Give agency to the patient
- Be aware of the difficult emotional terrain you are navigating in treating the disease



**Collaborate
rather than
pontificate.**



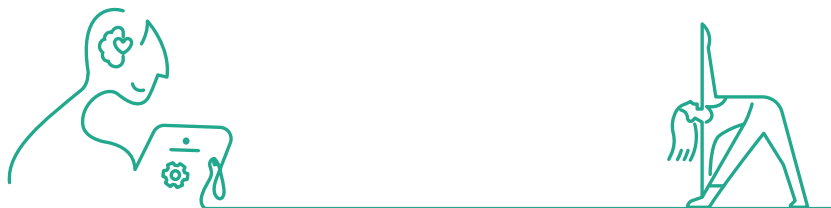
Patients

- Understand that medical professionals can be trusted partners but may not have all the answers
- Understand is that our role has to expand to become a bigger part of the solution
- Establish eye-level, challenge the expert

Audience discussion



Has your perspective
changed after hearing
from our experts today?



Thank you



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