Regional recommendations for the treatment and management of adult obesity in the Gulf & Lebanon:

Lebanon

next steps and resources
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Background

On December 6th, 2019, a group of clinical and public health obesity experts convened in Muscat, Oman to discuss the potential for, and content of, regional recommendations on obesity. Among the experts, there were representatives of Bahrain, Kuwait, Lebanon, Oman, Qatar, the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates. The group was convened by the World Obesity Federation to share experiences of national initiatives, guidelines and recommendations (where they exist). The lack of comprehensive guidelines was noted as a major obstacle to the delivery of appropriate care, and the group called for the amendment of international guidelines to fit the regional context.

The outcome of this meeting was a set of co-developed regional recommendations for the treatment and management of obesity. These recommendations lay out the ideal obesity care pathway for those living with obesity who may desire medical support to live healthier lives. The recommendations are followed by a synopsis of current activities in the represented countries to highlight progress to date and areas for improvement.

When the recommendations were published, it was acknowledged that they would need to be accompanied by clear implementation plans to facilitate their adoption at a national level. To support this, World Obesity is working with the co-authors of the recommendations to host national workshops in each of the participating countries.

This document presents the toolkit and implementation plan for Lebanon. These were developed following a hybrid workshop held by World Obesity in collaboration with the Lebanese Society of Endocrinology Diabetes and Lipids.

SEE RECOMMENDATIONS HERE ON THE WORLD OBESITY WEBSITE
www.worldobesity.org/resources/resource-library/gulf-lebanon-regional-recommendations
Overview of the Regional Recommendations

The recommendations outline the ideal clinical pathway for adults aged 18 and above living with obesity following the different stages of care. They advise on how to address obesity sensitively and effectively during medical appointments and offer advice on what interventions and resources should be available at each level of care. It has been noted, however, that the recommendations may need to be reviewed to fit national and local contexts.

The ideal clinical pathway proposed in the recommendations is presented in Figure 1. A prerequisite to the delivery of comprehensive, multi-disciplinary obesity care, however, is the recognition of obesity as a chronic, progressive and relapsing disease by all parties. This includes governmental bodies, healthcare providers, insurers, healthcare professionals, patients and the public.

The recommendations propose how obesity care should be delivered in primary, secondary and tertiary care (or equivalents), and why it should incorporate all available interventions including, but not limited to, low-level and intensive lifestyle interventions, pharmacotherapy, and bariatric surgery. Throughout the pathway, there is an emphasis on the importance of the multidisciplinary team and how care decisions should be in conjunction with the patient.

**Figure 1: Overview of ideal clinical pathway**
Summary of the 2022 Stakeholder’s Workshop in Lebanon

The workshop – Obesity management in Lebanon: challenges, barriers and limitations - was held on Saturday 5th March 2022 at the Hilton Beirut Habtoor Grand Hotel. This is a summary of the main discussion points made during the workshop.

Session 1: Obesity in Lebanon - Prevalence and trends
a. Obesity prevalence is rising globally but particularly in Arab countries
b. Lebanon and Oman have the lowest prevalence among Arab countries, but it remains high
c. Obesity prevalence in Lebanon for adults and children has been rising for several years

Session 2: Obesity in Lebanon - Nutrition and food habits
a. Multiple factors drive obesity, two of which are nutrition and food habits
b. Lebanon is witnessing a “nutrition transition” whereby the traditional diet is being replaced by a Western diet comprised of highly processed food and more animal products
c. This transition is being driven by economic growth, globalisation of trade and marketing, modernisation and rapid urbanisation
d. Compared to 1997, the Lebanese diet has increased in fat and calories and decreased in carbohydrates. Consumption of bread and added fat has increased and that of fruit and cereals has decreased. There has been a significant increase in daily energy intake over recent years
e. The Western diet in Lebanon is significantly associated with an increase in BMI
f. A study in Lebanon found that the traditional Lebanese diet (when compared to the Western diet) was more associated with “metabolically healthy overweight and obesity”
g. In Lebanon, research suggests that diet is associated with obesity
h. Improved diet has a role to play in obesity prevention and treatment, alongside physical activity, behavioural treatment and more

Session 3: Obesity in Lebanon - Surgical data
a. There are 2 main types of surgical procedure: restrictive and restrictive and malabsorptive
b. The gastric bypass and gastric sleeve represent more than 80% of bariatric procedures in the world
c. The IFSO registry created in 2014 is crucial for determining the efficacy of procedures, identifying barriers, monitoring differing responses to treatment, and more
d. In Lebanon, it is difficult to get high-quality data on surgery for several reasons. This includes the fact that general surgeons sometimes conduct bariatric surgery and there are no specialist hospitals for this kind of surgery
e. Attempts have been made to create an obesity registry in Lebanon, however, they have not been successful to date.

f. The sleeve gastrectomy is the most conducted surgery in Lebanon.

g. The main challenges with surgery in Lebanon include lack of financial coverage, lack of patient education and failure to tailor the surgery needed for the patient.

Session 4: Regional recommendations for the treatment and management of adult obesity in the Gulf & Lebanon

a. World Obesity has worked with obesity stakeholders and experts in the Gulf and Lebanon region to co-develop regional recommendations for the treatment and management of obesity.

b. This work commenced due to the high levels of obesity in the region and the lack of national guidelines and recommendations in place. The recommendations were released in 2020.

c. The purpose of these workshops is to start to think about what needs to be done to improve obesity treatment and management within countries.

d. The recommendations call for the use of all evidence-based treatment options from lifestyle interventions to medication and surgery. It also emphasises the importance of the multi-disciplinary team and personalised care.

e. An ideal prerequisite to improved treatment is the recognition of obesity as a disease. At the Government level, recognition makes it more likely that obesity is included in healthcare coverage and treatment is more likely to become affordable and available. At the medical level, it is likely to increase basic obesity training and specialised training. At the patient level, it is likely to reduce weight stigma and emphasise the importance of prevention and treatment.

f. While body mass index (BMI) is a measure of weight, the Edmonton Obesity Staging System (EOSS) considers the severity of obesity based on a clinical assessment of weight-related health problems, mental health and quality of life. As a result, EOSS provides a framework for clinical decision-making, prioritisation and management and can roughly determine the healthcare level at which a patient may require treatment. The use of EOSS was encouraged in the recommendations.

g. The recommendations also recommended the use of the 5A’s behaviour change model.

h. Entry into the healthcare system in Lebanon can occur via the public healthcare system (through primary care centres) and the private healthcare system (seen by general practitioners, family physicians and internal medicine specialists).

i. At the general care level, those of a healthy weight or with Stage 0 obesity should be given basic prevention advice.

j. Those with Stage 1 obesity should receive low-level lifestyle interventions or more intensive primary care intervention. This should be delivered by family physicians, ‘obesity educators’, dieticians and exercise therapists. ‘Obesity educators’ would be like the diabetes educators that many are already familiar with.

k. For those with Stage 2 or more obesity, it was recommended they are seen at the secondary care level or in “more specialised care”. There they should have access to multidisciplinary teams with more specialized and personalised care. Treatment options will include more intensive lifestyle interventions, behavioural interventions and obesity medication.

l. Tertiary care tends to include the escalation of previous treatment options and bariatric surgery.
m. Maintenance and follow-up are key and so patients should be discharged to primary care
n. Other recommendations included consideration of obesity training, obesity registry, and further obesity research
o. Out of the scope of the recommendations was obesity prevention interventions, treatment recommendations for children and adolescents, the role of weight-promoting medications and the role of policy and regulation

Discussion: What is currently being provided to the community and patients with obesity in Lebanon?

a. In Lebanon, healthcare is provided through the public and private sectors. The public sector includes primary care outpatient centres and governmental hospitals. The private sector involves private clinics and hospitals.
b. Patients with obesity usually present to primary care (or the healthcare system more general) for other diseases or obesity-related comorbidities, not specifically for their obesity
c. When patients do seek out care specifically for obesity it is usually for aesthetic reasons, and they do not understand that obesity is a disease. As a result, appropriate treatment is not sought out
d. It is only when patients have comorbidities that they truly understand that obesity is a disease
e. Primary care centres do not have dedicated programmes specifically for obesity. There is, however, a screening programme for non-communicable diseases for people over 40 years old that includes obesity
f. If someone is diagnosed with obesity through the screening programme, they generally only receive patient education as an intervention
g. There is no access to obesity medications in primary care centres
h. There are no specialised professionals for the treatment, whether in primary care or beyond. In military hospitals, patients with obesity are treated by endocrinologists
i. Few patients are seen by multidisciplinary teams. Most obese patients are currently seen first by a nutritionist or dietician and then by an endocrinologist
j. In Lebanon, the behavioural specialist is rarely involved in the treatment of patients with obesity
k. Obesity surgery is not covered by the Ministry of Public Health, it is considered a type of cosmetic/plastic surgery
l. In military hospitals, there are obesity clinics run by endocrinologists and obesity surgery is covered according to indications set out in international guidelines. There is, however, no access to obesity medications
m. The cooperative of civil servants (COOP) covers some medication and surgery on a case-by-case basis
n. Specialised obesity clinics can sometimes be found in big university hospitals
o. Some company insurance policies cover obesity surgery and some do not. The number that does is increasing.
p. The Ministry of Public Health does not subsidise obesity medication
Recently, the WHO supported the Lebanese Ministry of Public Health on the first nutrition strategy with an action plan for five years.

WHO’s work on obesity is usually under the field of nutrition and/or non-communicable diseases.

Discussion: Are the regional recommendations for the management of obesity applicable to Lebanon? How do they need to be adapted? What are the barriers to the implementation of the recommendations?

a. There is a lack of coordination between the many different stakeholders involved in obesity practice in the field
b. The healthcare system is extremely fragmented, with the private sector playing a huge role
c. The diagnosis rates of obesity are low. If we agree that obesity is a disease, this needs to be improved
d. There is no set referral process as not all patients go through the “traditional” primary, secondary and tertiary care pathway. This means that many patients go straight to tertiary care and have never received a proper diagnosis
e. There is not an established follow-up pathway for patients after they receive care
f. Not all dieticians and nutritionists used are licensed and therefore not appropriate to be treating patients
g. There needs to be significant investment in primary care to improve obesity treatment, including increased training for professionals
h. There is a need to give more personalised care. Currently, many patients are given standardised information (especially on nutrition) that is insufficient and ineffective
i. Prevention measures must be undertaken alongside improved obesity treatment

Discussion: How can Lebanon overcome these barriers and improve the management of obesity

a. The recommendations should be modified to fit the Lebanese context
b. The amended recommendations must be endorsed by all Lebanese scientific organisations
c. Obesity should be incorporated into existing good practice, for example, the non-communicable diseases screening in primary care centres
d. A national committee for obesity should be created to take implementation forward
e. The good practice of how other diseases are treated (e.g., diabetes and other NCDs) should be replicated for obesity
f. All healthcare professionals should be encouraged to document a diagnosis of obesity when one is given
g. In each region, there should be at least one primary care that is specialised in obesity
Key Challenges and Opportunities in Lebanon

These challenges and opportunities were determined during the workshop – Obesity management in Lebanon: challenges, barriers and limitations – held on Saturday 5th March 2022.

1. Care in Lebanon is very fragmented - many different possible obesity care pathways depending on where the patient is seen
2. People are entitled to different obesity interventions depending on their insurance coverage (if they have insurance)
3. Overall, there is insufficient financial coverage of obesity treatment
4. There are few healthcare professionals specialised in obesity
5. There are few dedicated obesity clinics or programmes
6. There is limited access to obesity medications
7. Patients and the general public are unaware that obesity is a disease
8. Obesity diagnoses are not documented in medical notes
9. There is a need for an obesity registry to monitor treatment, especially obesity surgery
10. The economic and political situation in Lebanon is a barrier to progress
Steps for Improving Obesity Prevention and Management in Lebanon

These identified steps stem from the above key challenges and opportunities.

I. Amendment of the recommendations to fit the Lebanese context

II. Endorsement of the amended recommendation by all Lebanese scientific organisations

III. Development of a national committee on obesity to encourage and monitor implementation

IV. Incorporate obesity into existing good practice, for example, non-communicable disease screening programmes

V. Conduction of patient awareness campaigns on obesity so they feel empowered to seek out appropriate care

VI. Improve obesity education in medical training at universities so all medical specialists have a basic knowledge of obesity

VII. Invest in the improvement of obesity care in primary care centres

VIII. Improve referral policies from primary care for those who need further support

IX. Work to improve access to obesity medications in primary care and beyond

It is recommended that key stakeholders in Lebanon take these 9 steps and prioritise them to initiate action. Stakeholders are encouraged to work with national, regional and international organisations to use existing resources and materials to prevent the duplication of efforts and to encourage collaboration.
Useful resources and materials

- Global Obesity Observatory [https://data.worldobesity.org/](https://data.worldobesity.org/)
- World Obesity, Economic Impact of Obesity [https://data.worldobesity.org/costs/](https://data.worldobesity.org/costs/)