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

Oman

next steps and resources
Contents

Background  3

Overview of the Regional Recommendations  4

Summary of the Strategic meeting on Obesity in Oman  5

Key Challenges and Opportunities in Oman  7

Steps for Improving Obesity Care in Oman  7

Useful Resources and Materials  8
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 Oman. These were developed following a hybrid workshop held by World Obesity in collaboration with the Ministry of Health and the Oman Diabetes Association.

SEE RECOMMENDATIONS HERE ON THE WORLD OBESITY WEBSITE: https://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 Strategic meeting on Obesity in Oman

The workshop – Gulf & Lebanon Regional Recommendations: A Strategic Meeting in Oman – was held on Wednesday 23rd February 2022. This is a summary of the main discussion points made during the workshop.

Session 1: Obesity in Oman: an overview

a. Overweight and obesity are major challenges for the Omani health sector
b. The estimated economic impact of overweight and obesity in Oman is great - it was estimated to be 2.1% of GDP in 2019 (unpublished data)
c. There have been many efforts undertaken in recent years by the Ministry of Health, the National Diabetes and Endocrine Centre (NDEC) and the Oman Diabetes Association in recent years to address obesity
d. Activities undertaken by the Ministry of Health include the establishment of a national NCD committee, the conduction of the National Nutrition Survey, the publication of a National NCD action plan and the introduction of a tax on sugary drinks
e. The NDEC is a tertiary care setting that provides treatment to those living with obesity using multidisciplinary teams. NDEC provides a stepwise approach for the treatment of obesity, including lifestyle interventions, medical therapy and surgical therapy
f. Work conducted by the Oman Diabetes Association includes the celebration of World Obesity day since 2016 and the 2021 Oman Obesity Academy programme
g. Efforts needed to further improve obesity care in Oman include: the creation of national clinical guidelines, the creation of a national obesity registry, acknowledgement of the economic impact of obesity in Oman, recognition of obesity as a disease by higher authorities and investment in obesity research

Session 2: Review of the regional recommendations

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. It is recommended that primary care oversees the care of those with Stage 0 and 1 obesity and those with uncomplicated obesity. Interventions in primary care should include prevention
advice, low-level and intensive lifestyle interventions and obesity medication. Primary care should also oversee the care of those who are referred back to primary care from secondary and tertiary care for maintenance and follow-up.

f. It is recommended that secondary care sees patients with Stage 2 obesity and above. In secondary care, all patients should have access to a multi-disciplinary team and care should be personalised for the individual.

g. Tertiary care involves the escalation of previous treatment options, with the option of bariatric surgery for those whom it is appropriate.

h. Other recommendations include the recognition of obesity as a disease, the use of the Edmonton Obesity Staging System and the use of the 5 A’s model for behaviour change.

3. Discussions: Q&A, Opportunities and Challenges

a. The Ministry of Health is keen to focus on prevention as well as treatment as many of the drivers of obesity are outside the remit of the health sector.

b. The Ministry of Health recognises that obesity is a disease and is willing to act on it.

c. A national obesity strategy would help guide and align prevention and treatment efforts, the development of one should be a priority.

d. There is a willingness to work together among stakeholders but more need to be involved in high-level obesity discussions.

e. There is a need for national treatment guidelines for obesity.

f. Healthcare professionals are insufficiently trained to treat obesity to meet the demand of patients living with obesity.

g. The availability of obesity medications in Oman is poor and the coverage of medications by insurers is insufficient.

h. Currently, obesity is treated when the patient has diabetes but not if the patient does not have diabetes. This is why obesity needs to be recognised as a disease, so it becomes eligible for treatment in its own right.

i. Post-bariatric care is currently inadequate limited to tertiary care.

j. Syndromic obesity is a particular challenge in Oman.

k. Addressing childhood obesity should include a focus on maternal obesity.

l. Facilities to promote physical activity are lacking, particularly for women.

m. Examples of the national initiatives to promote healthy lifestyles include “healthy villages” and “healthy cities”.

n. The public needs to be assured that obesity is a disease that they are entitled to receive treatment for.

o. The use of virtual clinics to make the most of limited resources should be considered.

p. The need to be increased use of multidisciplinary teams, including in primary care and secondary care hospitals.

q. Pharmacists are well placed to play a greater role in obesity prevention, treatment and counselling.

r. An obesity registry (similar to that in place for other diseases) would help monitor obesity trends and treatment.
Key Challenges and Opportunities in Oman

These challenges and opportunities were determined during the workshop – Gulf & Lebanon Regional Recommendations: A Strategic Meeting in Oman - held on Wednesday 23rd February 2022.

1. The Ministry of Health recognises the importance of acting on obesity
2. Obesity is not treated in its own right as it is not recognised as a disease
3. There are no national guidelines for the treatment of obesity in Oman
4. Healthcare professionals are insufficiently trained to treat obesity to meet the demand of patients living with obesity
5. Access to obesity medications is poor and insufficient
6. Generally, patients are only treated for obesity when they have comorbidities
7. The general public are currently not aware that there is treatment available for obesity and so do not approach the healthcare system

Steps for Improving Obesity Care in Oman

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

I. Develop national clinical practice guidelines for the treatment of obesity
II. Work closely with the Ministry of Health and other departments to officially recognise obesity as a disease and ringfence budget for its prevention and treatment
III. Expand the capacity of existing training programmes for obesity
IV. Work to ensure that obesity is treated even when comorbidities are absent
V. Increase patient awareness campaigns on obesity

It is recommended that key stakeholders in Oman take these 5 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

- Gulf & Lebanon Regional Recommendations [www.worldobesity.org/resources/resource-library/gulf-lebanon-regional-recommendations]
- Oman Health Vision 2050 [www.moh.gov.om/documents/16506/119833/Health+Vision+2050/7b6f40f3-8f93-4397-9fde-34e04026b829]
- Global Patient Portal [www.worldobesity.org/patient-portal]
- Global Obesity Observatory [https://data.worldobesity.org/]
- World Obesity, Economic Impact of Obesity [https://data.worldobesity.org/costs/]