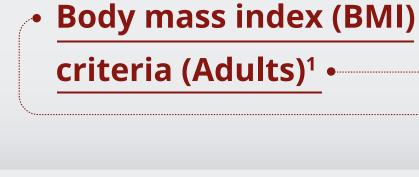


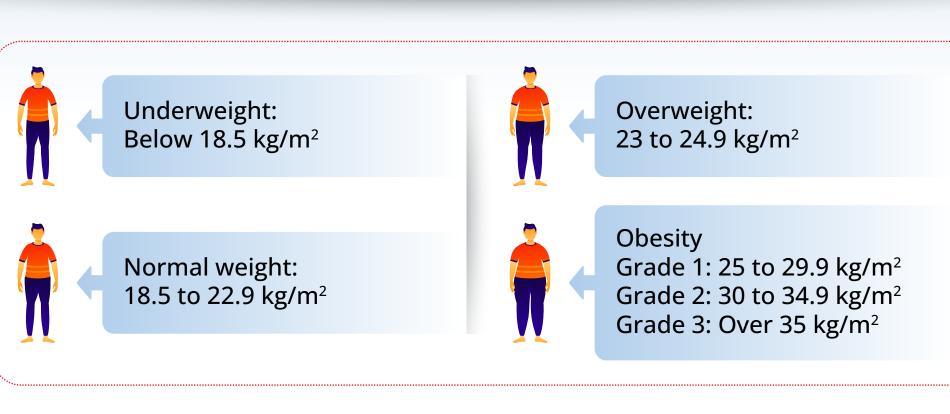


### **CLASSIFICATION OF OBESITY**

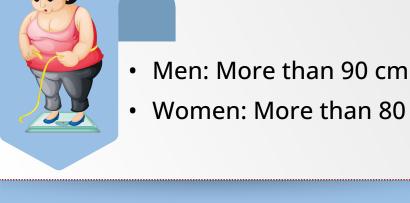
Several obesity indicators have been proposed to define and classify obesity. The indicators and criteria for Indians are summarized below:







Waist circumference<sup>1</sup>



- Women: More than 80 cm

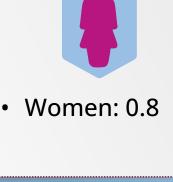
## Waist-to-hip ratio<sup>1</sup>

Waist-to-height ratio<sup>2</sup>



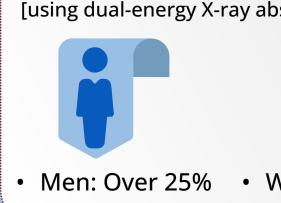
across ethnicities

# • Men: 0.9



### [using dual-energy X-ray absorptiometry (DXA)]

Body fat distribution<sup>1</sup>





**Edmonton Obesity Staging System (EOSS)** 

### Evaluation of obesity is beyond the cut-offs. Staging of obesity using the Edmonton Obesity Staging System (EOSS) is based on medical, functional, and psychological parameters. 1 It can help guide management and can play

a role in predicting cardiovascular events and mortality. 1,3 Description of stages based on EOSS<sup>4</sup> Absence of risk factors, physical symptoms, psychopathology,

## Subclinical obesity-linked risk factors; mild symptoms, psychopathology,

well-being tied to obesity.

Stage 2

Stage

Stage

 Obesity-linked chronic disease noted, along with moderate level of activity restriction, and/or impact on well-being of the individual.

functional restrictions, and/or adverse impact on individual's

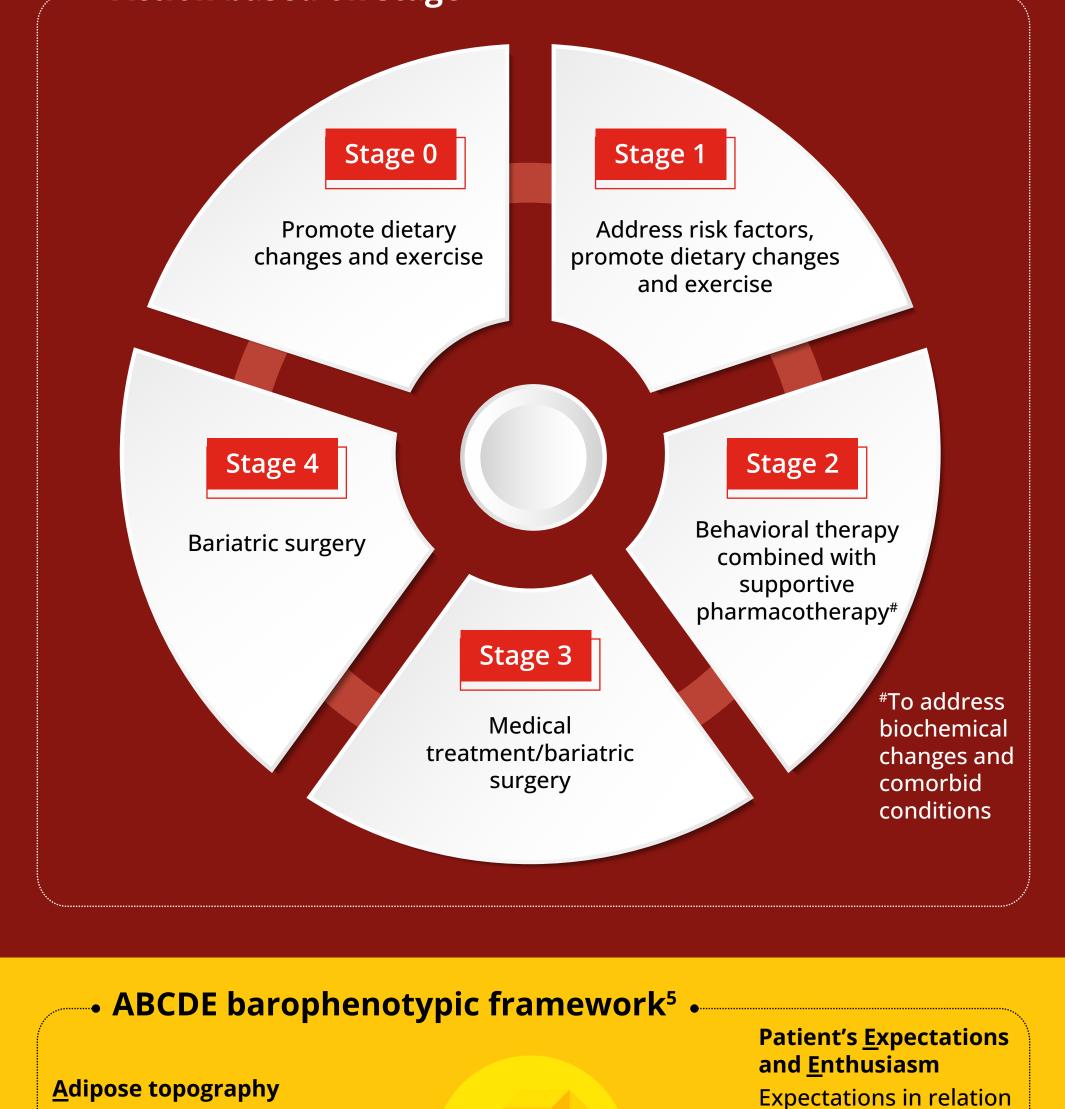
and functional restrictions; and/or impaired well-being.

 Presence of end-organ damage with significant functional restriction and psychopathology, and/or impaired well-being.

- Stage Stage 4
- psychopathology and functional restriction, and/or impaired well-being.

Obesity-related chronic diseases causing severe disability, disabling

Action based on stage<sup>1</sup>





sleep, addiction How is ABCDE model applied to practice?5 •

Adipose topography

can point to the

cause of obesity;

helps in treatment

decisions

**Barometabolic behavior** 

Obesity severity,

distribution of weight,

rate of weight change,

syndromic features

Barometabolic behavior includes the evaluation of dietary patterns and composition, type and intensity of physical activity, sleep, stress, and substance abuse

Medical illness, metabolic conditions,

mechanical or musculoskeletal

problems, mood disorders

biophysical, and biomedical challenges due to obesity

**Dysfunctionality** 

Emotional, social,

to weight reduction,

inclination to modify

financial factors

behavior, social support,

comorbid conditions and complications is emphasized to evaluate

for organ damage

Discussion on

patient's expectations

helps in setting realistic

goals and determine

patient's ability to

adhere to

treatment

**Abnormal adipose tissue** function or distribution

it into preclinical and clinical obesity.

**Excess adiposity ±** 

Dysfunctionality

encompasses the

evaluation of barriers

to attain optimum

health

Lancet Commission definition of obesity<sup>6</sup> •

The Lancet Commission has redefined obesity and categorized

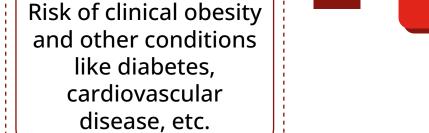


**Obesity Clinical obesity** 

Chronic systemic illness as a result of excess function of other tissues and/or abnormal adiposity and organs not affected Altered functioning of tissues, organs, or the individual

How to relate to preclinical and clinical obesity?<sup>2,6</sup>

American Association of Clinical Endocrinology (AACE) Stages:



**Clinical obesity** 

Altered function of

tissues or organs

**Preclinical obesity** 

Function of other

tissues and organs not affected

diseases or disorders Diseases and disorders occurring with obesity

on account of shared

causes and/or

**Obesity-related** 

underlying pathophysiology (type 2 diabetes, metabolic dysfunction-associated steatohepatitis,

some cancers)

Mar;13(3):221-62. https://doi.org/10.1016/S2213-8587(24)00316-4

et al. American Association of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease - 2025 Update. Endocr Pract. 2025 Nov;31(11):1351-94. 3. Zahid S, Peng AW, Razavi AC, Yao Z, Blumenthal RS, Blaha MJ. Center Stage: Putting Obesity

AACE stage 2 or 3

Staging Systems Into the Spotlight. Prev Chronic Dis. 2025 Aug 28;22:E55. 4. Canning KL, Brown RE, Wharton S, Sharma AM, Kuk JL. Edmonton Obesity Staging System Prevalence and Association with Weight Loss in a Publicly Funded Referral-Based Obesity Clinic. J Obes. 2015 Apr 28;2015:619734. 5. Kalra S, Das S, Kota S, Anne B, Kumar A, Punyani H, et al. Barophenotypic Characterization - The key to Person Centric Management of Obesity. Indian J Endocrinol Metab. 2021 Jul-Aug;25(4):295-8. 6. Rubino F, Cummings DE, Eckel RH, Cohen RV, Wilding JPH, Brown WA, et al. Definition and diagnostic criteria of clinical obesity. Lancet Diabetes Endocrinol. 2025

**AACE stage 1** 



Care focused on complications

Reduce

Risk

References: 1. Madhu SV, Kapoor N, Das S, Raizada N, Kalra S; (on behalf of Endocrine Society of India). ESI Clinical Practice Guidelines for the Evaluation and Management of Obesity In India. Indian J Endocrinol Metab. 2022 Jul-Aug;26(4):295-318. 2. Nadolsky K, Garvey WT, Agarwal M, Bonnecaze A, Burguera B, Chaplin MD,