



The Fifth United Arab Emirates Obesity Conference, November 4–5, 2023, Abu Dhabi, UAE

L. N. Rao Bondugulapati^{1,2} Rita Nawar³ Hussam Abusahmin⁴ Rahat Ghazanfar⁵
Salem A. Beshyah^{2,6,7}

¹ Department of Internal Medicine, Imperial College London Diabetes Center, Abu Dhabi, United Arab Emirates

² Department of Medicine, College of Medicine and Health Sciences, Khalifa University, Abu Dhabi, United Arab Emirates

³ Department of Endocrinology, The American Academy of Cosmetic Surgery Hospital, Dubai Health Care Center, Dubai, United Arab Emirates

⁴ Department of Endocrinology, Al Qassimi Hospital, Sharjah, United Arab Emirates

⁵ Department of Family Medicine, Cleveland Clinic Abu Dhabi, Abu Dhabi, United Arab Emirates

Address for correspondence Rita Nawar, MD, The American Academy of Cosmetic Surgery Hospital, Dubai Health Care Center, P.O box 505099 Dubai, United Arab Emirates (e-mail: rita.nawar@gmail.com).

⁶ Department of Endocrinology, Yas Clinic Khalifa City, Abu Dhabi, United Arab Emirates

⁷ Department of Medicine, Dubai Medical College for Girls, Dubai, United Arab Emirates

J Diabetes Endocrine Practice 2023;6:149–152.

Abstract

The Fifth United Arab Emirates Obesity Conference was held from November 4 to 5, 2023, in Dusit Thani, Abu Dhabi, UAE. The theme of the conference was “What can we do better in obesity management?”. The program included several didactic lectures and a question-and-answer time separately or grouped thematically. Over 2 days, the speakers covered the burden, definitions, and evaluation of obesity, including uncommon chromosomal and genetic syndromes associated with obesity in appropriate cases. It highlighted the importance of policy changes for public health improvement and prevention of obesity, the role of multidisciplinary teams in managing persons with obesity holistically, and present and future therapies, including personalized precision medicine backed up by science.

Keywords

- ▶ overweight
- ▶ obesity
- ▶ morbid obesity
- ▶ bariatric surgery
- ▶ management
- ▶ prevention

Introduction

The Fifth United Arab Emirates Obesity Conference was held on November 4 to 5, 2023, in Abu Dhabi, the city capital of the UAE. This year’s theme was “What Can We Do Better in Obesity Management?” The conference included several didactic lectures and a question-and-answer time separately or grouped thematically. Over 2 days, the speakers covered the definitions, burden, and evaluation of obesity, including uncommon chromosomal and genetic syndromes associated with obesity in appropriate cases.

Five delegates here summarize the highlights and take-home messages from the presentations in a concise narrative report. This is in no way a full transcription of all the conference proceedings.

Conference Highlights

Local and National Perspectives

The day started with two presentations on what we are doing and what we can do better in obesity prevention in the UAE and Abu Dhabi by Buthaina Abdulla Bin Belaila (Ministry of

DOI <https://doi.org/10.1055/s-0043-1777357>.
ISSN 2772-7653.

© 2023. Gulf Association of Endocrinology and Diabetes (GAED). All rights reserved.

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial-License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India

Health & Prevention, UAE) and Omniyat Al Hajeri (Abu Dhabi Public Health Center, UAE). Here, they highlighted that obesity is a chronic disease that needs a multistakeholder approach to tackle it. Accordingly, they outlined the government policies, including Abu Dhabi Priority and Focus in 2023, which is a public health campaign aiming for healthy meal options at schools and health care facilities, and workplace wellness, displaying calorie count on food and food packets, and media restrictions to reduce marketing exposure of children to unhealthy foods. It also includes offering programs encouraging and engaging employees in healthy behavior, promoting healthy eating and physical activity, and focusing on different community segments. A 3-year roadmap is being followed to implement these interventions sustainably.

Nature and Health Economics of Obesity

Carel Le Roux (University College of Dublin, Ireland) eloquently revisited the concept, definitions, and driving evidence for recognizing obesity as a disease and what we can do better. He concluded his presentation with a thought-provoking perspective that obesity treatment should aim to achieve health gain rather than weight loss. We should be more aware of different subtypes of the disease and the need for further treatments for these subtypes. Finally, he highlighted the fact that persons with obesity should never be blamed for their illness or nonresponsiveness to the treatment, given the complex, multifactorial nature of the pathophysiology of obesity. This led to a different type of presentation by Matthew Allum (ICLDC, UAE) on the health economics of obesity. He stressed upon the importance of working toward getting an equitable access to treatments for all the patient groups, for which ongoing negotiations by health care service planners with the pharma industry and insurance providers are paramount. He urged clinicians to be aware of changing science and the availability of cost-effective treatments, which should be used appropriately. Finally, he highlighted the importance of the government's radical approach toward food companies to ensure proper food labeling and relevant restrictions on digital media food advertising.

Funding and access to obesity management programs were discussed by Nidhi Agarwal (ICLDC, UAE), alluding to the details of various coverage levels in different systems. She proposed a few ideas on what we can do better. She addressed historical hindrances in coverage of obesity-related pharmacotherapy, especially in the context of the growing epidemic that obesity is. Still, thankfully, the UAE is leading in providing apt cover for various nonpharmacological therapies, including lifestyle interventions (supervised exercise programs), psychological assistance, and bariatric surgery. UAE is also at the forefront of obesity prevention, focusing on childhood obesity, food package labeling, and introducing a tax on high-energy carbonated drinks, among other measures. However, there is much to do in terms of bringing insurance providers on board to accept obesity as a complex pathology rather than just a lifestyle disease.

Management of Obesity: Clinical Strategies

The following session started with a presentation on the timing of the management of obesity by Nasreen Alfaris (KFMC, KSA), focusing on what can be done better. She quoted STEP trial results showing how semaglutide 2.4 mg has been proven to be beneficial in adolescents (age 12 to <18 years) just like adults. Based on these results, she appealed to the audience to hit obesity hard at the earliest opportunity, that is, during adolescence, to prevent metabolic mayhem in adulthood. She showed an eye-catching obesity treatment algorithm (► Fig. 1).

Dr. Ebaa Al Ozairi (Dasman Diabetes Institute, Kuwait) addressed what we can do better in the nutritional management of obesity. She emphasized upon the importance of diet quality, not quantity (cutting added sugars and highly processed food, increasing protein and fiber intake). She acknowledged the fact that there are significant knowledge gaps in terms of our understanding of the pathophysiology of weight regain and urged for more research in that area for us to be able to help our patients appropriately.

The question of what we can do better in bariatric surgery patient selection was tackled by Javed Raza (CCAD, UAE). He underlined the role of a multidisciplinary team (MDT) in inappropriate patient selection, patient preparation, patient expectations, and postsurgical chronic health care management aspects.

Dr. Donna Rayan (Los Angeles, United States) discussed data from the Look AHEAD trial and how initial weight loss predicts ultimate success at 4 and 8 years. Body weight and body fat are defended as weight increases over the lifespan for most people. There are biological and physiologic adaptations to the weight-reduced state. There is, however, variability in metabolic changes after weight loss. She discussed new insights into the mechanisms of weight loss maintenance and stressed that energy balance is needed for

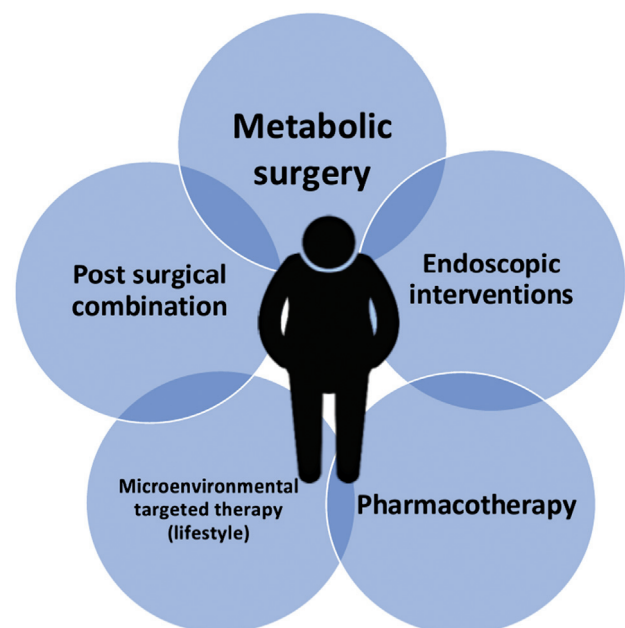


Fig. 1 The contemporary obesity treatment algorithm.

that purpose. Regular exercise and sustained volitional activity are key.

Obesity in Special Groups

Sara Suliman (ICLDC, Abu Dhabi, UAE) delivered a talk on the burden of adolescent obesity and its unique problems. In this talk, she touched upon the rising prevalence of obesity in this age group globally, but more so in the MENA region. She entailed the environmental, chromosomal, genetic, and epigenetic factors that play a crucial role in adolescent obesity. Monogenic obesity is much more common in this age group (20–30%) compared to the adult population. She presented an exemplary case of a child with severe obesity in the context of MC4R deficiency, in whom personalized precision treatment with setmelanotide helped improve metabolic parameters. Given the high prevalence of consanguineous marriages in the region, clinicians need to keep an open eye on rarer but important causes of obesity and ensure appropriate referrals are made for holistic care of the patients. Dr. Suliman also highlighted that genetic screening has become much easier through the “Emirati Genome Project,” which must be utilized when appropriate, especially in severe early-onset obesity.

Alexander Miras (Ulster University, United Kingdom) was asked to address what we can do better for obesity in special circumstances. He selectively elaborated on the management of obesity and post-bariatric states during preconception and kidney disease. Dr. Miras discussed the use of pharmacotherapy (metformin and GLP1 receptor analogs) in women with polycystic ovarian syndrome (PCOS) and in vitro fertilization (IVF), and he stressed particularly on the importance of delaying pregnancy to at least 6 months after bariatric surgery, and ideally 12 months.

The talk on “Obesity psychiatry: how can we do better?” was given by Dr. Abdullah Ozairi, who addressed how obesity can have significant psychological impacts on individuals, including low self-esteem, depression, anxiety, and social isolation. Addressing these psychological aspects is crucial for obesity management. Providers should adopt an integrated care approach that combines medical, psychological, and behavioral interventions. Collaborative efforts between health care professionals, psychologists, and counselors can address both the physical and psychological aspects of obesity. Providing access to mental health support services, such as counseling and therapy, can help individuals cope with the emotional challenges associated with obesity. He emphasized the importance of educating the public about the psychological impact of obesity. This awareness can reduce stigma and promote understanding, fostering a more supportive environment for individuals. He concluded that there are important psychological drivers of obesity that need to be addressed in a holistic manner, for which the presence of clinical psychology/mental health services is paramount as part of the MDT.

Guidelines and Organization of Care

Dr. Mohammed Al Hadad (Healthpoint, UAE) opened the second day by giving an overview of the new Interna-

tional Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)/American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines and how we can use them better in clinical practice. He highlighted the fact that clinicians should be updated with continuous education but ensure they tailor the interventions in a patient-centric way. Dr. Wahiba Elhag emphasized the importance of a multidisciplinary approach to obesity management. She highlighted the fact that there are a very limited number of trained clinicians in the obesity management field and the need for changing core curriculums right from the medical school level to establishing robust obesity fellowship programs. She stressed the importance of research in the field of obesity, which enables health care professionals to explore innovative treatments, contributing to the advancement of obesity medicine.

Mohammed El Sherif (Hamad General Hospital, Qatar) discussed what can be done better concerning diagnosing and staging of obesity. His take-home message was that diagnosis and staging of obesity are essential for effective management, for which integration of advanced techniques into clinical practice, such as imaging, genetic profiling, and artificial intelligence, is of greatest importance.

Khaled Hamdan (Healthpoint, UAE) discussed the role of the MDT. He stressed upon the role of the MDT in every step of managing persons with obesity, namely, patient selection, preparation, support during and after every intervention, addressing psychological aspects, and finally in shaping policies and guidelines to ensure patient safety and utmost patient satisfaction.

Novel Approaches and Therapies

Dr. Mohgah El Sheikh (United Kingdom) spoke about the future of phenotyping in treating obese patients. She discussed how it allows health care providers to understand the specific factors contributing to an individual's obesity. This knowledge enables the development of personalized, targeted treatment plans tailored to the patient's needs. It also aligns with the concept of precision medicine, where treatments are customized based on individual differences.

This was then followed up by a presentation on novel therapies after bariatric surgery: “Are We There Yet?” by Mohammed Suliman (ICLDC, UAE). He addressed one of the most important aspects: managing weight regain post-bariatric surgery. Although lifestyle changes and revision surgery have a role in this context, Dr. Suliman particularly stressed upon the part of incretin mimetics, which seems to have excellent efficacy. This arena is transforming swiftly, and there is much hope for the future in terms of boosting the armamentarium to tackle weight regain post-bariatric surgery.

The final presentation was by Matthew Kroh (Cleveland Clinic, United States), discussing novel surgical techniques. He gave a positive hope for the ever-evolving nature of this subject and the development of the latest techniques. He stressed upon the fact that prudent evaluation and reporting of outcomes and complications are paramount in developing niche techniques and improving patient safety.

Semaglutide 2.4 mg in Focus

Two focused presentations were dedicated to “Semaglutide 2.4 mg” within the program co-organized by the pharmaceutical industry (Novo Nordisk).

The first on day 1 was presented by Carel Le Roux (University College Dublin, Ireland). Dr. Le Roux addressed the 2022 Canadian obesity guidelines to start with, followed by the structure and mechanism of action of semaglutide. Further, he presented the data from the STEP trial program, which were impressive in terms of significant weight loss (17–18% mean weight loss) and improvement in health and metabolic parameters. The safety profile was similar to other GLP-1RAs, with no new safety concerns.

The second one was entitled “The dawn of innovative therapy for adolescents with obesity,” which was delivered by Abdulla Al Junaibi (Danat Al Emarat, Abu Dhabi, UAE). He addressed the global prevalence of adolescent obesity and how childhood obesity is considered a disease according to different health organizations. Then, he listed the authorized obesity-related medications used in adolescence. He commented in more detail on the efficacy and safety of semaglutide 2.4 mg in the STEP TEENS study. The study summarized that semaglutide 2.4 mg was not just efficacious in this age group but also safe and well tolerated.

Closing Remarks

Obesity is steadily increasing worldwide, particularly in regions with recent wealth and development, such as the Arabian Gulf region. Public awareness, professional competence, and regional research are paramount to reducing the burden and impact of obesity and its complications in

communities. This 2-day conference is one of the efforts toward these goals. Its focus on “Can we do it better?” was well chosen to improve from the usual review-type events. The discussions nearer to home on the achievements and challenges of obesity and its complications in the UAE were particularly valuable. However, to ensure active participation from the audience and to encourage the sharing of knowledge and skills on this subject across the UAE, it would be prudent to consider free communications presented orally or through posters in future editions. Also, practical hands-on workshops could help translate the didactic lectures and theoretical discussions into practical skills more effectively. Perhaps even converting the presentations into concise review articles, preferably in an emerging regional journal, would create much-needed awareness on the subject and hopefully promote collaborations leading to cutting-edge research from the UAE.

Note

This report reflects on the conference proceedings as perceived by the rapporteurs. The speakers can not be held responsible for any unintended misrepresentation of their lectures.

Author Contributions

All the author contributed equally to this study.

Funding and Sponsorship

None.

Conflict of Interest

None declared.