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ESC Clinical Consensus Statement on Obesity and Cardiovascular Disease

The ESC Clinical Consensus Statement on Obesity and Cardiovascular Disease, unveiled at this year's ESC Congress in London (30 August to 2 September), provides a comprehensive overview of the current evidence on obesity's epidemiology and causes, its interaction with cardiovascular risk factors and diseases, the clinical management of patients with both cardiac disease and obesity, and various weight loss strategies, including lifestyle modifications, interventional procedures, and anti-obesity medications, with a focus on their effects on cardiometabolic risk and cardiac outcomes. The Consensus Statement is published in the European Heart Journal (EHJ) and the European Journal of Preventive Cardiology (EJPC).

Obesity's global prevalence has more than doubled in the last four decades, now affecting over a billion people. Recognised not only as a high-risk condition linked to many chronic diseases, obesity is now classified as a disease in its own right, leading to impaired quality of life and reduced life expectancy.

Nearly 67.5% of deaths linked to high body mass index (BMI) are due to cardiovascular disease (CVD). Despite the recognised association between obesity and a wide range of CVDs, including atherosclerosis, heart failure, thromboembolic disease, arrhythmias, and sudden cardiac death, obesity remains under-recognised and insufficiently addressed compared to other modifiable cardiovascular risk factors.

This consensus statement aims to spotlight obesity as a major cardiovascular risk factor and to offer guidance on implementing evidence-based strategies for its prevention and management within the framework of primary and secondary CVD prevention.

While obesity affects various organs and heightens the risk of multiple chronic diseases, the Statement emphasises how it contributes to established cardiovascular risk factors (such as type 2 diabetes [T2DM], dyslipidaemia, and hypertension) and directly impacts cardiac structure and function, promoting both atherosclerotic and non-atherosclerotic cardiovascular diseases independently of other risk factors.

The statement underscores that while genetic and biological factors play roles in obesity, the global obesity epidemic is largely driven by environmental and societal influences. It also highlights that individuals with the same BMI can have different cardiometabolic risks, suggesting that metrics like waist circumference, waist-to-height ratio, and waist-to-hip ratio can further refine risk stratification beyond BMI.

Obesity and T2DM are closely linked, with about 80-85% of T2DM patients being overweight or obese. People with obesity are nearly three times more likely to develop T2DM than those of normal weight (20% vs. 7.3%, respectively). In patients with T2DM, weight loss interventions have shown to improve glycaemic control, including potential remission to a non-diabetic state. Obesity is also implicated in 78% of hypertension cases in men and 65% in women aged 20-49.

The relationship between obesity and various cardiovascular diseases, including atrial fibrillation, atherosclerotic CVD, heart failure, arrhythmias, venous thromboembolism, and valvular disease, is explored in the Consensus Statement.

The statement dedicates significant attention to both non-pharmacological and pharmacological obesity treatments. Key dietary recommendations suggest an energy deficit of 500–750 kcal/day, with adjustments based on individual body weight and activity levels. While 5–10% weight loss can be achieved through various nutritional and multidisciplinary approaches, maintaining these effects remains a challenge. Physical activity, while modestly effective for weight loss, plays a crucial role in maintaining weight loss and reducing overall cardiovascular risk.

Regarding pharmacological treatments, the statement advises caution with orlistat and bupropion/naltrexone, especially in patients with known CVD, due to modest weight loss effects, limited cardiovascular safety data, and potential long-term risks. However, glucagon-like peptide-1 (GLP-1) agonists are highlighted as effective for weight loss and improving cardiovascular risk factors.

GLP-1 receptor agonists are effective for weight loss and reducing cardiovascular risk factors; currently, semaglutide 2.4 mg/weekly is the only regimen proven to improve outcomes in patients with established CVD without T2DM. However, the benefits are limited to the treatment duration, and the long-term efficacy of weight loss medications requires further research.

Healthcare providers, including cardiologists, can play a pivotal role in combating obesity by actively participating in its prevention and management, as they have with other cardiovascular risk factors. They should consistently communicate the cardiovascular risks associated with obesity and emphasise the lifelong importance of maintaining a healthy weight through healthy lifestyle choices.

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