



Dear all,

Hope you all have had a wonderful summer and are ready for the challenges ahead.

There are many challenges, as this newsletter clearly illustrates, and some of them will be addressed at The Annual Obesity Management Conference, which will take place on October 21-22, 2024, at Hotel Nyborg Strand. The program is set, and there are many truly interesting topics that will be highlighted and debated.

A new medication, Sethmelatonide, for use in rare forms of severe obesity caused by known rare gene mutations or syndromes, has just been approved for clinical use in Denmark.

CNN recently reported that artificial sweeteners may be related to cardiovascular diseases (blood clots) later in life and that high screen time may be associated with an increased frequency of anger outbursts.

Once again, The HOLBAEK STUDY has published a major article in a highly reputable international journal, showing correlations between birth weight, obesity, and the risk of future cardiovascular diseases.

Sjællandske Nyheder (a Danish newspaper) has just started a series of articles focusing on whether the Holbaek Model leads to anorexia and bulimia. The first article is based on a series of successive fallacies, and one can actually argue with good reason that the Holbaek Model protects against developing anorexia or bulimia.

Finally, Diætisten has published a fine article highlighting how severe obesity can be both prevented and treated properly for the patients.





ANNUAL OBESITY MANAGEMENT CONFERENCE 2024

The program for the Annual Obesity Management Conference 2024 is finalized and is both comprehensive, exciting, and educational, covering a range of current issues.

The Annual Obesity Management Conference 2024 will be held on October 21-22, 2024, over two days, with the option to register for either one day or both days. There will also be an option to register for dinner and accommodation.

The Annual Obesity Management Conference 2024 will once again take place at Hotel Nyborg Strand in Nyborg.

As the registration deadline is approaching soon, it is important to register as soon as possible via klinikken@drholm.com

SETHMELATONIDE NOW AVAILABLE IN DENMARK FOR SELECT PATIENT CATEGORIES

Sethmelatonide is a new effective medication for the treatment of severe obesity in select rare causes of severe obesity, such as Bardet-Biedl syndrome, leptin receptor mutations, POMC deficiency, and PCSK1 deficiency.

Sethmelatonide was approved in Denmark in April 2024, but it requires that the indication is made by a specialist, typically requiring a genetic analysis. It cannot simply be dispensed by prescription at a pharmacy; instead, the treating specialist must apply to the regional medical council, which may approve the application if it meets the indication criteria, and the diagnosis is properly confirmed. If the application is approved, the medication can then be dispensed at the treating clinic, for example, the Unit for Children and Adolescents with Obesity at the Pediatric and Adolescent Department at Holbæk.

In Denmark, we have Lukas, who has a leptin receptor mutation and has been receiving sethmelatonide for several years through an international scientific study. The most significant side effect is that the skin may become pigmented, as if one has become more tanned. Treatment with Imcivree (sethmelatonide) costs around DKK 2.9 million per year and is expected to be used lifelong.

[Hård kurs: Medicinrådet har kun sagt ja til to lægemidler i 2024 \(sundhedspolitisktidsskrift.dk\) \(article in danish\)](https://sundhedspolitisktidsskrift.dk)

NEW STUDY: THE INTERPLAY BETWEEN BIRTH WEIGHT AND OBESITY IN DETERMINING CHILDHOOD AND ADOLESCENT CARDIOMETABOLIC RISK

The HOLBAEK Study has once again developed research at the highest level. In collaboration with Professor Torben Hansen's group at the University of Copenhagen, we investigated how birth weight is related to the development of cardiovascular diseases, which are reportedly mediated by obesity, especially if obesity develops from an early age. The hypothesis of the study was that birth weight and a polygenic score for birth weight were related to the development of risk factors for cardiovascular diseases and related proteins in the bloodstream in children and adolescents. We used data from a cross-sectional study in The HOLBAEK Study with 4,263 participants and an average age of 11.7 years. 57.1% of the participants were girls and 42.9% were boys. About half (48.6%) of the participants were patients at the Unit for Children and Adolescents with Obesity at the Pediatric and Adolescent Department in Holbæk, while the rest (51.4%) were recruited from a wide range of schools as control children and adolescents. We collected information on birth weight, gestational age, weight and height, cardiometabolic risk factors, and calculated a polygenic risk score for birth weight (which



estimated the contribution of a number of genes known to influence birth weight development). We also measured the concentration of thousands of proteins in the bloodstream, suspected to be related to the development of cardiometabolic risk factors. We used linear multiple regression analyses, including interaction analyses, to assess the relationship between birth weight, cardiometabolic risk, and related proteins in the bloodstream.

The study showed that birth weight and a polygenic risk score for birth weight were related to the development of cardiometabolic risk factors and associated proteins in children and adolescents.

The study concluded that there were associations between lower birth weight and an increased cardiometabolic risk profile, including insulin resistance, blood pressure, and a number of proteins in the bloodstream, which were more pronounced in children and adolescents with obesity. On this basis, it is important to develop effective prevention and treatment strategies to reduce the risk of developing cardiometabolic diseases. This study is yet another clear demonstration of the strength and importance of the vision behind establishing The HOLBAEK Study, involving many thousands of children and adolescents with and without obesity, to create a design capable of producing high-quality studies and thereby making a significant contribution to the understanding, prevention, and treatment of obesity and its related complications.

[The interplay between birth weight and obesity in determining childhood and adolescent cardiometabolic risk - PubMed \(nih.gov\)](#)

ONLINE THEMED SESSION ONLY FOR OBESITY TREATMENT TOOL PRO USERS

In recent years, we have seen how Obesity Treatment Tool Pro (OTTP) is increasingly being used in municipalities across the country. In this context, a wide range of expectations quickly arise about what can be



expected when using OTTP. We have already demonstrated, in an international scientific journal, that OTTP can reduce (without healthcare professionals) the degree of overweight in up to 85% of patients, increase physical activity, quality of life, mood, and body image, and reduce appetite. However, excessive expectations among practitioners could potentially mean that it is not used optimally. For example, by assuming that all patients should use OTTP (OTTP is just a supplement that many patients, but not necessarily all, can benefit from). Instead, the purpose of OTTP is to raise awareness among patients about numerous small details that can easily be overlooked and to provide a systematic overview of everyday life.

To support and encourage a more optimal development in the use of OTTP, we will be launching a new regular masterclass focused on OTTP, exclusively for OTTP users.

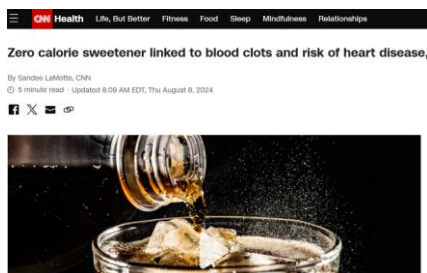
The first masterclass will be held virtually on September 3rd from 10:00-11:00, 2024.

ERYTHRITOL: SWEETENER IN STEVIA LINKED TO BLOOD CLOTS

Erythritol, a zero-calorie sweetener, has been shown in a small study to double the risk of developing blood clots and cardiovascular diseases.

The study indicated a link between erythritol and the formation of blood clots, which can lead to strokes in the brain or heart attacks, thus increasing the risk of early death. It appears that erythritol enhances the response of platelets, making them more prone to clot formation. In the control group, where glucose was consumed instead, there was no similar tendency to form clots.

However, as the study was small, involving only 10 participants, and previous research has shown mixed results regarding the risks of



erythritol, it is crucial to investigate this further. Given this, the concerns raised by the study will likely bring more attention to the issue moving forward.

[Erythritol: Sweetener in stevia linked to blood clots, study says | CNN](#)

SCREEN TIME IN EARLY CHILDHOOD LINKED TO ANGER OUTBURSTS



A new study has investigated how young children may be prone to anger and frustration outbursts, and how this tendency can potentially worsen with screen time. The study, published in the highly regarded journal JAMA Pediatrics, found that screen use at 3.5 years of age was associated with a higher likelihood of anger and frustration outbursts one year later. Additionally, children with the most outbursts also exhibited increased screen time a year later. The authors of the study suggested that this could initiate a cycle of problems with emotional regulation. Therefore, it was recommended that parents should be mindful of their children's screen time.

[New study links early childhood tablet use to anger outbursts | CNN](#)

The Holbaek Model has, for over 15 years, set clear boundaries for children and adolescents regarding sugar and sweetener intake and screen time. These limits have been established from the outset based on major international recommendations from organizations such as the WHO and the American Academy of Pediatrics, due to clear negative associations with physical, mental, and social well-being, as well as risks of inactivity and overweight, which further deteriorate the well-being of children and adolescents and ultimately lead to a range of diseases, including cardiovascular diseases.

ARTICLE ON WEIGHING AND ANOREXIA



In a recent issue of Sundhedsplejersken, we published an article addressing the role of growth monitoring in preventive healthcare, not only for detecting and treating obesity among children and adolescents but also for early disease detection and monitoring normal growth. The discussion about whether such measurements could lead to negative consequences, such as eating disorders, reveals that there is no strong scientific evidence supporting these concerns. On the contrary, research suggests that structured and intensive treatment of obesity can actually reduce disordered eating. Given the increasing health burden of obesity, it is crucial for healthcare professionals to receive relevant training and education to handle the treatment of patients with obesity correctly and respectfully. Similarly, it is also important for health professionals to be trained in communicating weight and height measurements in a correct and respectful manner. Growth monitoring should remain an integral part of healthcare to ensure optimal physical, mental, and social well-being.

[1676_31023-sundhedsplejersken-05-2022-24-26.pdf \(jenschristianholm.dk\)](https://www.jenschristianholm.dk/1676_31023-sundhedsplejersken-05-2022-24-26.pdf)

(Danish article)

CRITICAL ARTICLE ON OBESITY TREATMENT LEADING TO ANOREXIA?

Currently, Sjællandske Nyheder (a Danish newspaper) is running a critical article series on the Holbaek Model and the handling of obesity more generally. The article is based on a series of misconceptions that are not supported by data and evidence. For example, a large meta-analysis from 2019, which includes 32 scientific studies, shows a reduction in the risk and prevalence of eating disorders following the treatment of overweight. Similarly, the American Academy of Pediatrics guidelines report that “structured and professionally run pediatric obesity treatment

is associated with reduced eating disorder prevalence, risk, and symptoms.” Therefore, the article lacks a nuanced view of the situation.

Firstly, the fact that some individuals may develop eating disorders after treatment for overweight does not mean that the treatment is the cause, which is a logical fallacy. Secondly, overweight and weight stigmatization are risk factors for the development of eating disorders in themselves.

This risk factor is already present because the child or adolescent has developed overweight. Living with overweight can lead to stigmatization, low self-esteem, distorted body image, and a negative self-image.

Thirdly, it is necessary to consider the prevalence in the general population compared to individuals undergoing treatment for overweight.

Data from the Danish Health Data Authority from 2018 (published in 2020) shows an incidence of eating disorders among 8-17-year-olds (anorexia, bulimia, other, and unspecified) at 2.7 per 1,000 residents.

Based on this, we would expect to see around 12-15 patients with anorexia and bulimia, but we have observed at most half of that number.

[Overlæge afviser kritik: – Risikoen for anoreksi er minimal i overvægtsbehandling – Sjællandske Nyheder \(sn.dk\) \(Danish article\)](#)

OBESITY – A SOCIETAL AND HEALTH THREAT THAT CAN BE PREVENTED AND TREATED

In the August 2024 issue of the journal *Diætisten*, this article was published.

Obesity, a complex and chronic disease, poses a significant societal and health threat that can be prevented and treated. The article highlights the necessity of early intervention and evidence-based treatment methods to combat this challenge. Obesity is not just a matter of BMI but also a risk factor for over 240 complications, which often begin in childhood. Common complications include hypertension, type 2 diabetes,

Adipositas – en samfunds- og helbredsstrussel der kan forebygges og behandles

Adipositas er en af vor tids mest presserende sundhedsudfordringer. Denne artikel belyser dens komplekse og kroniske natur samt de alvorlige helbredsmaessige konsekvenser. Derudover præsenteres evidensbaserede behandlingsmetoder, og hvorfor det er nødvendigt med tidlig intervention for at vende tidevandet i kampen mod denne kroniske sygdom.

AF: Cillius Elmøse Fonvig, barmhjertige, Enheden for Børn og Unge med Overvægt, Hvidovre Børne- og Ungdomscenter, Hvidovre Sygehus, ph.d. og klinisk assistent professor for Klinisk Medicin, Københavns Universitet

I Danmark var forekomsten af adipositas i 2020 (målt ved BMI) 14 % hos 6-7-årige, 19 % hos 14-15-årige og 52,6 % blandt voksne. Forekomsten af adipositas er steget drastisk i Danmark over de seneste 40 år og er eskaleret til et pandemisk

and sleep apnea. The importance of a holistic treatment strategy is emphasized, addressing dietary habits, physical activity, and psychosocial factors. Through early diagnosis and interdisciplinary treatment, risks can be significantly reduced. Pharmacological treatment is only relevant in specific cases and should be closely monitored. Systematic follow-up is crucial, as obesity requires long-term management to effectively integrate changes into daily life. Therefore, our healthcare system should ensure adequate training for healthcare professionals to manage obesity with dignity and effectiveness.

[The article, which is in Danish, can be read following the newsletter.](#)

WEBINAR for everyone

Jens-Christian is hosting his next webinar on **Tuesday, September 3, 2024, at 8:00 PM** in the Facebook group "Boost din hverdag sundere". This time, the topic is "Does the Holbaek Model Protect Against Anorexia".

You can access the webinar [here](#).

MASTERCLASS for Healthcare Professionals

The next MasterClass is scheduled for **Tuesday, August 27, 2024, from 11:00 AM to 12:00 PM**.

If you would like to participate, please send an email to Dorte at klinikken@drholm.com

The only requirement for participation is that you have attended Seminar 1 or more in the Holbaek Model's educational program.

If you wish to discuss a case, you can inform Dorte about it during registration, and you may receive a template to assist you. In recent MasterClasses, we have had a considerable number of participants, so





we have moved away from introductions.

However, you are welcome to ask questions about the Holbaek Model, Obesity Treatment Tool Pro, or other relevant questions that you encounter in your clinical practice.

UPCOMING SEMINARS IN THE HOLBÆK MODEL

The Holbaek Model is evidence-based, and its seminar education and digital tools have been awarded as the Best National Education Program [in Europa in 2022](#).

Seminars are held in Holbaek.

Seminar 1: September 24-25, 2024.

Introduction course.

Seminar 2: November 5-6, 2024.

Follow-up course: Monitoring and Handling Variations in Overweight.

Seminar 3: December 17-18, 2024.

In-depth Course: Become Excellent – Including with Challenging Patients.

Seminar “The pregnant woman with obesity”: June 11th + September 19th, 2024

<https://www.jenschristianholm.dk/uk/our-products/seminars-for-healthcare-professionals.aspx>

The scientifically supported digital solution for the Holbaek Model; [Obesity Treatment Tool Pro](#) is part of the seminar content for all seminars.



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Adipositas – en samfunds- og helbredstrussel der kan forebygges og behandles

Adipositas er en af vor tids mest presserende sundhedsudfordringer. Denne artikel belyser dens komplekse og kroniske natur samt de alvorlige helbredsmæssige konsekvenser. Derudover præsenteres evidensbaserede behandlingsmetoder, og hvorfor det er nødvendigt med tidlig intervention for at vende tidevandet i kampen mod denne kroniske sygdom.

Af: Cilius Esmann Fonvig, børnelæge, Enheden for Børn og Unge med Overvægt, Holbæk Børne- og Ungeafdeling, Holbæk Sygehus, ph.d. og klinisk lektor, Institut for Klinisk Medicin, Københavns Universitet

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Definition af adipositas

Adipositas er defineret ved ”for meget (eller abnormt fordelt) fedt i kroppen, der kan påvirke helbredet negativt”, hvilket gælder for alle aldre, voksne såvel som børn (1). I WHO’s internationale sygdomsklassifikation (ICD-11) beskrives obesity som ”en kompleks, kronisk sygdom”, og danske, faglige ekspertmiljøer anbefaler, at obesity oversættes til ”adipositas” (2). BMI-mål er unuancerede mål for adipositas og er således ikke en del af adipositas-definitionen. BMI kan dog stadig anvendes som indikator for yderligere udredning og behandling (for børn og unge: alders- og kønskorrigeret BMI. Se danske vækstkurver på <https://www.vækstkurver.dk>).

Adipositas er en kompleks, kronisk, progressiv, tilbagevendende sygdom, der kan starte tidligt i livet (1). Herudover er adipositas også en risikofaktor for mere end 240 forskellige komplikationer, hvoraf mange debuterer allerede i barndommen (3).

- Der er grundlag for at reagere ved tegn til adipositas
- Tidlig og optimal behandling kan forebygge sygdomsbyrden senere i livet
- Systematisk og helhedsorienteret intervention hos mennesker med adipositas er første og væsentligste behandling

I Danmark var forekomsten af adipositas i 2020 (målt ved BMI) 14 % hos 6-7-årige, 19 % hos 14-15-årige og 52,6 % blandt voksne. Forekomsten af adipositas er steget globalt i Danmark over de seneste 40 år og er eskaleret til et pandemisk niveau. Det forudses, at adipositas-pandemien medfører, at nulevende børn får en kortere forventet middellevealder end deres forældre. Derfor er det nødvendigt med tidlig diagnostik af adipositas, samt at behandling iværksættes hurtigt, herunder gennemgribende tiltag i form af evidensbaserede, helhedsorienterede interventioner.

Adipositas-relaterede komplikationer

Adipositas udvikles hos voksne såvel som børn typisk på baggrund af en kompleks, multifaktoriel række af genetiske, miljømæssige og socioøkonomiske påvirkninger. Disse faktorer kan medføre ændringer i metaboliske, immunologiske og epigenetiske processer, der øger risikoen for adipositas og adipositas-relaterede komplikationer. Symptomer og komplikationer kan være skjulte og kan forekomme i alle organsystemer.

Adipositas, når først opstået, har en stærk tendens til at følge en resten af livet (4). Jo længere tid og jo sværere grad af adipositas, des større er risikoen for at udvikle flere af de mere end 240 komplikationer til adipositas, herunder hypertension, dyslipidæmi, fedtlever, obstruktiv søvnapnø, type 2-diabetes, hjerte-kar-sygdomme og en række kræftformer (4–8).

I tråd hermed er adipositasrelaterede komplikationer hyppigere (og med sværere komplicationsgrader) blandt voksne end blandt børn.

Desuden kan adipositas i barnealderen kompromittere mange mekanismer ved den normale vækst og udvikling samt have store psykosociale konsekvenser med stigmatisering,

mobning, depression og angst til følge (9–11). Herudover ses forhøjet eller grænseforhøjet blodtryk hos mere end 50 %, obstruktiv søvnapnø hos 45 %, fedtlever hos 31 %, D-vitaminmangel/-insufficiens hos 60 %, dyslipidæmi hos 28 % og påvirket stoffskifte hos 14 % af børn og unge med adipositas i Danmark (12–15).

Børn og unges fysiologi har generelt en fantastisk evne til at kompensere for begyndende abnormaliteter. Derfor vil tilstedeværelsen af adipositas og komplikationer hertil allerede i barndommen ofte indikere en sværere grad af sygdom (7). Dette tilsiger således et øget behov for behandling jo tidligere adipositas og komplikationer opstår.

Adipositas er en alvorlig, kronisk, fremadskridende og tilbagevendende sygdom

Adipositas opfylder sygdomsdefinitionen og derudover også definitionen for at være en kronisk sygdom (16). Adipositas er en kronisk og kompliceret sygdom, hvor fedtmassen reguleres af et effektivt og energibevarende hormonsystem.

Kroppens fedtmasseregulering er styret af et komplekst neuroendokrinologisk system. Hormonet leptin frigives fra fedtvævet og er centralt i dette system, der både regulerer energiindtag, energiforbrug, stoffskifte, immunforsvar og

reproduktion – ja faktisk energien til alle kroppens daglige, fysiologiske funktioner. Hermed kan kroppen balancere energiudgifterne for at sikre en stabilt reguleret fedtmasse (17). Under vægttab og sult, hvor fedtmassen mindskes, reduceres koncentrationen af leptin. Det udløser et integreret sultrespons med øget appetit og reduktion af daglige, fysiologiske funktioner, hvorved kroppen søger at bevare eller genvinde fedtmassen. I modsætning hertil medfører perioder med rig tilgængelighed af fødevarer og samtidig relativt lavt fysisk aktivitetsniveau en større fedtmasse og høje leptinkoncentrationer, som medfører reduceret appetit og øget stoffskifte. Dog er hverken mæthedssignalet eller det øgede stoffskifte effektivt nok til at reducere fedtmassen i denne proces, bl.a. fordi adipositas i sig selv svækker leptinsystemets funktion og evne til at reducere fedtmassen (17). Dette skaber således en skævvridning i signalsystemet, der for mange mennesker vil medføre en betydelig risiko for løbende at øge fedtmassen og samtidig have svært ved at reducere den – specielt på den lange bane.

Disse biologiske processer tilsiger, at behandlingen bør omfatte samtlige aspekter relateret til adipositas (se boks nedenfor) – altså en 360-graders helhedsorienteret tilgang – da kroppen kan kompensere med lagring af fedt qua de aspekter, der evt. ikke adresseres.

Alle kendte aspekter relateret til adipositas bør adresseres fra starten af behandlingen, herunder (men ikke begrænset til):

- Mængder, frekvenser og kvaliteter af alle dagens måltider: morgenmad, formiddagsmad, frokost, eftermiddagsmad, aftensmad og natmad, inkl. frugt, grønt, brødtyper, ost, smør, pålæg, mejeri- og morgenmadsprodukter og varm mad.
- Ernæringssammensætning - med fokus på fedt, sukker og kostfibre
- Kræsenhed, mæthed, spisevaner, vitamintilskud
- Drikkevarer i løbet af dagen og ugen
- Slik, snacks, chips, chokolade, is, kage, kiks, tørret frugt, müeslibar, nødder, frø og kerner
- Fastfood, alkohol, rygning, passiv rygning, søvn
- Fysisk aktivitet inkl. transport til/fra arbejde og uddannelse samt inaktivitet inkl. skærmtid
- Ensomhed, mobning, livskvalitet, humør, appetit, syn på egen krop

Evidensgrundlag for behandling

Med rettidig, optimal behandling kan børn og unge med adipositas reducere deres risici for som voksne at udvikle type 2-diabetes, hypertension, dyslipidæmi og hjerte-kar-sygdom til samme niveau som hos voksne, der aldrig har haft adipositas (6,7).

Nyere oversigtsartikler og studier af helhedsorienterede interventioner viser, at intensiveret behandling med sundhedsoptimerende tiltag kan medføre blivende forbedringer af adipositas og relaterede komplikationer hos børn og unge (18–22). Lignende effekter er også observeret hos voksne (23).

Indikationer for henvisning, udredning og behandling

I praksis vil det sige, at alle børn, voksne og ældre, der har udviklet adipositas, eller hvor der er mistanke om adipositas, bør tilbydes systematisk, helhedsorienteret basalbehandling af adipositas (24). Der er aldrig indikation for ”watchful waiting”, da en forsinkelse af behandlingen kan medføre flere og mere alvorlige komplikationer og dermed en dårligere prognose (24).

Indikationer for henvisning til behandling varierer med alderen (se kriterier hos de relevante faglige selskaber), men bør indeholde kropsfedtprocent, BMI, tegn på adipositasrelaterede komplikationer, persisterende overspisning, mistanke om specifik årsag til adipositas samt familiær disposition til adipositas eller adipositasrelaterede komplikationer. Desuden bør der hos børn og unge indgå vurdering af psykomotorisk udvikling og udvikling i alders- og kønskorrigeret BMI.

Primære undersøgelser (afhængigt af tilgængelighed): Vurdering af udviklingen af højde- og vægt (inkl. BMI), kropssammensætning (fedtprocent), blodtryk, blodprøver og øvrige komplikationer (hud, lungefunktion mm.)

Behandling af adipositas

Behandlingen bør varetages af sundhedsfagligt personale med tilstrækkelig uddannelse i helhedsorienteret og evidensbaseret behandling af adipositas.

Optimalt varetages behandlingen i et samarbejde på tværs af sektorer og faggrupper (læge, sygeplejerske, diætist, psykolog m.fl.) med udgangspunkt i kompetencefordelingen, som det er kendt fra mange andre kroniske sygdomme (astma, allergi, tarmsygdomme, syndromsygdomme m.fl.).

En systematisk, helhedsorienteret og evidensbaseret basalbehandling af adipositas har vist at reducere graden af adipositas hos 75-90 % af patienterne – både børn og voksne og samtidig forbedre dyslipidæmi, blodtryk, fedtlever, obstruktiv søvnapnø, fysisk aktivitet, appetit, livskvalitet, humør samt selvoplevet mobning (9,20,22,23,25-31). Behandlingen har vist sig implementérbar både i den primære, sekundære og tertiære sundhedssektor og er desuden afprøvet med god effekt digitalt, hvilket kan gøre behandlingen lettere tilgængelig for patienter og behandlere (20,22,23,25-27).

Farmakologisk behandling af adipositas

Farmakologisk behandling af adipositas er aldrig førstevalg og bør kun benyttes i særlige tilfælde, hvor systematisk, helhedsorienteret basalbehandling alene ikke er tilstrækkelig.

De nuværende, mest effektive, markedsførte lægemidler til behandling af adipositas regulerer appetitten ved at skabe øget mæthedfølelse. Effekten forsvinder for størstedelen efter behandlingsophør, og der er ofte bivirkninger (hyppigst kvalme, opkastning, diarré, mavesmerter og hovedpine), hvilket tilsiger tæt opfølgning under hele behandlingen. Det er desuden velkendt, at farmakologisk behandling af adipositas reducerer muskelmassen, selv med mindst 2,5 timers moderat fysisk aktivitet ugentligt.

Sundhedsstyrelsen og Danske Børnelæger anbefaler, at en eventuel farmakologisk behandling af adipositas hos børn og unge varetages af speciallæger i pædiatri.

Opfølgende behandling af adipositas

Patienter vil have individuelle behov, som afspejler diversitet i genetik, miljø og socioøkonomiske forhold, hvilket er svært at identificere ved første konsultation. Patienten bør derfor følges med henblik på at tilbyde den til enhver tid bedst mulige behandling, om muligt i et forløb, der indebærer kontakter hos læge, sygeplejerske, diætist og/eller anden relevant sundhedsprofessionel med tilstrækkelig uddannelse i og kendskab til adipositas og de relaterede komplikationer.

Jeg vil anbefale, at patienten ses mindst én gang årligt til opfølgning hos læge mhp. vurdering af udvikling i kropssammensætning (fedt og muskler), blodprøver inkl. screening for komplikationer. Da adipositas er en kronisk sygdom, bør behandlingsforløb være længerevarende, hvor patienten typisk over tid integrerer behandlingen i deres dagligdag. Behandlingen bør fortsættes i årevis, specielt til de mere behandlingskrævende patienter. Den videre plan for opfølgning skal bero på individuel vurdering.

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Interessekonflikter

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