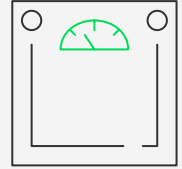


The scale of the issue

The obesity epidemic is one of the most significant public health challenges that Europe now faces. Obesity rates have more than doubled in the last 40 years – over half of the EU's adult population and nearly one in three children in the World Health Organisation European region are overweight or obese.

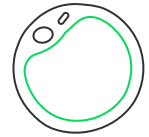


Obesity and chronic digestive diseases

Obesity is a major risk factor for chronic digestive diseases, placing a substantial strain on European health systems.

Childhood obesity:

- Childhood obesity is a significant risk factor for digestive and metabolic diseases in later life¹
- Non-alcoholic fatty liver disease (NAFLD) is a consequence of adolescent obesity and increases the risk of developing liver cirrhosis^{2,3}



Obesity and functional digestive disorders:

- 4 in 10 adults suffer from one or more disorders of gut-brain interaction (DGBI),⁴ and people with obesity are even more likely to suffer with symptoms of DGBI⁵
- There is a strong association between obesity and gastro-oesophageal reflux disease⁶



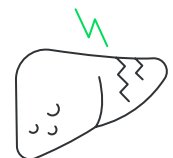
Obesity and inflammatory bowel disease (IBD):

- 20% of paediatric⁷ and 40% of adult⁸ patients with IBD are overweight or obese
- A western-type diet is thought to contribute to obesity and IBD⁹
- Obesity and/or visceral adiposity may increase the risk for developing surgical complications, hospitalisation and post-operative recurrence in patients with IBD.¹⁰⁻¹⁴



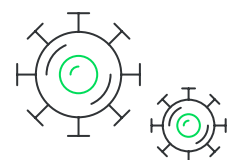
Obesity and liver disease:

- NAFLD is common in people who are obese or morbidly obese (prevalence of 75–95%)¹⁵
- NAFLD is a leading cause of liver-related mortality in Europe, predicted to become the leading cause of end-stage liver disease unless urgent action is taken^{16,17}



Obesity and digestive cancers:

- Obesity is an established risk factor for multiple types of cancer,¹⁸ including pancreatic,^{19,20} liver,^{21,22} and colorectal²³ cancer
- In 2019, 4.6% of all cancer deaths were attributable to obesity²⁴



Prevention and treatment

The increase in people who are overweight and obese across Europe is alarming and has been exacerbated by the COVID-19 pandemic.²⁵ There is an urgent need for preventive and therapeutic strategies at both individual and public health levels.

Lifestyle-related prevention:

- Promoting healthy lifestyle choices, such as following a Mediterranean diet and reducing alcohol consumption
- Tackling the over-consumption of ultra-processed foods, often high in calories, salt, sugar and saturated fats
- Promoting physical activity to improve overall health and maintain a healthy body weight



Pharmacological therapies:

- Despite the high prevalence of NAFLD in Europe, no effective pharmacological treatment is currently approved for use
- Existing therapies mainly focus on metabolic disorders associated with NAFLD^{26,27}



Endoscopic and metabolic therapies:

- Patients with obesity who receive intragastric balloons or endoscopic sleeve gastroplasty and lifestyle intervention show a higher mean total bodyweight loss compared with those who receive lifestyle intervention only^{28,29}



The role of bariatric surgery:

- Bariatric surgery should be considered in patients with morbid obesity
- Bariatric surgery is associated with greater and faster weight loss and, in most cases, with improved longer-term results compared with conventional therapy. This has the potential to reduce all-cause mortality and the development of obesity-related diseases.³⁰ Additionally, this decreases the incidence of obesity-related cancer and cancer-related mortality^{31,32}
- It is important that bariatric surgery be accompanied by structured behavioural therapies, nutritional programmes and lifestyle changes to reduce calorie intake and increase exercise



UEG recommendations

In accordance with World Health Organisation guidelines, UEG recommends the following policy interventions:



1. **Effective prevention strategies targeting food**, including food reformulation, mandatory EU-wide front-of-pack nutrition labelling, food marketing restrictions (especially to protect children), taxation of unhealthy food high in fats, sugar and salt, increased availability and affordability of healthy foods to influence consumer choices



2. **Coherent action throughout the EU and member states** and the involvement of all relevant sectors to create environments for people and communities that are conducive to limiting the production and consumption of unhealthy foods



3. **Population prevention efforts** must target all age groups, with a particular focus on children as early life interventions can have a substantial impact



4. **Mass media awareness campaigns and educational programmes in schools**, with a focus on improving overall health outcomes rather than on weight loss alone and the inclusion of healthy school meals and integration of food science into the school curriculum



5. **Consistent uptake of clinical practice guidelines for healthcare** to deliver effective, evidence-informed obesity care and improve the quality of healthcare and patient outcomes



6. **Research and development investment** to provide innovative prevention and treatment options

Contributing Member Societies



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