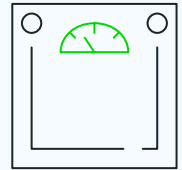


## The scale of the issue

The obesity epidemic is one of the most significant public health challenges that Europe now faces.<sup>1,2</sup> 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 Organization European region are overweight or obese.<sup>3</sup>



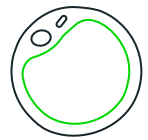
Obesity in childhood and adolescence lays the foundation for obesity in adulthood, impacting overall health and increasing the prevalence of non-communicable diseases.<sup>3</sup>

## Obesity and chronic digestive diseases

Obesity is a major risk factor for chronic digestive diseases, placing a substantial strain on European health systems.<sup>4</sup>

### Childhood obesity:

- Childhood obesity is a significant risk factor for digestive and metabolic diseases in later life<sup>3</sup>
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is a consequence of adolescent obesity and increases the risk of developing liver cirrhosis<sup>5,6</sup>



### Obesity and functional digestive disorders:

- 4 in 10 adults suffer from one or more disorders of gut-brain interaction (DGBI),<sup>7</sup> and people with obesity are even more likely to suffer with symptoms of DGBI<sup>8</sup>
- There is a strong association between obesity and gastro-oesophageal reflux disease<sup>9</sup>



### Obesity and inflammatory bowel disease (IBD):

- 20% of paediatric<sup>10</sup> and 40% of adult<sup>11</sup> patients with IBD are overweight or obese
- A western-type diet is thought to contribute to obesity and IBD<sup>12</sup>
- Obesity and/or visceral adiposity may increase the risk for developing surgical complications, hospitalisation and post-operative recurrence in patients with IBD<sup>13-18</sup>



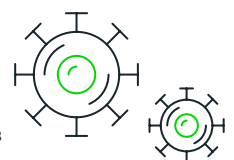
### Obesity and liver disease:

- MASLD is common in people who are obese or morbidly obese<sup>19</sup> (prevalence of 75–95%)<sup>20</sup>
- MASLD 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<sup>21,22</sup>



### Obesity and digestive cancers:

- Obesity is an established risk factor for multiple types of cancer,<sup>23</sup> including pancreatic,<sup>24</sup> liver,<sup>25,26</sup> and colorectal<sup>27</sup> cancer
- In 2019, 4.6% of all digestive cancer deaths were attributable to high body mass index (BMI) globally<sup>27,28</sup>



## Prevention and treatment

The increase in people who live with overweight and obesity across Europe is alarming and there is an urgent need for preventive and therapeutic strategies at both individual and public health levels to ensure a health-supporting environment with high availability of healthy foods and water, and infrastructure for physical activity.

### 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 MASLD in Europe, no effective pharmacological treatment is currently approved for use
- Existing therapies mainly focus on metabolic disorders associated with MASLD<sup>29,30</sup>



### Endoscopic and metabolic therapies:

- In patients with obesity, the combination of intragastric balloons or endoscopic sleeve gastroplasty with lifestyle intervention leads to a significantly greater total bodyweight loss compared with lifestyle intervention alone<sup>31,32</sup>



### The role of bariatric surgery:

- Bariatric surgery is recommended for patients with morbid obesity, particularly when non-surgical approaches have been unsuccessful
- Bariatric surgery is associated with more rapid and significant weight loss, as well as superior long-term outcomes compared to conventional therapy. Evidence suggests that these benefits include reductions in all-cause mortality and a lower incidence of obesity-related diseases, including certain cancers, which may also lead to decreased cancer-related mortality<sup>33,34,35</sup>
- To optimise outcomes, bariatric surgery should be combined with structured behavioural therapy, nutritional counseling, and lifestyle modifications aimed at reducing caloric intake and increasing physical activity



## UEG recommendations

In accordance with World Health Organization guidelines<sup>1,3</sup>, 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 targeting ultra-processed foods and sugary beverages** (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 from early stages of life



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 through dietary habits and physical activity, 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** on an EU and national level to increase our understanding of obesity as a complex disease and to provide innovative and evidence-based prevention and treatment options

## Contributing Member Societies



### REFERENCES

- World Health Organization. Policy brief on the association between sugar-sweetened beverage consumption and weight gain in children. Copenhagen: WHO Regional Office for Europe; 2024.
- Burra P, Verduci E, Amil Dias J, Buti M, Carboni A, Demirtas CO, et al. The Growing Burden of Obesity: Addressing a Global Public Health Challenge. *UEG J.* 2025.
- WHO Regional Office for Europe. WHO European Regional Obesity Report 2022.
- Schneider SM, Hébuterne X, Cuerda C, Forbes A, Van Gossum A, Jonkers D, et al. European guideline on obesity care in patients with gastrointestinal and liver diseases—Joint ESPEN/UEG guideline. *Clinical Nutrition.* 2022;41(12):2884–2912.
- Mari L, Lazzar S, Gatti A, et al. Visceral Adiposity, Anthropometric and Liver Function Indexes for Identifying Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD) in Adolescents with Obesity: Which Performs Better?. *J Clin Med.* 2025;14(6):2085.
- Shaunak M, et al. Non-alcoholic fatty liver disease and childhood obesity. *Arch Dis Child.* 2021;106(1):3–8.
- Sperber AD, et al. Worldwide Prevalence and Burden of Functional Gastrointestinal Disorders, Results of Rome Foundation Global Study. *Gastroenterology.* 2021;160(1):99–114.e3.
- Wang C, Zhang X, Wang P, et al. The role of obesity in mortality from digestive diseases in UK Biobank. *Sci Rep.* 2024;14(1):27126. 024-75787-2.
- Xie M, Deng L, Fass R, Song G. Obesity is associated with higher prevalence of gastroesophageal reflux disease and reflux related complications: A global healthcare database study. *Neurogastroenterol Motil.* 2024;36(4):e14750.
- Nic Suibhne T, et al. High prevalence of overweight and obesity in adults with Crohn's disease: associations with disease and lifestyle factors. *J Crohns Colitis* 2013;7(7):e241–248.
- Long MD, et al. Prevalence and epidemiology of overweight and obesity in children with inflammatory bowel disease. *Inflamm Bowel Dis.* 2011;17(10):2162–2168.
- Inczefi O, et al. The Influence of Nutrition on Intestinal Permeability and the Microbiome in Health and Disease. *Front Nutr.* 2022;9:718710.
- Jiang K, et al. Systematic review and meta-analysis: association between obesity/overweight and surgical complications in IBD. *Int J Colorectal Dis.* 2022;37(7):1485–1496.
- El-Dallal M, et al. The impact of obesity on hospitalized patients with ulcerative colitis. *Ann Gastroenterol.* 2021;34(2):196–201.
- Grillot J, et al. Sarcopenia and visceral obesity assessed by computed tomography are associated with adverse outcomes in patients with Crohn's disease. *Clin Nutr.* 2020;39(10):3024–3030.
- Gu P, et al. Visceral Adipose Tissue Volumetrics Inform Odds of Treatment Response and Risk of Subsequent Surgery in IBD Patients Starting Antitumor Necrosis Factor Therapy. *Inflamm Bowel Dis.* 2022;28(5):657–666.
- Rudnicki Y, Calini G, Abdalla S, Colibaseanu D, Larson DW, Mathis KL. Morbid obesity among Crohn's disease patients is on the rise and is associated with a higher rate of surgical complications after ileocolic resection. *Colorectal Disease.* 2025;27(1):e17286.
- Tóth LM, Székely H, Rancz A, Zolcsák Á, Sárközi MD, Ábrahám S, et al. Effect of obesity on postoperative complications in ulcerative colitis: A systematic review and meta-analysis. *Annals of Gastroenterological Surgery.* 2024;9(1):153–160.
- European Association for the Study of the Liver (EASL), European Association for the Study of Diabetes (EASD), European Association for the Study of Obesity (EASO). EASL–EASD–EASO Clinical Practice Guidelines on the management of metabolic dysfunction-associated steatotic liver disease (MASLD). *Journal of Hepatology.* 2024;81(3):492–542.
- Henry L, et al. Review article: the epidemiologic burden of non-alcoholic fatty liver disease across the world. *Aliment Pharmacol Ther.* 2022;56(6):942–956.
- Pais R, et al. NAFLD and liver transplantation: Current burden and expected challenges. *J Hepatol.* 2016;65(6):1245–1257.
- Schattenberg JM, et al. Disease burden and economic impact of diagnosed non-alcoholic steatohepatitis in five European countries in 2018: A cost-of-illness analysis. *Liver Int.* 2021;41(6):1227–1242.
- Fang Z and Giovannucci EL. The timing of adiposity and changes in the life course on the risk of cancer. *Cancer Metastasis Rev.* 2022;41(3):471–489.
- Michl P, et al. UEG position paper on pancreatic cancer. Bringing pancreatic cancer to the 21st century: Prevent, detect, and treat the disease earlier and better. *United European Gastroenterol J.* 2021;9(7):860–871.
- Yang C, et al. Excess Body Weight and the Risk of Liver Cancer: Systematic Review and a Meta-Analysis of Cohort Studies. *Nutr Cancer.* 2020;72(7):1085–1097.
- Sohn W, et al. Obesity and the risk of primary liver cancer: A systematic review and meta-analysis. *Clin Mol Hepatol.* 2021;27(1):157–174.
- Zhi X, et al. The global burden and temporal trend of cancer attributable to high body mass index: Estimates from the Global Burden of Disease Study 2019. *Front Nutr.* 2022;9:918330.
- Figlioli G, et al. Burden of cancer attributable to high body mass index: A systematic analysis of the Global Burden of Disease Study 2021. *Clinical Nutrition.* 2025; 48: 44–152.
- Francque S and Vonghia L. Pharmacological treatment for non-alcoholic fatty liver disease. *Adv Ther.* 2019;36(5):1052–1074.
- Yan H, et al. Gender differences in the efficacy of pioglitazone treatment in nonalcoholic fatty liver disease patients with abnormal glucose metabolism. *Biol Sex Differ.* 2021;12(1):1–8.
- Abu Dayyeh BK, et al. Adjustable intragastric balloon for treatment of obesity: a multicentre, open-label, randomised clinical trial. *Lancet.* 2021;398(10315):1965–1973.
- Abu Dayyeh BK, et al. Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial. *Lancet.* 2022;400(10350):441–451.
- Wiggins T, et al. Association of bariatric surgery with all-cause mortality and incidence of obesity-related disease at a population level: A systematic review and meta-analysis. *PLoS Med.* 2020;17(7):e1003206.
- Aminian A, et al. Association of Bariatric Surgery With Cancer Risk and Mortality in Adults With Obesity. *JAMA.* 2022;327(24):2423–2433.
- Rustgi, et al. Bariatric surgery reduces cancer risk in adults with nonalcoholic fatty liver disease and severe obesity. *Gastroenterology.* 2021;161(1):171–184.e10.