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DIABETIC Medicine

LETTER

Weight-centric primary treatment goal in people with type 2 diabetes: Are we ready to bite the bullet?

'Actions aimed exclusively at individual behavioural change, while not considering social, cultural, economic and environmental influences, are likely to reinforce attitudes of stigmatization against individuals with overweight and obesity'.[1] Since the publication of the 'Call To Action To Prevent and Decrease Overweight and Obesity' in 2001, in which the expression 'epidemic proportions' was used for the first time to describe the prevalence and incidence of obesity nationwide, concerns about negative attitudes towards people with obesity have been raised. The prediction made decades ago has materialized with surgical precision, and studies have shown that weight-based stereotypes are increasingly common.[2] In this scenario, a proposal for obesity management as a primary treatment goal for type 2 diabetes was first published in September 2021,[3] and was presented at 2022 American Diabetes Association Scientific Sessions in June 2022, raising concerns about how this will affect attitudes towards individuals with diabetes and obesity.

While the benefits of obesity management are unquestionable for glycaemic control, the social impact that the recommendation of a weight-centric primary treatment goal for individuals with diabetes brings may be difficult to estimate. The novelties in *pharmacologic options* for type 2 diabetes that are recognized to promote weight loss still have a high cost and are not widely accessible in developing countries. The pressure imposed by the dictatorship of weight control in the management of diabetes may result in an insistence on lifestyle changes, leading to a delay in intensification of widely available pharmacological treatments, such as insulin and sulfonylurea, as they may be related to weight gain. These findings are corroborated by a recent study, which demonstrated that individuals with obesity living with diabetes more often fail to receive intensification of their pharmacological treatments compared to their peers without obesity, even in a situation of similar glycaemic control and quality of care indicators.[4] Moreover, weight-related misconceptions, such as the belief that obesity is associated with non-compliance and lack of self-control, may also discourage health care professionals from prescribing efficient treatment for individuals with obesity.[5]

Timely treatment intensification of type 2 diabetes and adequate glycaemic control are fundamental to prevent future complications, and pharmacological therapy should not be delayed for those individuals who do not meet treatment goals, regardless of the presence of obesity. In times when obesity is still 'the last socially acceptable form of prejudice', more than ever we must be careful with statements that may encourage negative attitudes towards these individuals. Therefore, the recommendation of a treatment framework for type 2 diabetes primarily focused on weight status should be made consciously, considering economic and cultural differences and anticipating potential psychosocial side effects: would we be ready to bite this bullet?

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CONFLICT OF INTEREST

The authors reported no potential conflict of interest.

Janine Alessi[1,2]
Eduarda Herscovitz Jaeger[3]
Gabriela D. L. G. Scherer[3]
Frederico Ludwig Costa[4]
Gabriela H. Telo[1,3,4]

[1]*Medicine and Health Sciences Graduate Program, Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil*
[2]*Endocrinology Divison, Hospital São Lucas – Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil*
[3]*School of Medicine, Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil*

[4]*Internal Medicine Division, Hospital São Lucas – Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil*
Email: janinealessi@gmail.com

ORCID

Janine Alessi https://orcid.org/0000-0003-4311-3307

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