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Putting Obesity First in Cardiovascular Prevention

Ryan Quigley:
We know obesity increases cardiovascular risk. But are we waiting too long to treat it? By the time complications appear, we may have already missed an opportunity to intervene earlier.

Welcome to *AudioAbstracts* on ReachMD. I'm Ryan Quigley, and today, I'll be talking about new perspectives on obesity and cardiovascular disease from the Obesity Medicine Association.

Traditionally, cardiovascular prevention in obesity has focused on managing downstream risk factors. We treat blood sugar, blood pressure, and cholesterol one by one, while obesity itself may get addressed later, if at all. But a 2026 clinical practice statement published in *Obesity Pillars* makes the case for flipping that approach.

The rationale is that obesity itself drives many of the complications that increase cardiovascular risk. And many of those complications are often modifiable, especially early in the disease. That's why the authors argue for making obesity treatment a central part of cardiovascular care, rather than an afterthought.

Part of this shift comes from rethinking body fat. It's not just a storage depot. It's an active endocrine and immune organ. And when fat tissue becomes dysfunctional, or what the authors call "sick fat," it can fuel inflammation, insulin resistance, and damage to blood vessels.

That also changes how we measure it. Body mass index, or BMI, is useful at a population level, but it doesn't always reflect an individual's cardiovascular risk. It can overestimate body fat in muscular patients, underestimate cardiovascular risk in some Asian populations, and miss excess body fat in patients with obesity and reduced muscle mass.

That's why the authors encourage looking beyond BMI. Measures like waist circumference and body composition can help reveal where fat is stored and provide a clearer picture of cardiovascular risk.

But perhaps the biggest shift is in how obesity is treated.

The authors propose a "treat obesity first" approach. The idea is to address obesity as an underlying disease, rather than waiting to manage each complication as it develops. And there's a clinical rationale for doing so. Sustained weight reduction can improve glucose control, blood pressure, and lipid levels. In some patients, it can even lead to remission of type two diabetes or hypertension.

There is an important caveat. Treating obesity first doesn't mean putting other medical needs on hold. The authors emphasize that patients with severe elevations in blood glucose, blood pressure, or triglycerides still need immediate care. But even in those cases, obesity treatment should be part of the plan whenever possible.

The authors also point to a change in how we think about obesity medications. Because obesity is a chronic disease, treatment often needs to be long-term. And rather than viewing medications simply as tools for weight loss, the authors suggest considering their potential to modify the course of disease. That means looking beyond the number on the scale and asking whether treatment improves cardiovascular health over time.

So, where does obesity care go from here?

One possibility is more personalized treatment. Emerging biomarkers, including measures of inflammation and metabolic function, could help identify which patients face the greatest cardiovascular risk. Eventually, these tools could help guide more personalized treatment decisions.

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Another priority is starting earlier. The authors describe obesity as a disease shaped across generations, with genetic and epigenetic influences beginning even before birth. That suggests opportunities for prevention may start during pregnancy, childhood, or even before conception.

There are limitations to consider. This is an expert clinical practice statement, not a formal guideline with graded recommendations. And while precision medicine offers promise, many of these emerging tools still need validation before they can guide routine treatment.

Still, the broader implication is a change in clinical priorities. By treating obesity earlier, we may have an opportunity to reduce cardiovascular risk before more serious complications develop.

This has been an *AudioAbstract*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!

Reference:

Bays HE, Varney C, Alexander L, et al. Obesity and Cardiovascular Disease: An Obesity Medicine Association (OMA) Clinical Practice Statement (CPS) 2026. *Obesity Pillars*. 2026;20:100283. doi: 10.1016/j.obpill.2026.100283

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