



**CORSO SICOB IV EDIZIONE
NAPOLI 19-20 FEBBRAIO 2026**

IL MANAGEMENT DELL'OBESITÀ

RESPONSABILE SCIENTIFICO
MAURIZIO DE LUCA

PROVIDER SICOB
EVENTO ACCREDITATO ECM 468736
12 CREDITI FORMATIVI



Obesità in Italia. Real life e linee guida

**SILVIO BUSCEMI
UNIVERSITÀ DI PALERMO**

Il sottoscritto **BUSCEMI SILVIO**
in qualità di relatore

ai sensi dell'art. 76, comma 4 dell'Accordo Stato-Regioni del 2 febbraio 2017 e
del paragrafo 4.5. del Manuale nazionale di accreditamento per l'erogazione di
eventi ECM

dichiara

che negli ultimi due anni ha avuto i seguenti rapporti anche di
finanziamento con soggetti portatori di interessi commerciali in campo
sanitario:

**Eli-Lilly, NovoNordisk, Boehringer, Pfizer, Bruno Farmaceutici,
Therascience, Dompè, Merieux, Recordati rare diseases**

- 1. Epidemiologia: necessità di misurare e monitorare**
- 2. C'è una cura**
- 3. Linee guida**
- 4. C'è una legge**
- 5. Il manifesto di Erice sull'obesità**

- 1. Epidemiologia: necessità di misurare e monitorare**
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L'eccesso ponderale nel mondo e in Italia

World Obesity Federation

2025 → 42% Eccesso ponderale (sovrappeso + obesità) → 3 miliardi di persone (5+ anni)
17% Obesità → 1,2 miliardi di persone

2035 → 51% Eccesso ponderale (sovrappeso + obesità) → 4 miliardi di persone (5+ anni)
24% Obesità → 1,9 miliardi di persone

World Obesity Atlas 2025

PASSI e PASSI d'Argento

Adulti 18-69 anni

2022-2023 → 43% Eccesso ponderale
10% Obesità

Over 65enni

2022-2023 → 56% Eccesso ponderale
15% Obesità

Note:

Gli indicatori PASSI e PASSI d'Argento sono basati su Body Mass Index (BMI= Kg/m²) stimato sui dati autoriferiti dagli intervistati di peso e altezza.

Eccesso ponderale: BMI ≥ 25 kg/m² → Sovrappeso: 25 ≤ BMI < 30 kg/m² + Obesità: BMI ≥ 30,0 kg/m²

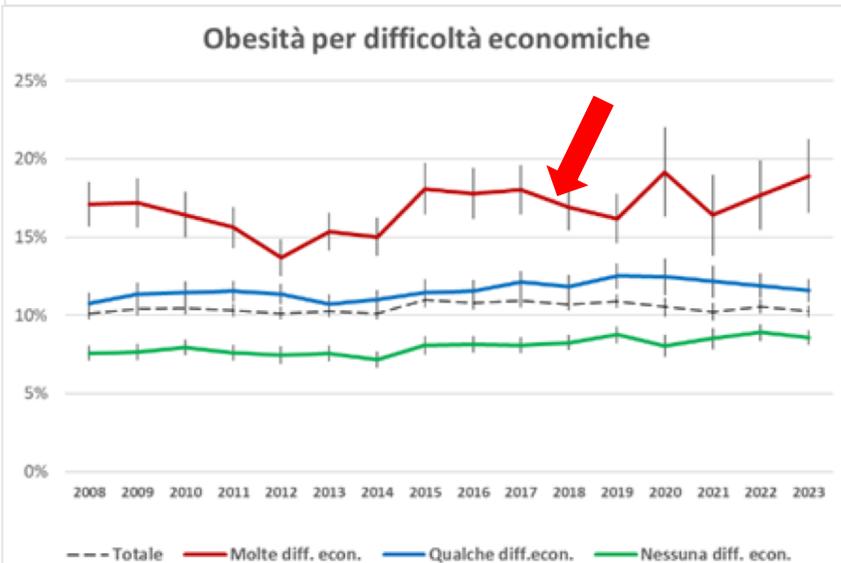
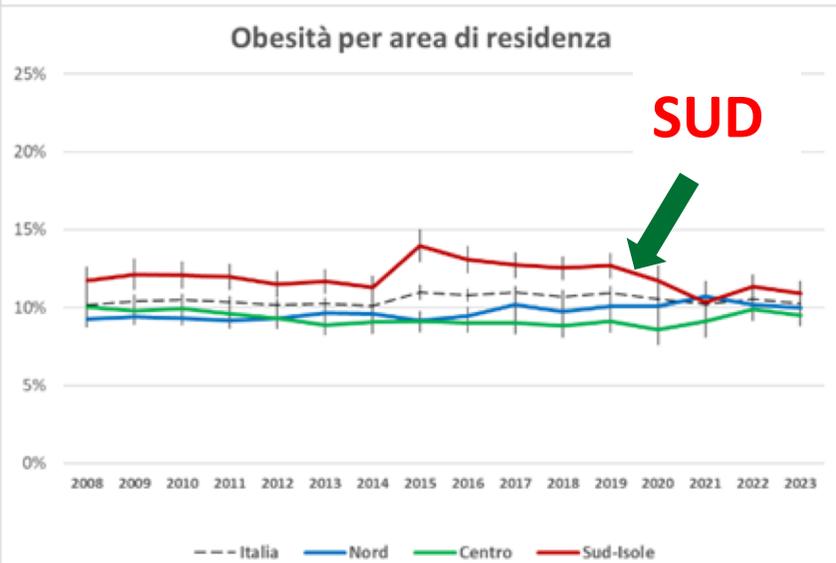
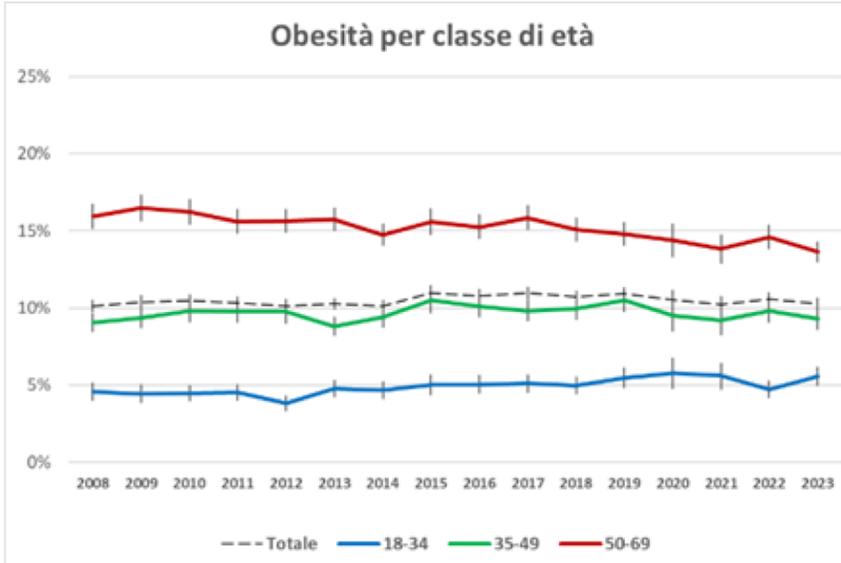
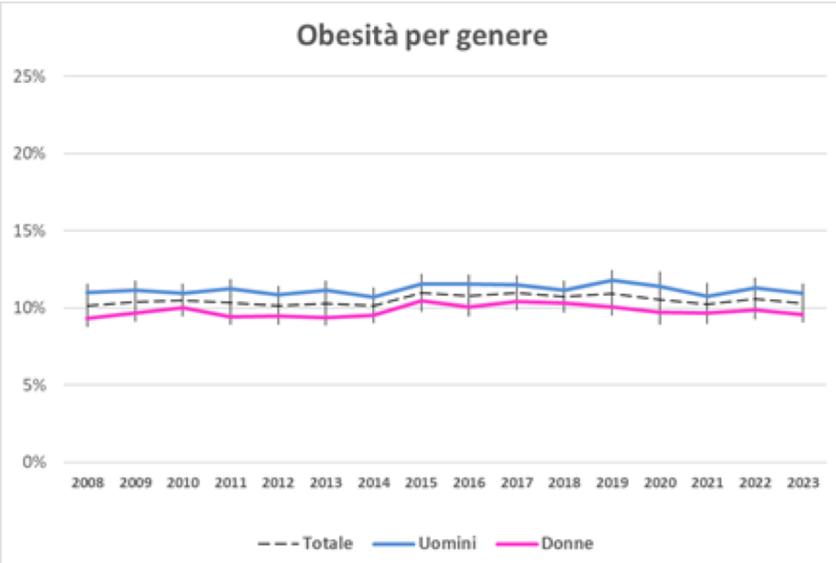
<https://www.epicentro.iss.it/passi/dati/sovrappeso>



CENTRO NAZIONALE
PREVENZIONE DELLE MALATTIE
E PROMOZIONE DELLA SALUTE

Obesità: evoluzione temporale

Prevalenze e relativi Intervalli di Confidenza al 95%. PASSI 2008-2023. Adulti 18-69 anni.



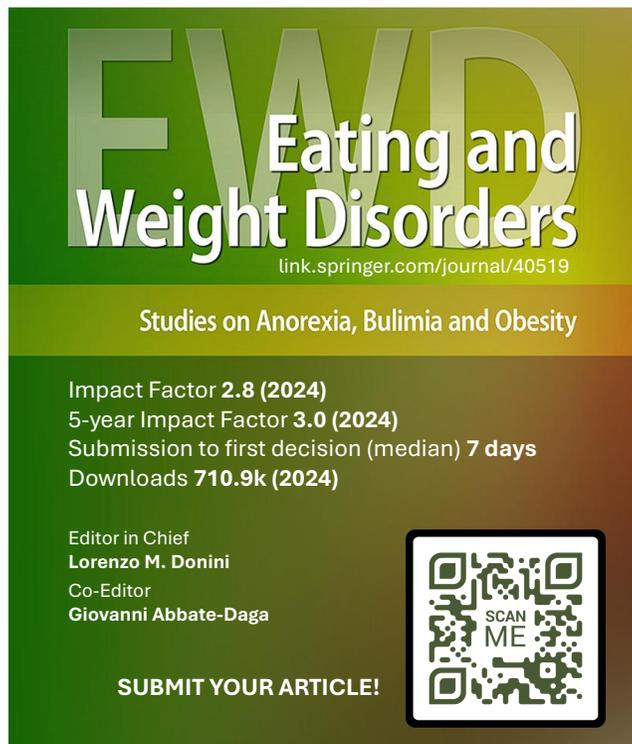
Uomini
Meno Giovani
Sud
Svantaggio sociale

- **Tendenzialmente stabile**, ma in aumento nei più giovani e in riduzione fra 50-69enni
- **Gradiente geografico** si riduce per aumento nel Nord-Centro
- **Gradiente sociale** resta ampio e significativo nel tempo

<https://www.epicentro.iss.it/passi/dati/sovrappeso>



**CENTRO NAZIONALE
PREVENZIONE DELLE MALATTIE
E PROMOZIONE DELLA SALUTE**



RESEARCH



The burden of obesity in primary care in Italy: Italian real-world overweight/obesity study (ITROS)

Silvio Buscemi^{1,2} · Luca Busetto³ · Uberto Pagotto^{4,5} · Paolo Sbraccia^{6,7} · Clara Bagatin⁸ · Simona Barzaghi⁸ · Valeria Pegoraro⁸ · Chiara Gerbino⁹ · Dario Delmonte¹⁰ · Laura Clementi¹⁰

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Abstract

Purpose Generating real-world evidence on individuals living with severe overweight or obesity in Italy, focusing on their characterization and management from general practitioners (GPs) perspective.

Methods This was a non-interventional longitudinal observational cohort study using data from the Italian IQVIA Longitudinal Patient Database (LPD), conducted in collaboration with a working group from the ‘Società Italiana di Obesità’. The study included individuals with body mass index (BMI) ≥ 27 kg/m² during ‘January 2018–June 2022’. Data on clinical conditions, GP interventions (including drug prescriptions, and referrals for laboratory tests, instrumental examinations, and specialist visits), and hospitalizations were collected during the year preceding (baseline) and following BMI recording. Data were analyzed according to time (follow-up versus baseline) and BMI thresholds.

Results The final cohort consisted of 134,776 individuals: 44.9% with severe overweight, 36.7% with class I, 12.9% with class II, and 5.6% with class III obesity. Overall mean age was 59.9 years and men accounted for 52.9%. Mean age and male proportions decreased across increasing BMI categories. Most frequently recorded conditions during follow-up were hypertension (51.4%), cardiovascular disease (27.5%), and type-2 diabetes (25.1%). Proportions of subjects presenting with clinical conditions and of individuals requiring clinical interventions were higher during follow-up compared to baseline. The likelihood of presenting with most of clinical conditions and interventions increased with BMI.

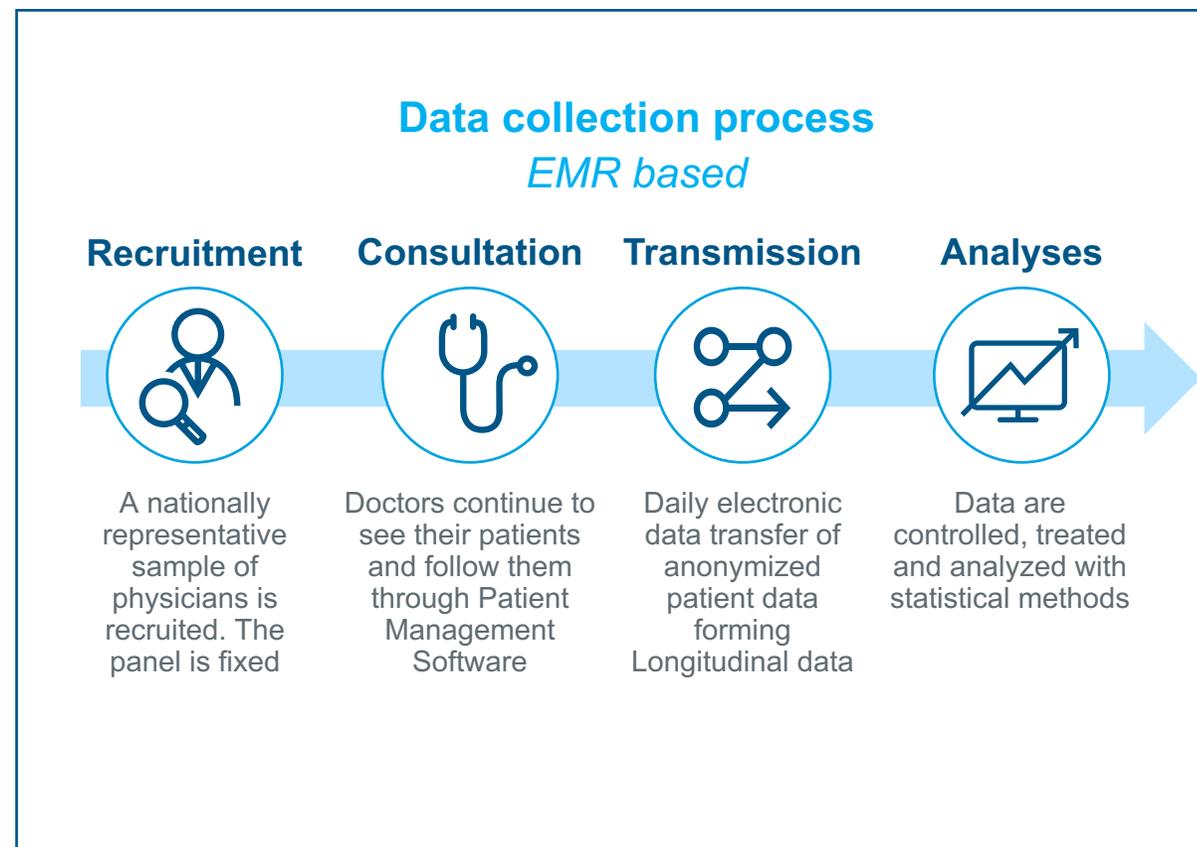
Conclusion Patients living with overweight or obesity experience a significant worsening of their health status which increases healthcare resources utilization. Public health interventions could benefit from supporting GPs with training and resources to enhance obesity management and improve patient outcomes.

Level of evidence: Level III: Evidence obtained from well-designed cohort or case-control analytic studies

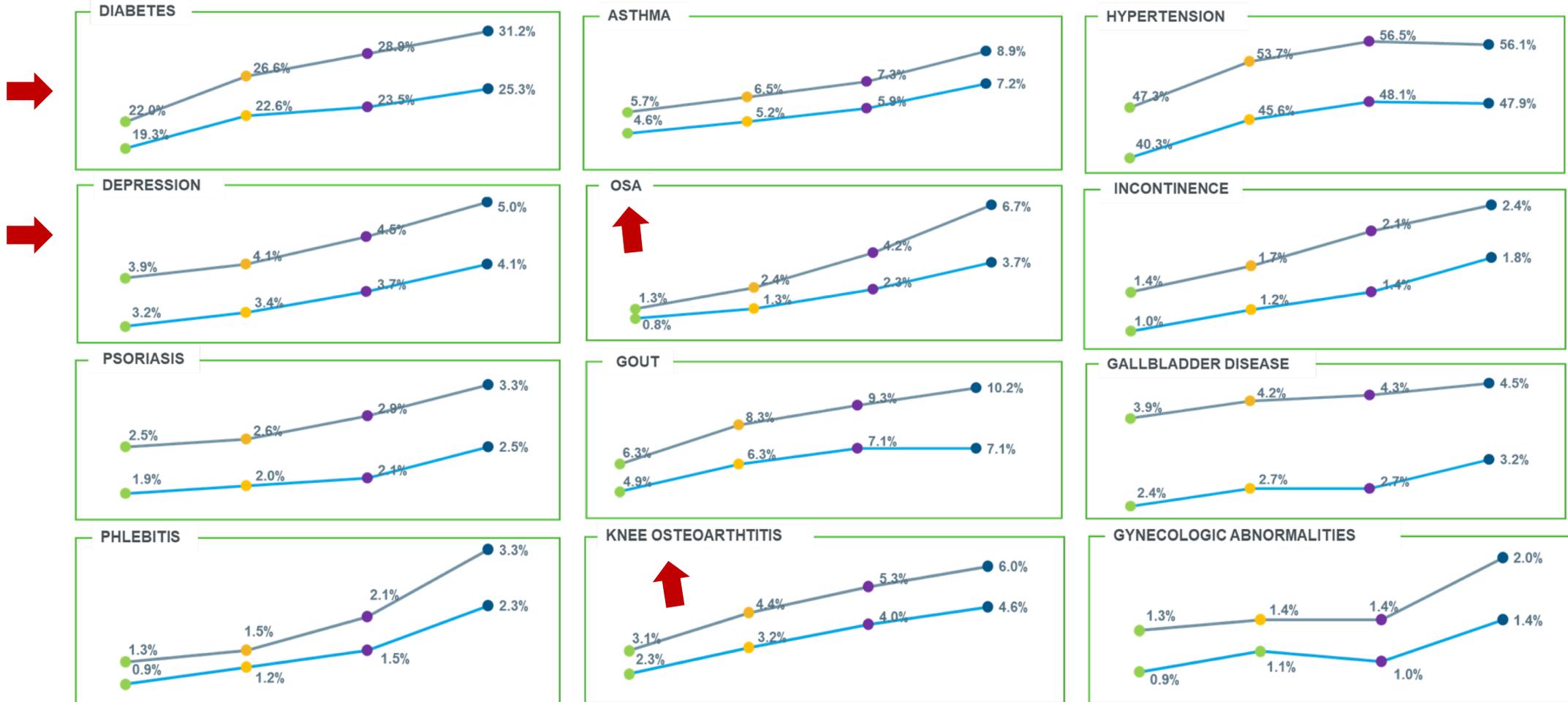
IQVIA RWD EMR – Italian Longitudinal Patient Database (LPD)

A Real-World database containing anonymized patient-level EMRs collected by GPs

Data Collection Method	<p>Anonymized patient records collected daily from Patient Management software used by GPs during an office visit to document patients' clinical records</p> <p><i>(Data history: 2004 – Present)</i></p>
Panel	<ul style="list-style-type: none">• 900 GPs (nationwide)• 1.2M Patients• 119.5M Rxs
Key Information Collected	<ul style="list-style-type: none">• Patient data: age, gender, BMI, blood pressure, etc., diagnosis, symptoms, comorbidities• Treatment data: Date/reason for consultation, molecule/brand, ATC, form, strength, daily dose, duration, lab test date and results, referrals

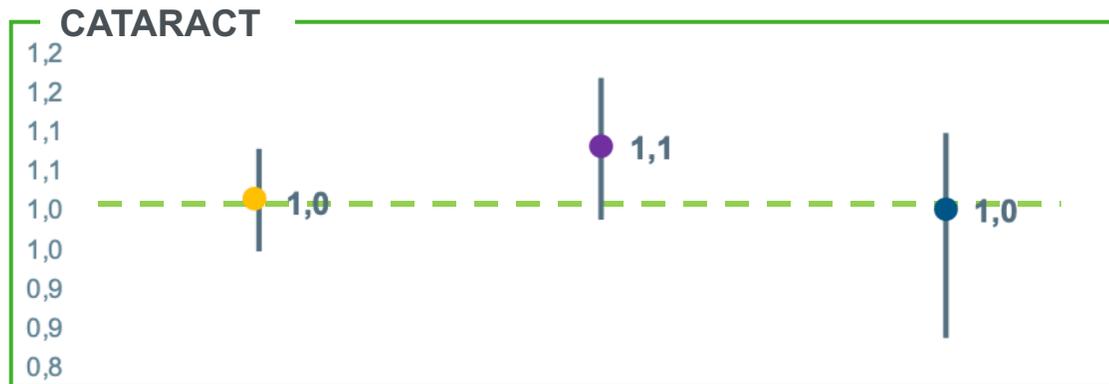
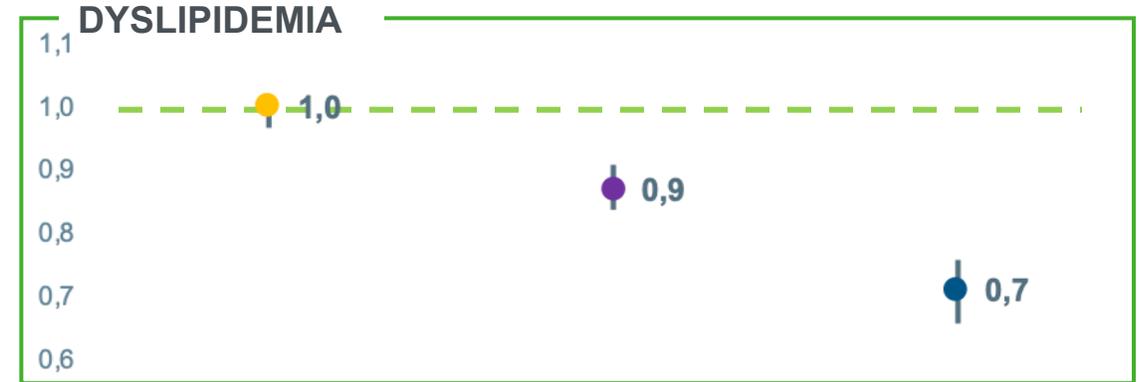


Clinical characteristics according to BMI class – Increasing trend comorbidities - Descriptive Analysis



- Overall, a higher proportion of patients experienced each comorbidity within this group of diseases during follow-up compared to baseline. Additionally, there appears to be an upward trend associated with BMI class
- Specifically, the probability of being affected by each condition increased with higher BMI classes

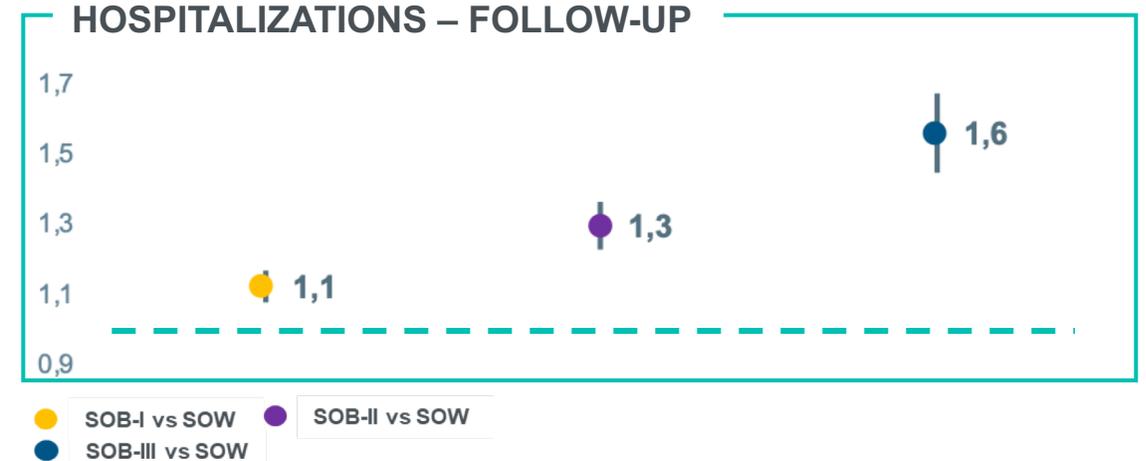
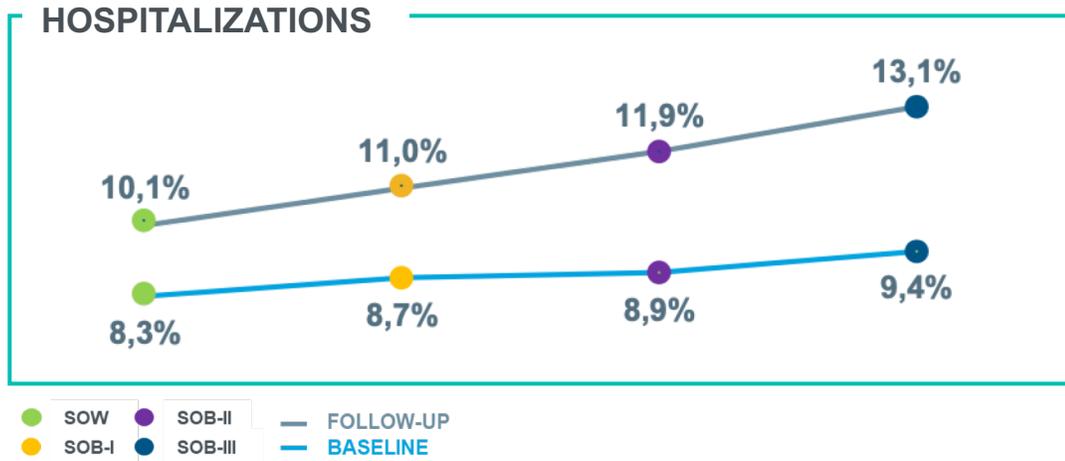
Clinical characteristics according to BMI class – Decreasing trend comorbidities – Multivariate Analysis: Odds Ratio



- Multivariate logistic models were run to understand the likelihood of being affected by such conditions during follow-up while adjusting for demographic characteristics. Data were reported as Odds Ratio and CI 95%
- While the likelihood of being affected by cardiovascular diseases (CVD) increases with the increase in BMI class, the decreasing trend observed in the descriptive analysis still persists for dyslipidemia
- No associations were found between BMI class and the likelihood of being affected by cataract or erectile dysfunction

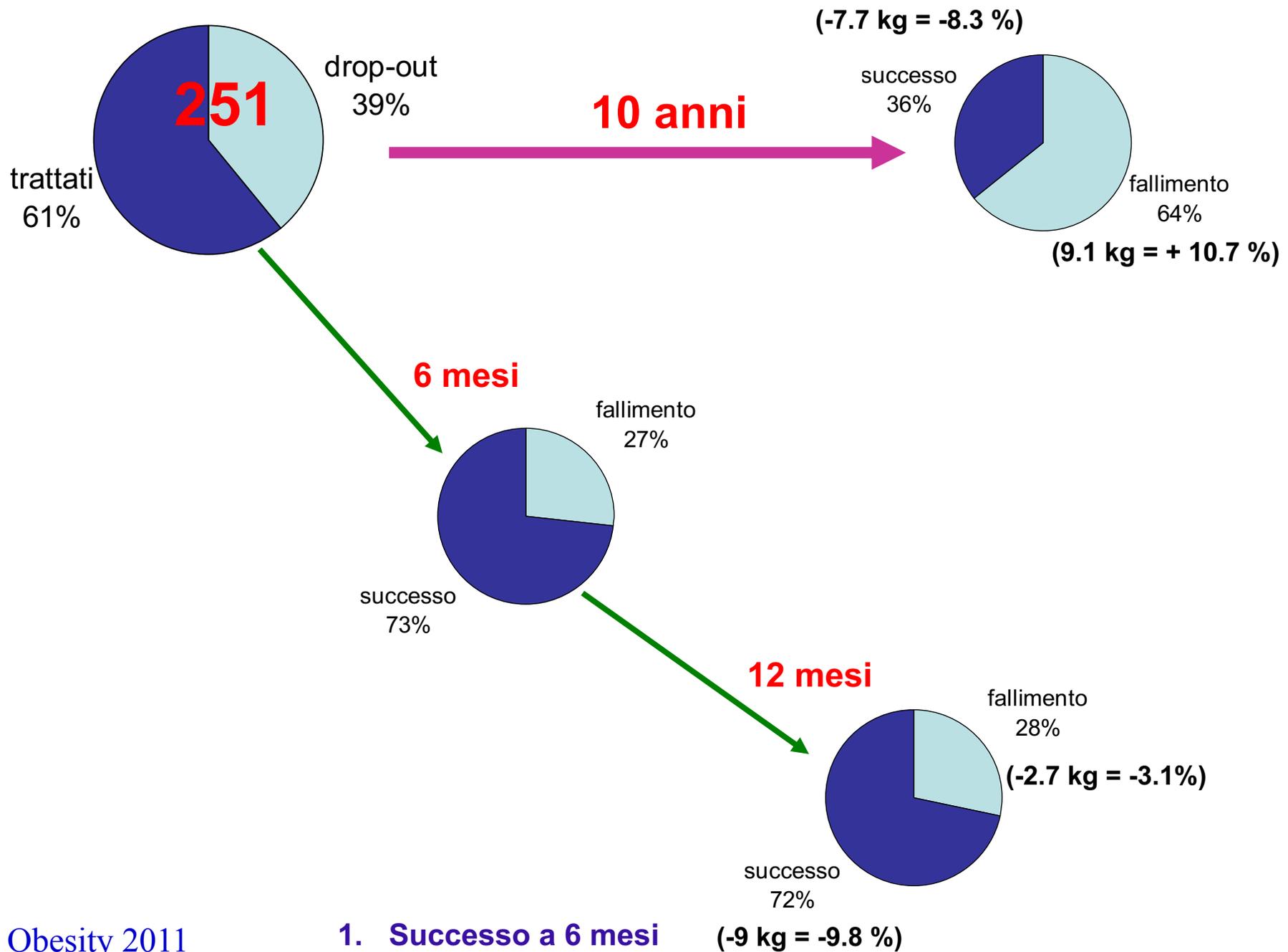
● SOB-I vs SOW ● SOB-II vs SOW
● SOB-III vs SOW

Hospitalizations according to BMI class – Descriptive and Multivariate Analysis: Odds Ratio



- The proportion of patients with at least one hospitalization increased with BMI and was higher during follow-up compared to baseline
- Multivariate logistic models were run to understand the likelihood of having a hospitalization during follow-up while adjusting for demographic characteristics. Data were reported as Odds Ratio and CI 95%
- The upward trend observed by the descriptive analysis was confirmed by the multivariate logistic model which showed a higher probability of having a record for a hospitalization during follow-up for higher BMI classes compared to SOW subjects

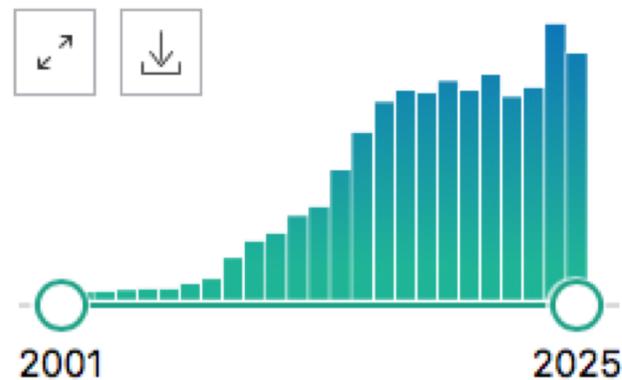
1. **Epidemiologia: necessità di misurare e monitorare**
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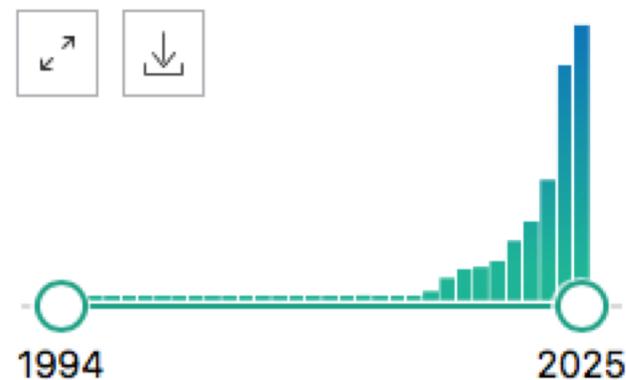
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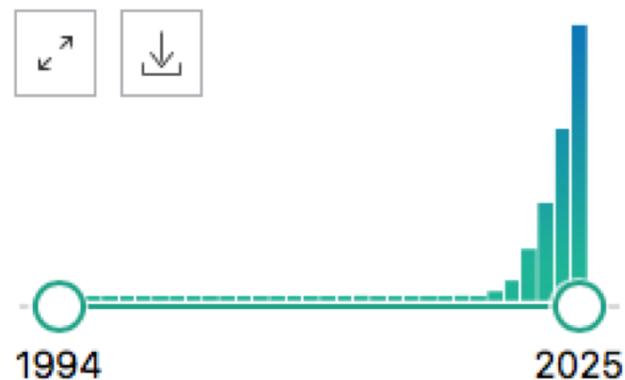
Liraglutide **5491**



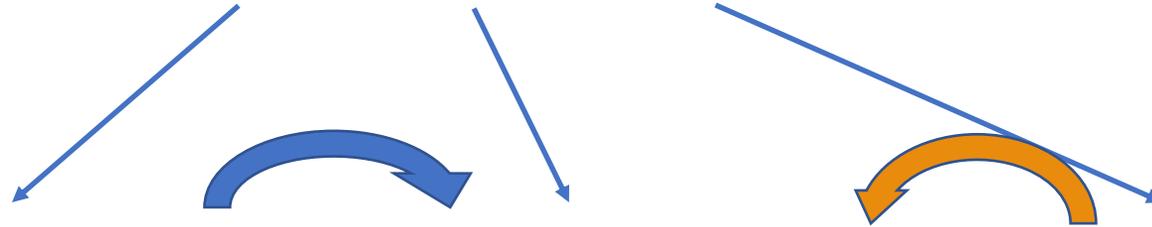
Semaglutide **4248**



Tirzepatide **1681**



trattamento



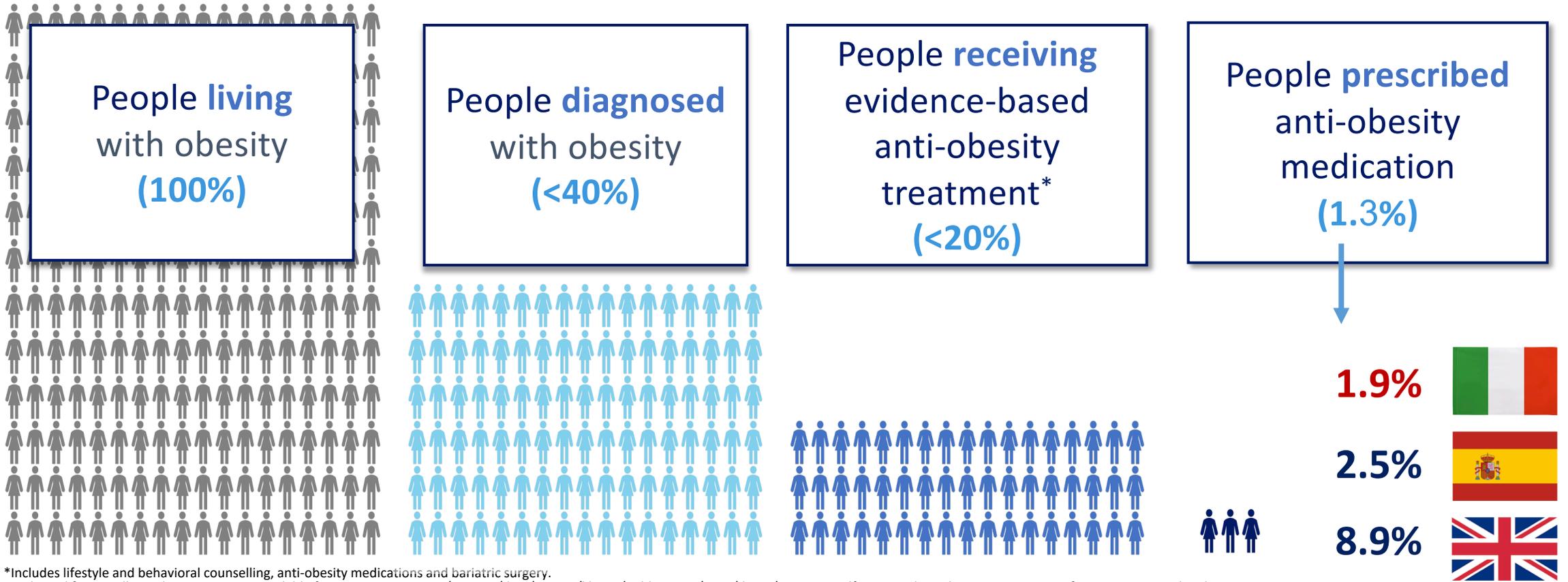
medico nutrizionale

farmacologico

chirurgico



Obesity remains underdiagnosed and undertreated



*Includes lifestyle and behavioral counselling, anti-obesity medications and bariatric surgery.
1. Adapted from: Colby and Ortman. 2014. Available from www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf. Accessed October 2022; 2. Centers for Disease Control and Prevention. Available from www.cdc.gov/nchs/fastats/obesity-overweight.htm. Accessed on October 2022; 3. Ma et al. Obesity (Silver Spring) 2009;17:1077-85; 4. IMS Xponent Dec-15; 5. Caterson et al. Diabetes Obes Metab 2019; 21:1914-24; 6. Saxon et al. Obesity (Silver Spring, Md.) 2019;27:1975-81.

Please, move beyond the hospital and work in the community !

1. **Obesità come malattia (complessa)**
2. **Epidemiologia: necessità di misurare e monitorare**
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Article in Press

Italian clinical practice GRADE-based guidelines on the diagnosis and treatment of overweight and obesity, endorsed by the Italian National Institute of Health



Impact Factor **2.8 (2024)**
 5-year Impact Factor **3.0 (2024)**
 Submission to first decision (median) **7 days**
 Downloads **710.9k (2024)**

Editor in Chief
Lorenzo M. Donini
 Co-Editor
Giovanni Abbate-Daga

SUBMIT YOUR ARTICLE!



The panel identified 14 clinical questions (PICO) and achieved an immediate consensus for all of them, with 13 approved and 1 rejected. The approved questions and their related critical (mean values ≥ 7.0) and non-critical (mean values < 7.0) outcomes are reported in Table 1. Only one PICO reported no critical outcomes and, therefore, excluded from the upcoming guidelines.

The 13 clinical questions approved were organized into four domains:

-  A. Diagnostic criteria (4 questions);
-  B. Nonpharmacological treatments (4 questions);
-  C. Pharmacological, endoscopic, and surgical treatments (4 questions);
-  D. Miscellaneous (1 question).

PICO 6

In subjects with BMI ≥ 25 kg/m², are LSI based on cognitive-behavioral therapy (CBT) preferable to other types of interventions (or standard of care), in overweight and obesity management?

We recommend, in subjects with BMI ≥ 25 kg/m², educational interventions based on **cognitive-behavioral therapy** compared to other types of interventions (i.e., standard of care or no intervention) in overweight and obesity management.

Strong recommendation in favor of the intervention, with moderate quality of evidence

PICO 7

In subjects with BMI ≥ 25 kg/m², is ketogenic diet preferable to balanced macronutrient diets (e.g. Mediterranean diet), for overweight and obesity treatment?

We do not SUGGEST in individuals with BMI ≥ 25 kg/m² to routinely adopt a **ketogenic diet** versus balanced macronutrient diets (e.g. Mediterranean diet) for overweight and obesity treatment.

Conditional recommendation against of the intervention, with very low quality of evidence

PICO 8

In subjects with $\text{BMI} \geq 25 \text{ kg/m}^2$, are structured LSI including combined aerobic and anaerobic physical exercise preferable to structured LSI including aerobic physical exercise only, for overweight and obesity treatment?

In subjects with $\text{BMI} \geq 25 \text{ kg/m}^2$, structured combined lifestyle interventions based on aerobic and anaerobic (combined) exercise are **equally effective** than those based on aerobic physical exercise only, for overweight and obesity treatment.

Conditional recommendation neither in favor nor against the intervention, with low quality of evidence

PICO 13

In subjects with BMI \geq 30 kg/m², weight loss using either pharmacological or surgical/endoscopic strategies is preferable to maintaining a stable weight to achieve a psychological well-being?

We recommend in subjects with BMI \geq 30 kg/m² a **weight loss of at least 5%** to achieve (or maintain) a psychological well-being.

Strong recommendation in favor of the intervention, with moderate quality of evidence

1. **Obesità come malattia (complessa)**
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5. **C'è una legge**
6. **Un complesso sistema da gestire**



Correspondence

<https://doi.org/10.1038/s41591-025-04112-9>

The Italian parliament first to recognize obesity as a chronic and relapsing disease

On 1 October 2025, the Italian Parliament approved the first law worldwide to officially recognize obesity as a chronic and relapsing disease that can lead to life-threatening complications. This landmark legislation followed closely after the publication of national guidelines on the diagnosis and treatment of obesity^{1,2}, representing a pivotal moment in the country's public health strategy.

Article 1 of the law defines obesity as a disease – no longer merely a precursor of other illnesses – but “a true priority for clinical interventions and public health strategies”. This formal acknowledgement represents a fundamental paradigm shift in healthcare nol-

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Luca Busetto ³, **Rocco Barazzoni**⁴,
Paolo Sbraccia⁵, **Amanda Belluzzi**²,
Matteo Monami ⁶ , **Iris Zani**⁷ &
Federico Serra⁸

¹Department of Promozione della Salute, Materno-Infantile, Medicina Interna e

5 Jan 2026

PREVENZIONE

DIAGNOSI

OBESITA'

CURA

1. **Epidemiologia: necessità di misurare e monitorare**
2. **C'è una cura**
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Un sistema complesso da gestire

TERRITORIO

- **Sistemi di produzione e commercializzazione del cibo**
- **Comunicazione**
- **Farmaci**
- **Ricerca e formazione**
- **Sistema, governance e qualità**
- **Linee guida/PDTA**

OSPEDALE e presa in carico specialistica



**INTERNATIONAL SCHOOL OF MEDICAL SCIENCES
E. MAJORANA FOUNDATION CENTRE FOR SCIENTIFIC CULTURE**

Directors of the School: I.U. Carreca, A.E. Cardinale

First Course **SIO SCHOOL OF OBESITY 2026** (6th Edition)

Erice, Sicily (Italy) • February 5-7, 2026

Director of the Course: S. Buscemi

Venue: Ettore Majorana Foundation • Conference Hall San Domenico

**La Carta di Erice
dell'obesità
2026**

**Una *ambiziosa* iniziativa
di SIO**

Carta di Erice 2026 sull'Obesità

Manifesto dell'impegno del mondo scientifico italiano contro l'obesità quale malattia cronica

Erice è il luogo simbolo dell'impegno condiviso del mondo scientifico italiano per prevenire, riconoscere e curare l'obesità come **malattia cronica, recidivante e complessa**, con un impatto sanitario, sociale ed economico paragonabile alle principali malattie croniche non trasmissibili.

Questa Carta è promossa dalla Società Italiana dell'Obesità (SIO) con l'intento di favorire il pieno riconoscimento istituzionale dell'obesità quale malattia, intende identificare in questo avanzamento normativo **responsabilità scientifica, necessità di un'azione coordinata e visione integrata di sistema**, ponendo al centro la persona e il diritto alla salute.



Solo pochi giorni fa, dal 5 al 7 febbraio, molti di noi ci siamo ritrovati, in occasione dell'annuale Corso SIO sull'Obesità, a Erice, ospiti della Fondazione Ettore Majorana, voluta, creata e mantenuta dal prof. Antonio Zichichi. Circa 80 persone, tra cui 45 giovani, hanno vissuto insieme per tre giorni così come lui voleva, in nome della Scienza, in armonia, a dialogare, riflettere, generare ipotesi, studi, prospettare soluzioni e dirsi "rivediamoci ancora". Antonio Zichichi è scomparso proprio oggi 9 febbraio e ricorderemo il nostro corso come l'ultimo tenutosi nella sua Erice con Lui in vita. **Scompare un grande Uomo, un vero Scienziato ma ci lascia una grande testimonianza sul vero senso delle cose. La Scienza è una, la Scienza ricerca la verità, la Scienza non è mai di parte, la Scienza è dialogo, la Scienza è universale, la Scienza è di tutti e Scienziati sono tutti coloro i quali amano il sapere e si impegnano nella continua ricerca del vero non fine a se stesso ma per il bene comune.** Le donne e gli uomini SIO di tutte le generazioni non dimenticheranno questa lezione.

Silvio Buscemi