

Obesity as a Chronic Disease: Challenges for Diagnosis, Acceptance and Multidisciplinary Management

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Abstract

Obesity has increasingly been recognized as a chronic disease characterized by complex biological, environmental, behavioral, and social determinants. This conceptual transformation represents a significant change from traditional perspectives that considered obesity primarily as a consequence of individual lifestyle choices. Recognizing obesity as a chronic condition has important implications for healthcare organization, professional practices, public policies, and the development of long-term management strategies. Despite advances in understanding obesity, important challenges remain regarding diagnosis, acceptance, and treatment. Difficulties in recognizing obesity as a disease, persistent weight stigma, limited professional training, and fragmented healthcare approaches may negatively affect access to appropriate care. Furthermore, obesity management requires continuous and multidisciplinary interventions that address nutritional, metabolic, psychological, social, and behavioral dimensions. This academic essay discusses obesity as a chronic disease and analyzes challenges related to diagnosis, acceptance, and multidisciplinary management. The discussion explores changes in the conceptual understanding of obesity, the importance of appropriate clinical assessment, and the role of integrated healthcare approaches. The manuscript argues that recognizing obesity as a chronic disease is essential for improving healthcare responses and ensuring comprehensive, respectful, and evidence-based care.

Keywords: obesity; chronic disease; diagnosis; multidisciplinary care; health management; public health.

1. Introduction

Obesity has become one of the most significant public health challenges worldwide due to its increasing prevalence and association with multiple health complications. Excessive accumulation of body fat is related to metabolic disorders, cardiovascular diseases, diabetes, respiratory problems, musculoskeletal conditions, and reduced quality of life. The growing impact of obesity has required healthcare systems to reconsider traditional approaches and develop strategies capable of addressing its complexity.

Historically, obesity was frequently interpreted as a result of individual behaviors, particularly dietary choices and insufficient physical activity. Although lifestyle factors influence weight regulation, contemporary scientific understanding recognizes that obesity results from interactions between genetic, physiological, environmental, socioeconomic, and psychological factors. This broader perspective has contributed to the recognition of obesity as a chronic disease requiring prevention, diagnosis, treatment, and long-term management.

The recognition of obesity as a chronic condition has important consequences for healthcare organization. Similar to other chronic diseases, obesity requires continuous monitoring, individualized interventions, multidisciplinary approaches, and coordinated healthcare pathways. However, challenges remain regarding the acceptance of this concept among professionals, patients, and society, as well as the persistence of stigma that may prevent individuals from seeking appropriate care.

Considering the relevance of obesity as a chronic disease and the challenges associated with its management, this essay seeks to answer the following research question: How can recognizing obesity as

a chronic disease improve diagnosis, acceptance, and multidisciplinary management strategies within contemporary healthcare systems?

2. Methodology

This manuscript is structured as an academic essay based on critical reflection and theoretical analysis of scientific literature addressing obesity as a chronic disease, diagnostic approaches, healthcare management, stigma, and multidisciplinary interventions. The objective is to discuss conceptual transformations and practical challenges associated with recognizing and managing obesity within modern healthcare systems.

The discussion is organized into three thematic sections. The first section analyzes obesity as a chronic disease and explores conceptual changes in its understanding and implications for healthcare. The second section examines diagnostic processes, clinical assessment, and challenges related to recognition and acceptance of obesity as a medical condition. The third section discusses multidisciplinary management strategies and future perspectives for comprehensive obesity care.

To maintain argumentative continuity and facilitate reading flow, references are not included throughout the body of the manuscript. All scientific concepts and theoretical discussions presented in this essay are supported by academic literature and institutional documents, which are presented exclusively in the reference section according to the American Psychological Association (APA, 7th edition) formatting guidelines.

3. Development

3.1 Obesity as a Chronic Disease: Conceptual Changes and Implications for Healthcare

The recognition of obesity as a chronic disease represents a significant transformation in the way healthcare systems understand, organize, and respond to excess body weight. For many decades, obesity was predominantly interpreted through a behavioral perspective, emphasizing individual choices related to food intake and physical activity. Although these factors remain relevant, contemporary approaches recognize that obesity emerges from complex interactions involving biological mechanisms, environmental conditions, socioeconomic factors, psychological aspects, and social determinants of health.

Understanding obesity as a chronic disease changes the focus from temporary weight reduction interventions toward long-term management strategies. Similar to other chronic conditions, obesity requires continuous monitoring, individualized treatment plans, prevention of complications, and sustained

healthcare support. This perspective acknowledges that weight regulation involves physiological mechanisms that may make long-term weight management challenging and reinforces the need for structured healthcare approaches.

The chronic disease model also contributes to reducing moral interpretations of obesity. When obesity is viewed only as a consequence of personal choices, individuals may experience blame, judgment, and discrimination. Recognizing obesity as a health condition helps shift discussions toward prevention, treatment, and support, emphasizing that affected individuals require appropriate healthcare rather than social criticism.

The biological complexity of obesity is one of the main arguments supporting its classification as a chronic disease. Body weight regulation involves hormonal, metabolic, neurological, and genetic processes that influence appetite, energy expenditure, and fat storage. These mechanisms interact with environmental factors, creating a condition that cannot be adequately explained by simple concepts of willpower or personal responsibility.

Environmental changes have played an important role in the increasing prevalence of obesity worldwide. Modern food systems, increased availability of energy-dense foods, sedentary lifestyles, technological changes, and urban environments have contributed to conditions that facilitate excessive weight gain. These factors demonstrate that obesity is not only an individual health issue but also a population-level challenge requiring collective responses.

The recognition of obesity as a chronic disease has implications for healthcare policies and resource allocation. When considered a legitimate medical condition, obesity receives greater attention in healthcare planning, professional training, research investment, and development of specific treatment pathways. This recognition can improve access to appropriate care and strengthen public health strategies.

Within healthcare systems, the chronic disease perspective requires moving beyond episodic interventions focused only on weight loss. Effective obesity management involves continuous relationships between individuals and healthcare professionals, regular assessment of health status, prevention of complications, and adaptation of treatment strategies according to changing needs. Long-term follow-up becomes a central component of care.

The management of obesity as a chronic condition also requires attention to associated diseases. Many individuals with obesity experience diabetes, hypertension, cardiovascular conditions, sleep disorders, and psychological difficulties. Healthcare approaches must therefore address both obesity itself and its broader health consequences through integrated strategies.

Primary Health Care has a fundamental role in this new approach because it provides opportunities for early identification, prevention, education, and longitudinal follow-up. Primary care professionals can establish therapeutic relationships, monitor health trajectories, coordinate multidisciplinary interventions, and support individuals throughout different stages of obesity management.

The conceptual change toward obesity as a chronic disease also influences professional attitudes. Healthcare workers require training to understand obesity beyond simplistic explanations and to provide respectful, evidence-based care. Improving professional knowledge contributes to reducing stigma and creating healthcare environments where individuals feel supported rather than judged.

Despite advances in understanding obesity, acceptance of its chronic disease status remains challenging. Some professionals and members of society continue to view obesity primarily as a behavioral problem, which may limit recognition of the need for medical care. Addressing these perceptions requires education, communication, and dissemination of scientific evidence.

The classification of obesity as a chronic disease does not eliminate the importance of lifestyle interventions. Nutrition, physical activity, sleep, and behavioral changes remain essential components of treatment. However, these strategies should be integrated into broader management approaches that consider biological and social factors influencing weight regulation.

Another implication of the chronic disease perspective is the need for individualized care. Obesity affects individuals differently, with variations in causes, complications, metabolic profiles, psychological experiences, and treatment responses. Personalized approaches are therefore necessary to ensure that interventions are appropriate and sustainable.

The development of comprehensive obesity care models requires collaboration between healthcare professionals, researchers, policymakers, and communities. Effective responses depend on integrating clinical knowledge, public health strategies, social interventions, and organizational improvements. Recognizing obesity as a chronic disease provides a foundation for building these integrated approaches.

Therefore, understanding obesity as a chronic disease represents an important step toward improving healthcare responses. This perspective promotes a more comprehensive interpretation of obesity, supports appropriate management strategies, and reinforces the need for continuous, multidisciplinary, and person-centered care. By replacing simplistic explanations with evidence-based approaches, healthcare systems can better address the complexity of obesity and its impact on population health.

3.2 Diagnosis, Clinical Assessment and Challenges in Obesity Recognition and Acceptance

The diagnosis of obesity represents a fundamental step in establishing appropriate healthcare strategies, yet it remains surrounded by conceptual, clinical, and social challenges. Traditionally, obesity assessment has relied heavily on anthropometric measures, particularly body mass index (BMI), which provides a useful population-level indicator of weight status. However, contemporary approaches recognize that obesity diagnosis requires a broader evaluation capable of considering body composition, metabolic consequences, functional limitations, and individual health conditions.

Although BMI remains widely used because of its simplicity and applicability in clinical and epidemiological contexts, it has important limitations when applied as the sole diagnostic criterion. BMI does not directly measure body fat distribution, metabolic health, muscle mass, or individual variations in body composition. Therefore, comprehensive obesity assessment should incorporate additional clinical information to better characterize the condition and guide treatment decisions.

The diagnosis of obesity should involve evaluation of health risks associated with excess adiposity rather than focusing exclusively on body weight. Metabolic alterations, cardiovascular risk factors, physical limitations, psychological impacts, and quality of life are relevant dimensions for understanding the severity and consequences of obesity. This broader assessment allows healthcare professionals to develop more individualized and clinically meaningful interventions.

Another challenge in obesity diagnosis is the tendency to underestimate the condition within healthcare settings. Many individuals with obesity do not receive adequate assessment, counseling, or treatment because excess weight may not be recognized as a priority healthcare issue. Limited consultation time, insufficient professional training, and discomfort discussing weight-related topics may contribute to missed opportunities for intervention.

The communication process surrounding obesity diagnosis requires particular attention. Conversations about weight can be sensitive due to experiences of stigma, discrimination, and previous negative interactions with healthcare professionals. Effective communication should be respectful, nonjudgmental, and focused on health rather than appearance. Establishing trust is essential for developing therapeutic relationships and encouraging engagement with treatment.

Weight stigma represents one of the greatest barriers to appropriate obesity recognition and care. Individuals living with obesity frequently experience stereotypes suggesting lack of discipline, motivation, or personal responsibility. These perceptions may affect self-esteem, psychological well-being, healthcare utilization, and willingness to seek professional support.

Stigma can also occur within healthcare environments, where biased attitudes may influence clinical interactions and treatment decisions. When individuals feel blamed or judged, they may avoid healthcare services or delay seeking assistance. Reducing stigma requires changes in professional education, institutional culture, and public communication strategies.

The acceptance of obesity as a chronic disease involves challenges among different groups, including healthcare professionals, policymakers, and the general population. Some resistance arises from the belief that medicalizing obesity reduces personal responsibility or overlooks the importance of lifestyle factors. However, recognizing obesity as a disease does not eliminate individual participation in health behaviors but acknowledges the complexity of factors influencing weight regulation.

Professional training plays a key role in improving obesity diagnosis and acceptance. Healthcare workers need competencies related to clinical assessment, communication, behavioral approaches, nutrition, physical activity, and chronic disease management. Without adequate preparation, professionals may rely on simplified explanations or ineffective approaches that fail to address patients' needs.

Primary Health Care represents a strategic setting for improving obesity diagnosis because it enables early identification and continuous monitoring. Routine assessment of nutritional status, risk factors, lifestyle patterns, and associated conditions allows healthcare teams to recognize obesity earlier and initiate appropriate interventions. Strengthening primary care capacity is therefore essential for improving detection and management.

The diagnosis of obesity should also consider psychological and social dimensions. Emotional distress, eating disorders, depression, anxiety, social isolation, and socioeconomic vulnerabilities may influence the development and progression of obesity. Comprehensive assessment requires attention to these factors to avoid approaches that focus exclusively on weight.

Another challenge involves distinguishing between obesity as a disease and the presence of higher body weight without significant health impairment. Contemporary perspectives emphasize the importance of evaluating the impact of excess adiposity on health, functioning, and quality of life rather than relying solely on numerical thresholds. This approach supports more individualized and clinically relevant decisions.

Advances in technology and clinical evaluation methods may contribute to improving obesity diagnosis. Tools assessing body composition, metabolic parameters, physical function, and health risks can provide more detailed information for treatment planning. However, access to these resources varies across healthcare settings, creating challenges for equitable implementation.

The organization of healthcare services also influences diagnostic practices. Fragmented systems may fail to establish continuity between identification of obesity and initiation of treatment. Effective diagnosis requires healthcare pathways that connect assessment, intervention, follow-up, and multidisciplinary support.

Improving obesity diagnosis and acceptance requires a cultural transformation in healthcare and society. Recognizing obesity as a chronic disease, reducing stigma, improving professional education, and adopting comprehensive assessment strategies are essential steps toward more effective care. A diagnostic approach centered on health, dignity, and individual needs can contribute to better outcomes and stronger engagement in treatment.

3.3 Multidisciplinary Management and Future Perspectives for Comprehensive Obesity Care

The management of obesity as a chronic disease requires multidisciplinary approaches capable of addressing the multiple dimensions involved in its development and progression. Because obesity results from interactions between biological, behavioral, psychological, environmental, and social factors, no single intervention or professional perspective is sufficient to provide comprehensive care. Effective management requires coordinated strategies that integrate different areas of knowledge and place individuals at the center of healthcare decisions.

Multidisciplinary obesity care represents a shift from fragmented interventions toward integrated treatment models. Traditional approaches often focused primarily on weight loss recommendations, frequently without considering the broader context influencing health behaviors and treatment adherence. Comprehensive care recognizes that successful management involves improving health outcomes, preventing complications, enhancing quality of life, and supporting sustainable changes over time.

Nutrition professionals play an essential role in obesity management by evaluating dietary patterns, nutritional status, food relationships, and individual barriers to healthy eating. However, nutritional care should move beyond restrictive approaches and focus on realistic, culturally appropriate, and sustainable strategies. Supporting individuals in developing healthier relationships with food is more effective than emphasizing short-term dietary restrictions.

Physical activity professionals contribute to obesity management by developing interventions adapted to individual capacities, preferences, and health conditions. Exercise recommendations should consider functional limitations, previous experiences, motivation, and accessibility. Encouraging progressive and enjoyable forms of movement can improve adherence and contribute to better metabolic and functional outcomes.

Psychological support is another fundamental component of comprehensive obesity care. Emotional factors, eating behaviors, body image concerns, trauma experiences, stress, and mental health conditions may influence weight regulation and treatment outcomes. Psychological interventions can assist individuals in developing coping strategies, improving self-care, and addressing barriers that affect long-term management.

Medical evaluation remains important for identifying obesity-related complications and determining appropriate therapeutic options. Healthcare professionals must assess metabolic conditions, cardiovascular risks, medication needs, and other health consequences associated with obesity. Medical care should be integrated with lifestyle interventions and other therapeutic approaches rather than functioning as an isolated component.

The role of Primary Health Care is central to coordinating multidisciplinary obesity management within healthcare systems such as SUS. Primary care teams can provide continuous monitoring, establish long-term therapeutic relationships, identify changes in health status, and coordinate access to specialized professionals. This coordinating function is essential for ensuring continuity and preventing fragmented care.

Healthcare networks must be organized to support different levels of obesity management. While many individuals can be effectively followed within Primary Health Care, others may require specialized interventions involving endocrinology, nutrition, psychology, rehabilitation, pharmacological treatment, or surgical evaluation. Effective referral and communication mechanisms are necessary to maintain integrated care pathways.

Pharmacological treatments have expanded the possibilities for obesity management, particularly for individuals who do not achieve adequate results through lifestyle interventions alone. However, medications should be considered as part of comprehensive strategies that include behavioral support, monitoring, and long-term follow-up. Their use requires careful evaluation of benefits, risks, accessibility, and individual circumstances.

Bariatric surgery represents another therapeutic option for selected individuals with severe obesity and associated health risks. Although surgical interventions can produce significant improvements in weight and metabolic conditions, they require multidisciplinary evaluation and lifelong follow-up. Comprehensive care before and after surgery is essential for ensuring safety and maintaining health benefits.

Digital health technologies offer new opportunities for expanding obesity management strategies. Telehealth, digital monitoring platforms, mobile applications, and online support programs can facilitate

follow-up and increase access to interventions. These tools may be particularly valuable for individuals living in areas with limited healthcare resources, although attention to digital inequalities remains necessary.

The integration of family and community resources can strengthen obesity management. Supportive environments influence treatment success by facilitating healthier behaviors and reducing barriers to lifestyle changes. Healthcare interventions are more effective when combined with community actions and social support systems.

Addressing obesity also requires attention to social determinants of health. Individuals experiencing economic vulnerability, food insecurity, limited access to safe spaces for physical activity, or social exclusion may face greater difficulties in managing obesity. Comprehensive care must therefore incorporate strategies that recognize and address these broader conditions.

Reducing weight stigma remains a fundamental component of effective obesity management. Healthcare environments should promote respect, empathy, and patient-centered communication. Treatment goals should focus on improving health and quality of life rather than reinforcing unrealistic expectations or discriminatory standards related to body weight.

Research and innovation will continue to influence the future of obesity care. Advances in understanding biological mechanisms, personalized medicine, behavioral science, and healthcare organization may contribute to more effective interventions. However, scientific progress must remain connected to principles of accessibility, equity, and public health responsibility.

The future of obesity management depends on strengthening integrated care models capable of combining clinical expertise, prevention strategies, social support, and healthcare system organization. Recognizing obesity as a chronic disease provides the foundation for developing more effective and compassionate approaches that move beyond blame and focus on improving health outcomes.

Therefore, multidisciplinary obesity care represents a necessary pathway for addressing one of the most complex health challenges of contemporary societies. Through coordinated interventions, qualified professionals, supportive healthcare networks, and person-centered strategies, healthcare systems can improve obesity management and promote better quality of life for individuals affected by this chronic condition.

4. Conclusion

Recognizing obesity as a chronic disease represents a fundamental change in the approach to prevention, diagnosis, and treatment of excess body weight. This perspective allows healthcare systems and

society to move beyond interpretations based exclusively on individual responsibility and acknowledge the complex biological, environmental, psychological, and social factors involved in obesity development. By adopting a chronic disease framework, healthcare services can strengthen strategies focused on continuous monitoring, prevention of complications, and comprehensive care.

The effective management of obesity requires multidisciplinary approaches, reduction of stigma, improvement of professional training, and strengthening of healthcare networks. Within systems such as the Brazilian Unified Health System (SUS), Primary Health Care plays a central role in coordinating long-term care and integrating different therapeutic strategies. Recognizing obesity as a chronic condition and implementing respectful, evidence-based, and person-centered interventions are essential steps toward improving health outcomes and ensuring more equitable and comprehensive care.

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