SOPHIA
Stratification of Obesity Phenotypes to Optimize Future Therapy

A Mixed-Methods Blueprint for Obesity Healthcare Policy: From Research to Action

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Introduction

To reform health systems and improve health outcomes for individuals living with obesity, there is a critical need to enhance and implement effective obesity healthcare policies.

The aim of this research was to co-create impactful action points to improve obesity healthcare service delivery.

A Mixed-Methods Approach

Focus group interviews

First, online focus groups consisting of IMI SOPHIA researchers were conducted to develop action points addressing the needs and challenges of obesity in the healthcare system.

Interviews were transcribed using Microsoft Teams and were analysed using thematic analysis.

Prioritisation survey

Next, the relative importance of each action point was determined by, two Maximum Difference Scaling exercises within the IMI-SOPHIA consortium for internal validation and at the European Congress on Obesity 2024 for external validation.
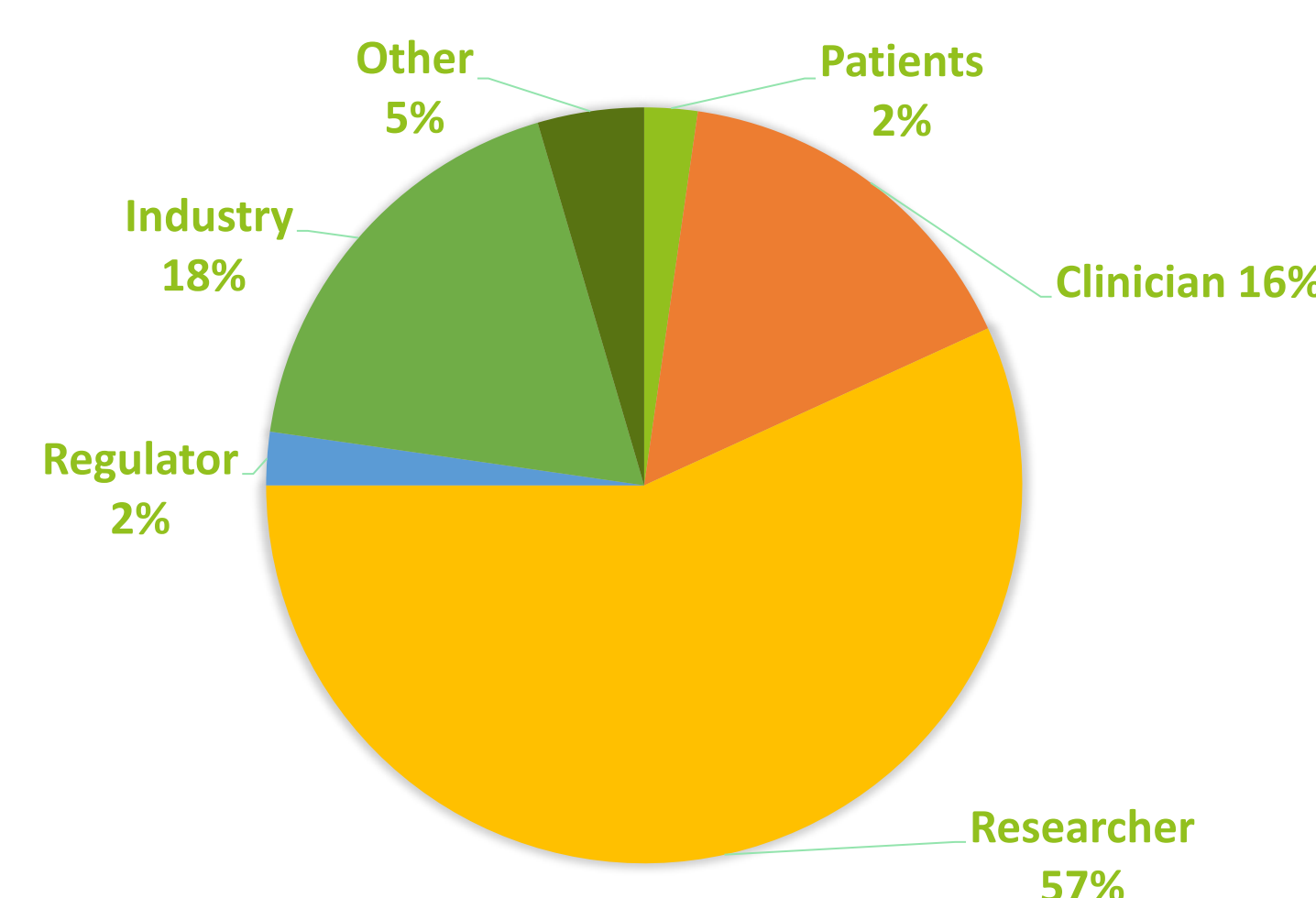
Hierarchical Bayes estimation was used to compute mean Rescaled Probability Scores (RPS; 0-100) of each action point.
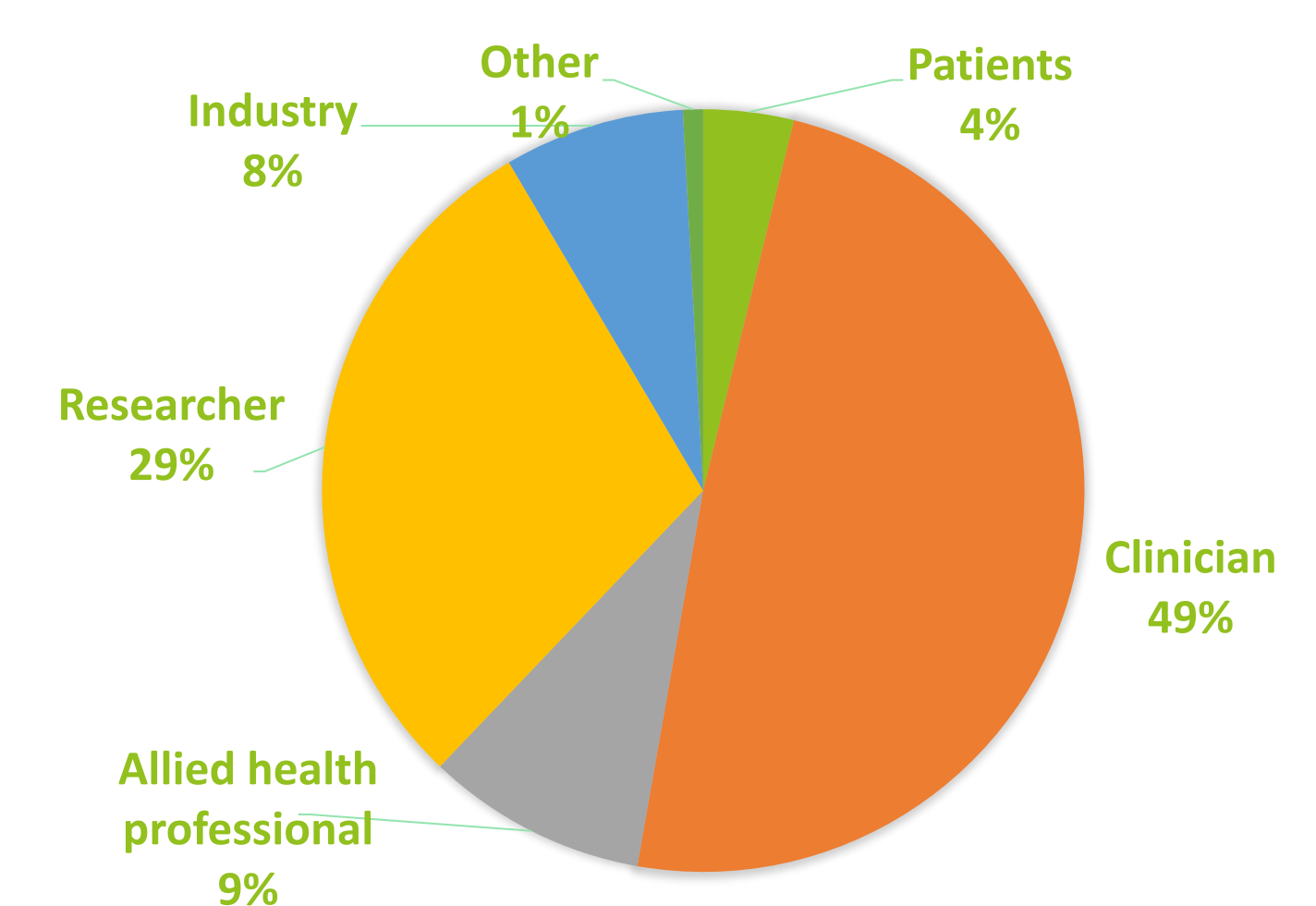
Results: focus groups

Three focus groups (n≈30) have been conducted. Thematic analysis resulted in 10 action points grouped in 4 overarching themes.

> "I think one of the biggest challenges is reimbursement, right? And getting these medicines to patients. It's a very unique scenario where any disease you typically get, gets pretty automatic reimbursement. [and obesity not]" (Focus group 3, participant 2)

Results: prioritisation survey

Internal validation
- 37 participants
- 12 countries

Other 5% · Patients 2% · Clinician 16% · Industry 18% · Regulator 2% · Researcher 57%

External validation
- 203 participants
- 34 countries

Other 1% · Patients 4% · Industry 8% · Researcher 29% · Clinician 49% · Allied health professional 9%

Policy recommendations	Internal (IMI SOPHIA, RPS ; (95% CI))	External (ECO (RPS; (95% CI))
Access to obesity treatment should be guaranteed regardless of socio-economic background.	23.3; (20.5 – 26.1)	18.9; (17.9 – 20.0)
Spread awareness that obesity is a disease requiring treatment beyond individual efforts, and emphasising on the importance of collaboration with healthcare professionals for effective treatment & management.	15.7; (13.2 – 18.1)	16.7; (15.7 – 17.6)
Obesity needs to be accepted as a chronic disease in the disease nomenclature (ICD) of the healthcare system.	15.3; (11.7 – 19.0)	13.1; (12.1 – 14.2)
Continuous education on treating and managing obesity for healthcare professionals.	8.5; (6.7 – 10.3)	11.0; (10.2 – 11.7)
Anti-obesity drugs should be prioritized to the same degree as treatments for other chronic diseases.	7.2; (4.6 – 9.8)	11.0; (9.8 – 12.2)
The creation of a global standardised obesity care pathway for all patients living with obesity.	9.6; (6.9 – 12.3)	7.9; (6.8 – 8.9)
Improved awareness concerning obesity and its diverse subtypes, should be disseminated throughout society.	8.0; (6.1 – 9.9)	7.3; (6.6 – 8.1)
The need for improved tools that assists healthcare professionals in effectively phenotyping obesity subtypes.	6.0; (4.1 – 8.0)	6.9; (6.0 – 7.7)
Aside of routinely collected anthropometric measurements, novel biomarkers should be evaluated to assist in diagnosing a patient with obesity.	3.3; (2.1 – 4.4)	3.9; (3.1 – 4.6)
Anthropometric measurements in combination with biomarkers should be routinely collected and sent to a federated database to improve accurate diagnosis of patients with obesity.	3.1; (1.6 – 4.6)	3.4; (2.7 – 4.2)

ICD: Internal Classification of Diseases

Conclusion

Ten action points have been developed and validated to create a blueprint for change for the improvement of lives of patients living with obesity.

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