

Endoscopic Treatment of Obesity; Experiment, Dream or Reality?

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Abstract

Rates of overweight and obesity continue to grow in adults and children. According to the WHO, between 1990 and 2022, the percentage of children and adolescents aged 5–19 years living with obesity increased four-fold from 2% to 8% globally, while the percentage of adults 18 years of age and older living with obesity more than doubled from 7% to 16%.

Obesity is one side of the double burden of malnutrition, and today more people are obese than underweight in every region except the South-East Asia Region. Once considered a problem only in high-income countries, today some middle-income countries have the highest prevalence of overweight and obesity worldwide (1).

The good news is that the data on new bariatric endoscopy techniques are better developed to allow us to consider their progressive integration into current practice. The bad news is that the progress made in the endoscopic treatment of obesity was initially motivated by the rise of this “chronic disease” (according to the WHO), a real pandemic in developed countries. The treatment of obesity includes lifestyle modification (LM), antiobesity medications (AOMs), and bariatric and metabolic surgery. Indeed, the only hygienic and dietary treatment consisting of a lasting change in eating habits and an increase in physical activity only allows an average total weight loss of 5-8% (2). Bariatric and metabolic surgery is considered safe and effective, but because of several barriers, the number of surgeries has only marginally

increased (3). The existence in the United States, since 2015, of “Obesity Guidelines” developed by the ASGE (American Society for Gastrointestinal Endoscopy), while the ESGE (European Society of Gastrointestinal Endoscopy) is beginning to develop them, is proof of this (4).

This new epidemiological situation requires the community to perfect the endoscopic care pathway intended for obese people, by integrating new techniques. Gastroenterologists and endoscopists should be up to date with the specificities of diagnostic and/or interventional endoscopy in obese people, as well as with the management of complications caused by being overweight or various bariatric interventions.

It is firstly a matter of providing the practitioner with the conceptual tools necessary for effective, respectful and individualized care in the obesity management algorithm based on precise and validated evaluation criteria.

How to characterize bariatric endoscopy? EBMT (Endoscopic Bariatric and Metabolic Therapies) can be classified into three categories: restrictive endoscopy, malabsorptive endoscopy (these first two being modeled on the principles of obesity surgery), and metabolic endoscopy, shown in Figure 1. (4).

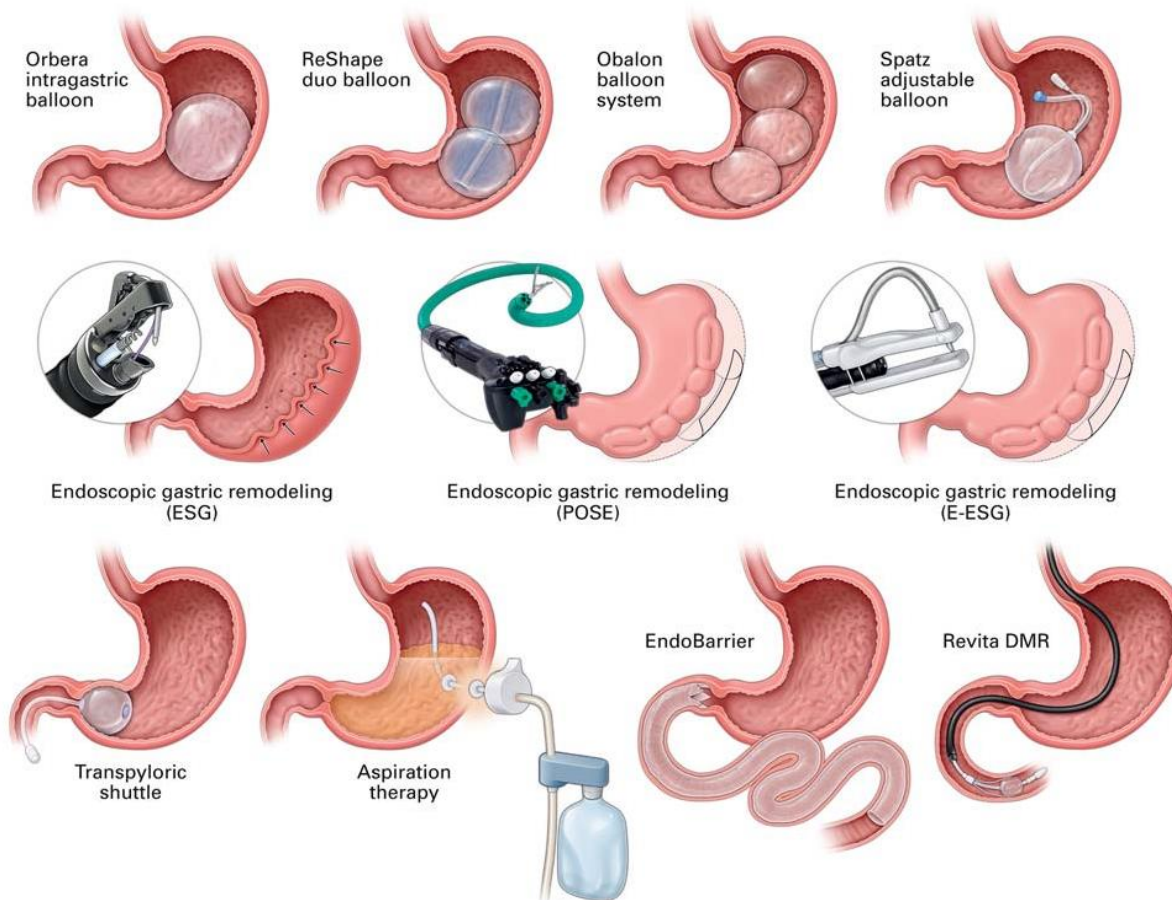


Figure 1. Gastric and small bowel endoscopic bariatric and metabolic therapies.

ESG: endoscopic sleeve gastroplasty, POSE: primary obesity surgery endoluminal, DMR: duodenal mucosal resurfacing.

The difficulty of evaluating these new techniques should, however, not constitute an obstacle to the necessary introduction of these techniques into health policies. The integration of endoscopic treatments for obesity into a treatment algorithm must mobilize all health stakeholders, the research departments of our health structures, whether public or private. Currently, endoscopic obesity treatment in Albania is only provided by private health structures, It is remaining silent in the face of ever more pressing health issues; they

will tomorrow be part of the therapeutic choice offered to obese people.

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