A Lighter and Healthier UK

An Important Document on Morbid Obesity

Morbid obesity, also known as obesity, is a chronic disease. A disease that affects an increasing number of people. It is one of the major health challenges of our time, increasing the risk of other serious illnesses. Illnesses that cause immense suffering and cost society enormous sums. Until today, this large patient group has mostly received reactive care, meaning treatment after the disease has occurred.

Instead of addressing their underlying problems, secondary diseases have been treated in various ways. And the mortality in the group is significant. But now we are facing a paradigm shift.

For the first time, we have a treatment that really works. New medications, combined with lifestyle changes and the latest health innovations, such as continuous care through digital healthcare, create conditions for healing and weight loss. Patients lose weight, maintain their weight, and change their lifestyle, one step at a time. Always with a competent team of doctors, dietitians, psychologists, and personal trainers by their side.

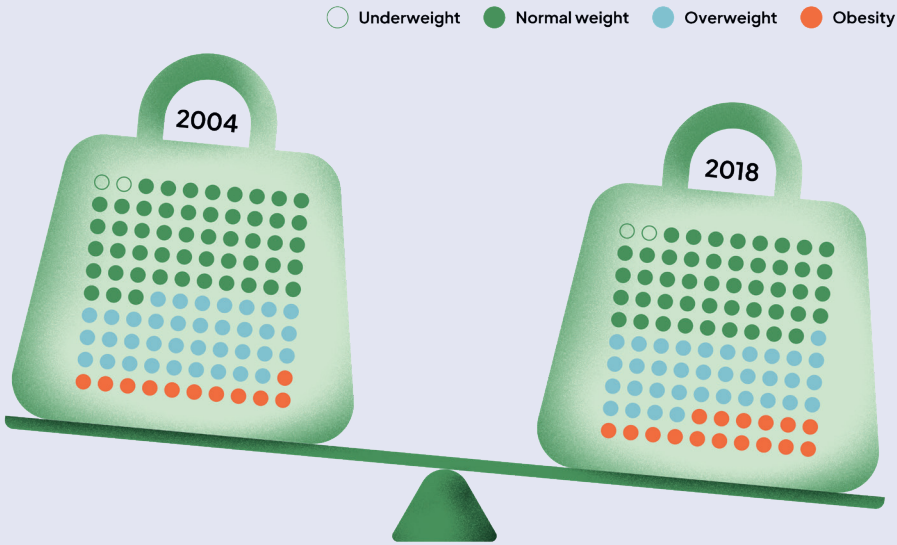
As a diabetes doctor, I have worked both in the public and private sectors and seen the consequences of obesity. To finally be able to help this patient group is incredibly satisfying. To treat people who have often given up hope and give them back their lives. People who have had difficulty moving and often suffered from serious, sometimes

”There is hope and help”

life-threatening, illnesses have now gained a normal life. They can play with their children, bike to work, and have a functioning sex life. And they no longer burden healthcare, saving immense resources.

Now we must seriously change our view of morbid obesity. Obesity is a chronic disease and nothing else. A disease that we can now finally treat successfully. In this document, we provide you with facts about obesity and present the new groundbreaking way to reduce obesity and all its secondary diseases. Together, we can make UK lighter and healthier. And give hope to all those suffering from severe obesity today. There is help – and there is hope.

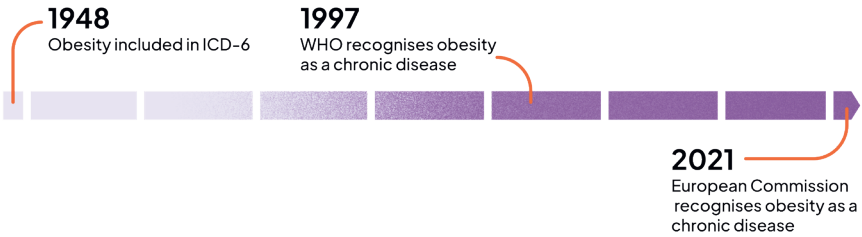
Martin Carlsson
Associate Professor and Chief Physician in Endocrinology
and one of the founders of the Yazen Obesity Clinic



We're Getting Heavier

Morbid obesity, or obesity as it is called in technical terms, is one of the world's biggest medical challenges and a colossal societal problem. WHO classified morbid obesity as a chronic disease in 1997, and in 2021, the EU did the same.

It is a ticking time bomb that causes great suffering for those affected, their families, and, not least, society as a whole. And obesity is increasing in younger ages. Today, there are many children and young adults who are already morbidly obese. In the UK, the proportion of residents with obesity is estimated to reach 46 percent by 2035. In total, it is estimated that 650 million people worldwide suffer from morbid obesity.



Blame Yourself?

The perception of obesity is often that individuals have to blame themselves. That they lack character and that it's their fault that they are fat. New knowledge and modern research show that this is not true. The more we understand about our hormonal system, the more we realise that obesity is a hormonal imbalance. Appetite and satiety depend on the interaction between hormones from the gastrointestinal tract, our fat tissue, and the brain. Genetic factors also play a central role in the development of morbid obesity.

How We Ended Up Here

There are many factors behind why we are getting heavier and sicker. Fundamentally, it is about genetic factors. Throughout evolution, it has been vital to eat and consume food. Not to starve. Our Stone Age genes have made us crave fat, sugar, and salt. Historically, we needed it to survive. That is no longer the case. In our modern society, there is usually an abundance of food. Just passing by the shelves in the grocery store provides easy access to fatty and sweet calories. And the brain does not understand that we are on the way to eating ourselves to death.

Ultra-processed and unhealthy food, combined with humans moving less and less, makes us increasingly heavier. In the modern and digital society, with everything within reach, it is easy to consume too many calories and expend too little. Together, this creates the global epidemic of obesity that we find ourselves in.

It Makes Us Sicker

In addition to morbid obesity itself affecting quality of life, it is the basis for a range of serious illnesses. People who are severely overweight often get type 2 diabetes, cardiovascular diseases, and have an increased risk of developing cancer.

Around one in three adults in the UK has high blood pressure, and 7 million adults take medicatsions to lowe cholesteror levels. Obesity is a chronic desease that reduces life expectancy by an average of 3 to 10 years, depending on how severe it is. People with morbid obesity often die prematurely. New studies show that obesity now contributes to higher overall mortality in the population than smoking.

Although obesity is a deadly disease that leads to a range of other illnesses, severely overweight individuals are currently deprioritised in healthcare. Today, the treatment of obesity also varies depending on where in the country you live. This discrimination is serious and leads to much suffering and significant costs for healthcare and society.

Society pays the price

Obesity costs society enormous amounts today. The cost has soared from £58bn in 2020 to £98bn, according to the Tony Blair Institute. This includes both current treatments in the form of surgeries, but also the treatments of all secondary diseases. In addition, this growing group of patients occupies important hospital beds needed by other patient groups.

What about BMI?

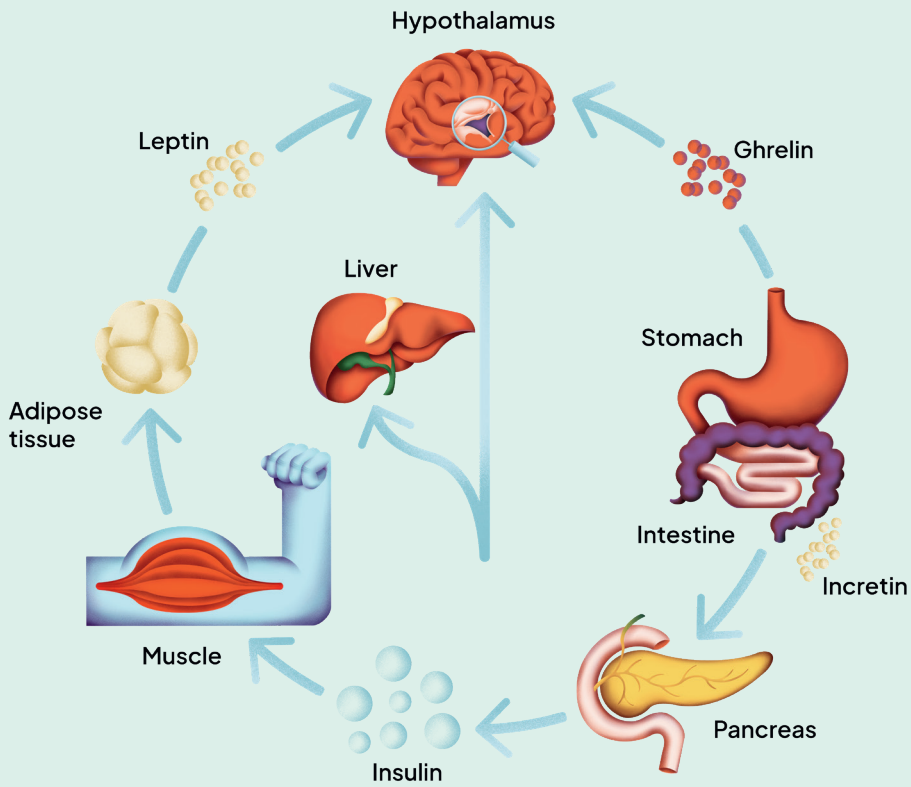
A common way to determine if a person is morbidly obese is to measure the so-called Body Mass Index or BMI. In healthcare, it is often considered that a BMI over 30 means that the patient is severely overweight and suffering from obesity. But BMI can be a blunt measure. Sometimes, individuals with large muscles can have a high BMI without being overweight. Therefore, it is important to always combine BMI with measurements of other body dimensions.

Reactive care

Until very recently, healthcare mostly treated secondary diseases of obesity. Healthcare addresses diabetes, provides medications for high blood pressure, and so on. But healthcare has not, to any great extent, addressed the root cause – morbid obesity. Healthcare has simply been reactive. Some patients have had the opportunity to undergo obesity surgery, known as bariatric surgery. The surgery is relatively extensive and also requires lifelong adjustment afterward, including daily supplementation with vitamins and minerals. Moreover, it can be challenging to maintain weight even after the surgery.

A Revolution!

It's a big statement to talk about a revolution. But we are currently in a paradigm shift regarding the treatment of morbid obesity. New medications, combined with an entirely new approach to treatment, mean that obesity can actually decrease, and in many cases, be cured. So, join us, and we'll tell you how.



Modern medications

Researchers have found that various hormones control feelings of satiety and hunger in humans. In individuals with obesity, this hormonal system does not function normally. The new medications used in treatment, therefore, regulate hunger and feelings of satiety in severely overweight patients. They simply target the root cause of overeating.

The substances included in the new medications are called incretins. They mimic hormones like GLP-1 and GIP, which are normally present in the gastrointestinal tract and are released when we eat. In addition to lowering blood sugar levels and delaying stomach emptying, the medications affect the hypothalamus, the area of the brain that controls satiety and hunger, and regulates appetite

GLP-1, present in most of the new medications, has been well-documented and researched since the 1980s. What's new is that researchers have now been able to extend the half-life in the body, allowing the substance to stay in the body. Today, patients often only need an injection once a week.

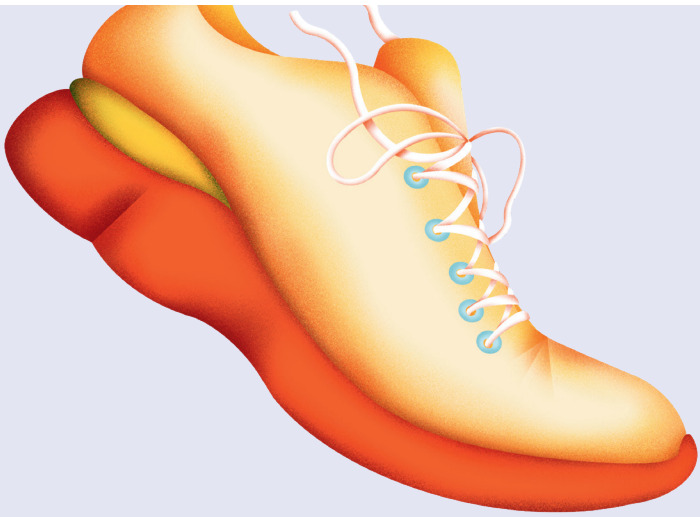
The pounds are dropping

Studies indicate that patients with morbid obesity have, on average, reduced their weight by 16 percent with one of the latest medications. And new drugs that function similarly show even more promising results, with recent studies demonstrating a weight loss of over 20 percent. Side effects are few, and often involve transient digestive issues.

The right patients

Originally, GLP-1 medications were developed as a treatment for type 2 diabetes. This is the type of diabetes that often occurs later in life and is, in most cases, caused by being overweight. It is important to differentiate between this type of diabetes and type 1 diabetes, which arises earlier in life and requires treatment with insulin.

Today, GLP-1 medications like semaglutide and liraglutide are also approved and recommended for the treatment of morbid obesity (obesity). By treating patients with obesity before they develop type 2 diabetes, we address the root cause of ill health. This is crucial. Another important aspect is that the medication should be given to patients with morbid obesity and not used as a weight-loss preparation for those looking to shed a few kilograms. These are medications intended for use by those suffering from morbid obesity. They improve quality of life and save lives.

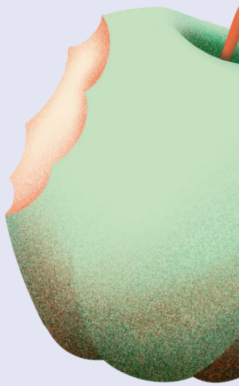


Real lifestyle behavior changes

A crucial success factor for patients to maintain their weight loss is for them to take control of their treatment themselves. This means that medication alone is not sufficient. According to the WHO and the National Board of Health and Welfare, medical treatment should be combined with lifestyle changes.

This particular aspect can be a challenge for many; it takes time to change bad habits and transform one's lifestyle. Most patients require continuous support from various specialists. Surrounding or supporting the patient, there should be a team comprising doctors, psychologists, dietitians, coaches, and personal trainers. After the patient has lost weight, new challenges often arise. Dietary changes are necessary, along with ensuring adequate intake of vitamins and minerals.

Many individuals also lose both fat and muscle mass, making the support of a personal trainer crucial for muscle building. Last but not least, many who lose weight experience mental effects. The patient undergoes a changed life situation, and new demands may arise. Often, contact with a psychologist is needed in these cases.



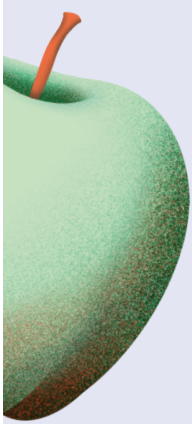
Equal healthcare

After initial visits to the doctor, the patients can later maintain ongoing contact with the specialist team through digital platforms. This way, healthcare becomes accessible to everyone. When the patients need assistance, they quickly connect with the specialist they require—regardless of their location in the UK. This creates equal healthcare. Unfortunately, this group of chronically ill patients still has to pay for their medications out of their own pockets. It should be a given that society provides assistance. This would reduce suffering, grant more patients access to treatment, and save significant amounts for the entire society.

And it works

The results of the new medications and treatments are extremely positive. Patients lose weight, and most importantly, they maintain their new weight. Many no longer need medication for conditions such as high blood pressure and elevated blood lipids. Men regain their potency, are cured of sleep apnea, and avoid issues like urinary incontinence, which is common in obesity. Osteoarthritis decreases, and liver values become more normal. Overall, the quality of life increases for both the patient and their relatives. Tremendous resources are saved for society and healthcare, which would otherwise have been used to treat the numerous complications that are now significantly reduced. Studies show that one of the medications, semaglutide, has reduced the risk of heart attack and stroke by a whopping 20 percent among patients with obesity.

The future is bright



New, even more effective medications are on the horizon, and accessibility is increasing with the pace of digital development. More and more patients are also finding their way to weight management clinics. At Yazen alone, we have treated over 7,000 patients in less than a year, and together, they have collectively lost 70 tonnes. But this is just the beginning.

For the first time, we can truly overcome severe obesity. However, for this to be possible, we need to recognise obesity as a chronic disease. Society and healthcare neither can nor should discriminate against this group. Now, there is treatment in the form of medication and a model for lifestyle changes. There is help and hope.

Meet a patient

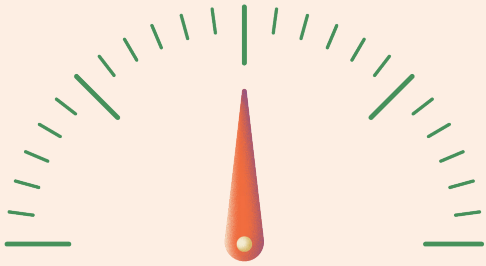
Linda Got Her Life Back

With a rigid spine, weighing 150 kilograms, and an even heavier sense of shame to carry, Linda Sedenborg, 45 years old from Svenljunga, had long suffered from severe obesity.

”Ever since I was 18, I’ve struggled with weight and tried various diets. In 2014, it had gotten so bad that I had to undergo abdominal surgery where a large part of the stomach was removed,” says Linda Sedenborg. But after losing weight post-surgery, Linda began to gain it back. It was in this situation that she came into contact with Yazen and received treatment with the medication semaglutide in combination with lifestyle changes.

The medication worked, and hunger sensations decreased. It was a truly fantastic feeling.” After several months, she had slowly but surely lost 20 kilos and reduced her waistline by 20 cm. After a few more months, her weight dropped below 100 kilos for the first time, and the pounds continued to disappear. Her initial goal weight or dream weight was 95 kilos, and she surpassed that within a year as a patient at Yazen. “Today, I have a completely different goal weight, and I am confident that I will achieve it.

In addition to medication, I had access to a team of specialists digitally. I received support to truly transform my life, both in terms of diet, exercise, and mental attitude. I have a chronic illness, but one that can be treated, and now I can maintain my new weight long-term. Now, I hope that more people with obesity get help.”



Meet a doctor

The Chronically Ill Can Become Healthy

After helping patients with obesity for 15 years, Lina sees that the new medications, in combination with lifestyle changes, has given many with severe obesity their lives back.

”How we can help and, in many cases, enable those with severe obesity to maintain a healthy weight today, I didn’t think was possible when I trained as a doctor. It’s truly a revolution that we can do so much for people with chronic illnesses and sometimes even make them completely healthy.” says Lina Nyhlén. She explains that the medications work in two ways. ”They affect the brain’s ability to sense satiety and also slow down the emptying of the stomach. However, the key to success is that they must be combined with lifestyle changes and long-term support.”

Lifestyle changes are challenging. That’s why our approach at Yazen is not to let go of the patient, but to provide continuous support from specialists. Many of my patients also use our app, where they receive daily exercises. It’s about finding new habits and routines.

Lina Nylen, doctor and specialist in general medicine

According to Lina, the advantage of the new treatment is not that the patient rapidly loses weight, but that they maintain their new weight and don't regain it.

"Many who come to me have tried all weight-loss methods to initially lose weight and then gain it back. The body, in fact, tends to revert to its original weight. With the medications, you retain your new weight; you reach your goal."

As patients lose weight, Lina can then discontinue other medications. Often, this involves discontinuing medications for high blood pressure, osteoarthritis, and diabetes.

As the patient becomes lighter, they also become healthier. So overall health improves significantly. Conditions that many thought they had to live with disappear completely. You go from being chronically ill to becoming healthy.

Yazen is a digital healthcare provider founded in 2021.
Our vision is to overcome obesity. Alongside our team of doctors, YazenCoach, dietitians, psychologists, and personal trainers, our patients are treated with a combination of medication and lifestyle changes through a digital platform. Behind Yazen are founders of other successful digital healthcare providers such as MinDoktor and Blodtrycksdoktorn. Yazen Health is based in Sweden and is now expanding in Europe.

Sources:

Swedish Ministry of Health
The Tony Blair Institute
British Heart Foundation
World Obesity Atlas 2023
World Obesity Federation
World health organisation - Global Strategy on Diet, Physical Activity and Health

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