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Editorial

This supplement to the *International Journal of Obesity* contains the proceedings of a symposium entitled 'The role of the diabetologist in integrated obesity management'. The symposium, sponsored by Knoll Pharmaceuticals and held in Barcelona on 8 September 1998, was an official satellite of the European Association for the Study of Diabetes.

The association between obesity and type 2 diabetes is clear. The conditions share many common aetiopathological features and 80% of patients with type 2 diabetes are obese. Obesity and type 2 diabetes are also key elements in the cluster of metabolic disorders which characterise the metabolic syndrome, the net effect of which is an increased risk of premature mortality. It is therefore startling to note that obesity and type 2 diabetes are already the two most prevalent metabolic diseases in the world, and their prevalence is increasing at an alarming rate.

Physicians often face the problem of being unable to achieve adequate metabolic control in obese patients with type 2 diabetes, even when using maximal doses of oral hypoglycaemic agents. The subsequent use of insulin therapy frequently causes the patient to become even more obese. The insulin dose is increased in response to further deterioration of the patient's metabolic profile, and so the vicious circle continues. Eventually even maximal insulin doses become ineffective.

The logical way to address this problem would seem to be *via* an integrated weight management approach, using an energy deficit diet, physical activity, behavioural advice and pharmacotherapy. Numerous studies have shown that sustained moderate weight loss (losing 5–10% of initial body weight and maintaining the weight loss) leads to significant improvements in a wide range of metabolic parameters, thereby reducing the need for anti-diabetic medication. There are also accompanying improvements in life expectancy. Lean and colleagues found that, on average, each kilogram of weight lost by patients with type 2 diabetes increased life expectancy by 3–4 months. Unfortunately, many obese patients are unable to maintain even a modest long-term reduction in their weight, and obese patients with type 2 diabetes seem particularly resistant to weight loss.

The development of two new weight management drugs provides valuable additional options for the management of diabetic patients with obesity. These drugs are orlistat, a lipase inhibitor, and sibutramine, a monoamine reuptake inhibitor. It is important to appreciate, however, that such drugs should be used as adjunctive therapy to the classical interventions of energy deficit diet, physical activity and behaviour advice.

The symposium reported in this supplement was divided into two sessions. The first session reviewed the most recent data on the epidemiology and health risks of obesity and type 2 diabetes, as well as looking at the problem of how to produce and maintain weight reduction. The second session looked at three clinical cases commonly seen in daily practice. These were the basis for a thought provoking discussion with the audience, taking a hard look at the real life problems encountered by diabetologists and considering the role of integrated weight management in clinical practice.

In conclusion, we would like to thank the distinguished faculty for making the symposium such an interesting and informative occasion.

Thanks also to Knoll Pharmaceuticals for their support of the symposium and this supplement.

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