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Obesity and mortality in health and disease - Paradox or paradigm? About old guidelines and new data

Do you think obesity is bad? - You may be wrong.

In this seminar on 4. September, 2018 a differentiated assessment of body weight and impact on longevity will be presented. Evidence on body weight and weight changes in relation to disease and mortality will be discussed and some seemingly eternal truths may be challenged.

Obesity is well-known as a leading risk factor for a range of diseases. Accordingly, targeting obesity as enemy of individual and population-wide health is widely understood as a major aim in health care. In-depth assessment of the interaction of overweight/obesity and mortality reveals, however, a more complicated and differentiated picture. Excessive body weight may in certain conditions not indicate increased risk and may even carry a survival benefit. Two major groups of the population do not follow the simple concept "Obesity is bad for you". Those groups are (a) elderly subject and (b) patients with (many) chronic and cardiovascular diseases. In our health care system these two groups (elderly subjects and chronic patients) are the dominating groups populating our hospitals, ambulances and other health care facilities.

The slightly provocative term **Obesity Paradox** has originally been coined to address this inverted epidemiology. However, the bulk of observational and interventional data and pathophysiologic insights are convincing and instead of a paradox, the term **Obesity paradigm** should be applied.

There is substantial evidence that weight management recommendations in these subjects should be different to what everybody seems to know from the simple primary prevention concepts. Recent treatment guidelines of several medical societies have started to implement these insights in their recommendation. Clearly a more differentiated approach on body weight management is needed for up-to date health care concepts.

You are invited to join this discussion of recent evidence versus common preconceptions.