Letter to the Editor

Simplified Summary – The Lancet Commission (2025): Definition and Diagnostic Criteria of Clinical Obesity

Comissão Lancet (2025): Definição e Critérios Diagnósticos de Obesidade Clínica

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In January 2025, The Lancet Diabetes & Endocrinology Commission published an important and groundbreaking article that changes the way professionals treating obesity must view the disease — a shift that cannot be ignored.

The Lancet Commission is an international scientific initiative created by the editorial group of the medical journal The Lancet, one of the most prestigious publications in the world in the fields of medicine and public health. These commissions are independent, multidisciplinary groups of

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experts (clinicians, researchers, economists, policymakers, and others) who come together to study a major global health issue in depth and propose recommendations based on scientific evidence.

The Lancet Commission (2025) took a new look at how obesity is defined and diagnosed, introducing an updated definition and diagnostic criteria for clinical obesity, addressing the problems of using body mass index (BMI) alone. BMI is often inaccurate for assessing body fat, does not reflect how fat is distributed, and ignores how excess fat can affect organs or limit physical function.

The Commission, made up of international experts from many fields, recognised that BMI can both underestimate and overestimate body fat. They created a more clinically useful framework supported by many professional organisations. This new model includes direct measures of body fat and other anthropometric indicators, and introduces two new ideas — clinical obesity (excess fat with organ dysfunction or major limitations) and preclinical obesity (excess fat without dysfunction). This helps identify people at different stages of disease and guides treatment more effectively.

The goal is to identify those at higher risk for obesity-related complications, match treatment intensity to disease severity, and align healthcare and public health policies with current evidence about how obesity affects the body.

This 2025 paper defines clinical obesity as a chronic, systemic illness caused by excess fat that leads to dysfunction in tissues, organs, or overall health, or causes major limitations in daily life. This is a clear move away from the older BMI-based approach, which did not require proof of organ dysfunction or physical limitation.

The American Diabetes Association (ADA) still defines obesity mainly through BMI, sometimes adding waist circumference to assess risk. They do not currently require direct fat measurement or evidence of dysfunction. By contrast, the new Commission criteria are more detailed and individualised:

- BMI is no longer enough on its own.
- Excess fat must be confirmed through body-fat scans (like DEXA) or at least one elevated anthropometric measure (waist circumference, waist-to-hip or waist-to-height ratio) using validated cut-offs.
- BMI is now viewed mainly as a population-level indicator, not a precise clinical diagnosis, except for very high values (BMI ≥ 40 kg/m^2).

The framework's two categories — preclinical obesity (excess fat without dysfunction) and clinical obesity (with dysfunction or limitation) — allow more precise risk assessment and treatment planning. It also increases the estimated number of people classified as obese by identifying those with high waist or hip measures but lower BMIs, offering a more accurate picture of disease burden.

This represents a major shift, widely supported by professional organisations, and is expected to influence clinical care, research, and public health strategies.

Practical implications of this change will probably be: Clinical obesity should be managed as a chronic disease using evidence-based therapies, while preclinical obesity should focus on prevention and monitoring. This distinction helps with patient triage, treatment planning, and health-policy decisions.

Finally, this new approach reinforces the idea that obesity is a disease, not just a risk factor, meaning treatment should not be optional. Since surgery is expensive and carries risks, using more precise criteria to distinguish clinical from preclinical obesity can help decide who should be offered surgery and when they should be placed on a waiting list.

How and when this classification will be introduced into our daily practice, and the implications of these changes are matters that we all need to consider and anticipate.

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ER: Drafting and editing of the manuscript.
MN: Conceptualization, reviewing and editing of the manuscript.
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REFERENCES

1. Rubino F, Cummings DE, Eckel RH, Cohen RV, Wilding JP, Brown WA, et al. Definition and diagnostic criteria of clinical obesity. Lancet Diabetes Endocrinol. 2025;13:221-62. doi:10.1016/S2213-8587(24)00316-4