

Prioritizing Obesity Care for Older Adults

Fact sheets produced by the American Society on Aging



Obesity Is a Chronic Condition for Older Adults

Obesity was first designated as a disease by the American Medical Association in 2013, and this resolution was reaffirmed in 2023. Despite this official recognition, Medicare does not classify obesity as a chronic condition.

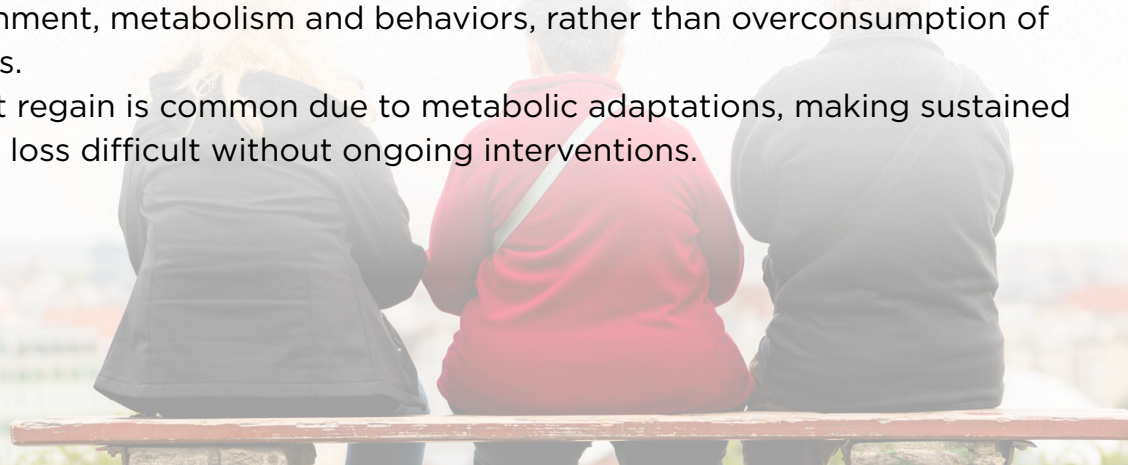
Obesity is increasingly recognized as a chronic, progressive disease rather than just a lifestyle issue, particularly in older adults. It contributes to multiple health complications, reduces quality of life, and increases healthcare costs. Given the physiological, metabolic and social challenges associated with aging, managing obesity in older adults requires a long-term, multidisciplinary approach, much like diabetes or heart disease.

WHY OBESITY IS A CHRONIC CONDITION IN OLDER ADULTS

Obesity is considered a chronic condition in older adults because of the complex interplay between age-related physiological changes like decreased muscle mass, hormonal shifts, reduced physical activity, and a slower metabolism, which make it difficult to lose weight and maintain a healthy weight once gained, often leading to a lifelong struggle to manage weight and its associated health risks. This is further compounded by potential behavioral factors such as dietary habits and reduced mobility in older age.

Progressive & Recurring Nature—Like other chronic diseases (e.g., diabetes, hypertension), obesity is persistent and requires lifelong management.

- Weight gain is often the result of complex interactions between genetics, environment, metabolism and behaviors, rather than overconsumption of calories.
- Weight regain is common due to metabolic adaptations, making sustained weight loss difficult without ongoing interventions.



Physiological Changes with Aging—Aging leads to a natural decline in metabolism, making weight loss harder.

- **Sarcopenia (Muscle Loss):** As people age, they naturally lose muscle mass, which lowers their resting metabolic rate, making it easier to gain weight and harder to burn calories. Older adults tend to lose muscle mass while gaining fat, a condition known as sarcopenic obesity, which further impairs mobility and increases fall risk.
- **Hormonal Changes:** Hormonal shifts promote fat accumulation. With aging, decreasing levels of hormones like testosterone and growth hormone can contribute to fat gain and muscle loss, further impacting metabolism.
- **Central Adiposity:** As people age, body fat tends to accumulate around the abdomen, which is linked to increased health risks like insulin resistance and cardiovascular disease.
- **Dietary Habits:** Older adults may have dietary habits that contribute to weight gain, such as consuming more processed foods and smaller proportions of nutrient-rich foods.
- **Reduced Physical Activity:** Older adults tend to be less physically active due to limitations or decreased mobility, leading to reduced calorie expenditure and increased risk of weight gain. Mobility limitations, joint pain, and chronic conditions can make maintaining an active lifestyle more challenging.



Obesity rates have risen dramatically in recent years, nearly doubling among older U.S. adults to include two in every five Americans ages 65 and older.

BARRIERS TO MANAGING OBESITY AS A CHRONIC DISEASE IN OLDER ADULTS

Managing obesity as a chronic disease in older adults is challenging due to a combination of physiological changes with aging, like decreased muscle mass and a slower metabolism, alongside lifestyle factors like reduced physical activity, potential for chronic health conditions, stigma around weight management in older people, and a lack of tailored treatment approaches that consider their unique needs and limitations.

Medical & Healthcare System Challenges

- Lack of physician focus on obesity treatment (often overshadowed by other chronic conditions).

- Lack of tailored approaches: Many healthcare providers do not have specific strategies for managing obesity in older adults, potentially overlooking unique needs.
- Limited insurance coverage for weight management programs, medications, and nutrition counseling.
- Insufficient education and training: Not all clinicians are adequately trained to address the complexities of obesity management in older patients.
- Weight stigma in healthcare discourages older adults from seeking help.
- Limited access to specialized programs: Lack of readily available weight management programs designed specifically for older adults.

Social & Economic Barriers

- Fixed incomes limit access to healthy foods, gym memberships and obesity treatments.
- Food insecurity leads to reliance on processed, calorie-dense foods.
- Limited mobility prevents engagement in regular physical activity.

Psychological and Behavioral Barriers

- Stigma and ageism: Older adults may feel judged or discouraged from addressing weight concerns due to societal perceptions about aging and body size.
- Lifelong habits are hard to change without structured support.
- Cultural norms and perceptions about aging and weight can influence attitudes toward obesity management.
- Low self-efficacy: Belief that weight loss is not achievable at their age, leading to reduced motivation.

REFRAMING OBESITY AS A MANAGEABLE CHRONIC CONDITION FOR OLDER ADULTS

Reframing obesity as a chronic condition for older adults is important because it acknowledges the complex and long-term nature of weight management in this population, highlighting the need for ongoing medical support and lifestyle modifications. As obesity in older adults is strongly linked to multiple other chronic diseases, significantly impacting quality of life and functional ability, it requires a proactive approach to manage its effects on older adults.

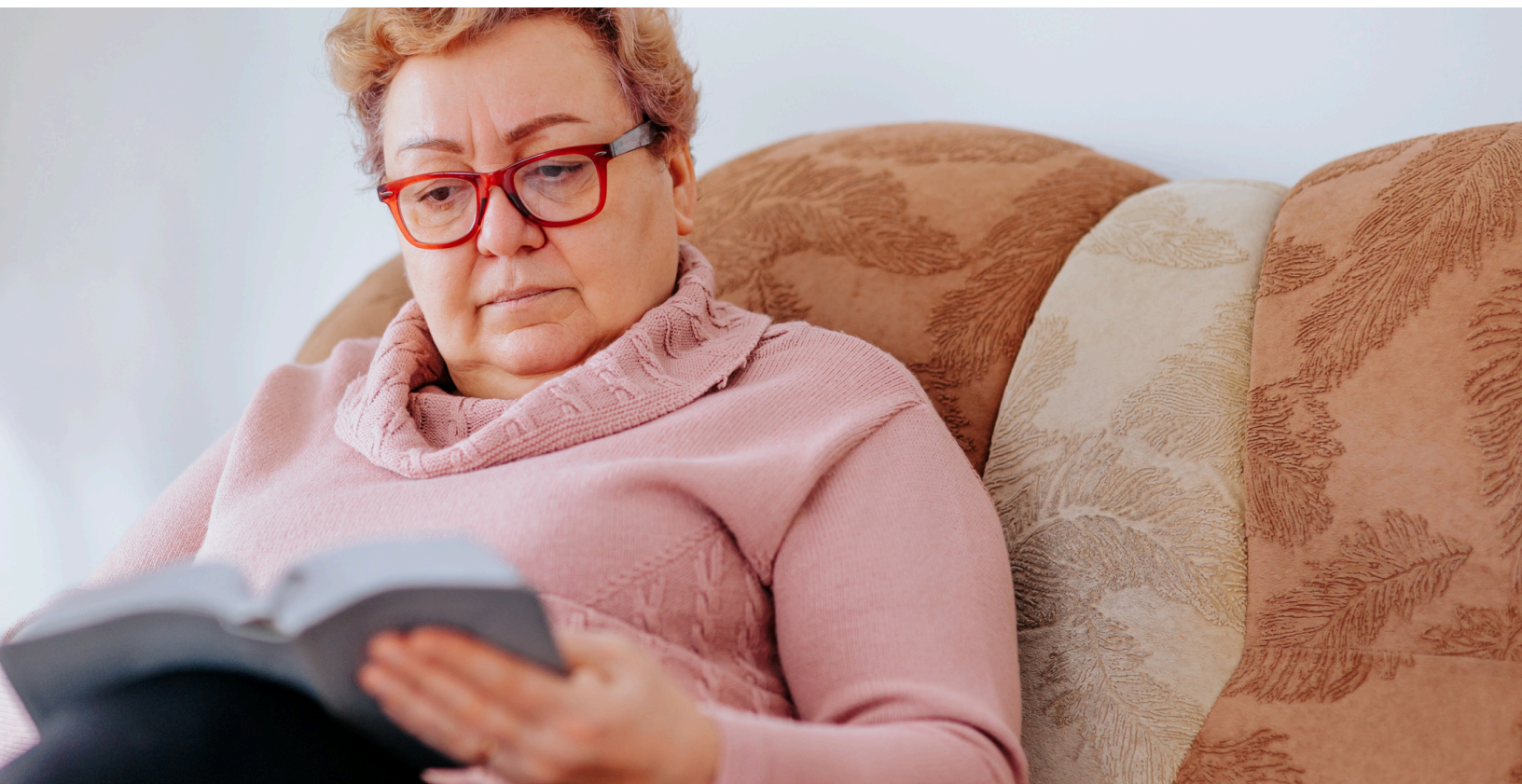
The benefits of reframing obesity as a chronic condition for older adults include:

- **Increased Access to Care:** Recognizing obesity as a chronic condition can facilitate better access to medical support and specialized treatment plans for older adults struggling with weight management.

- **Promotes a Holistic Approach:** It encourages a focus on managing the underlying causes of obesity, including diet, exercise, and potential medical factors, rather than solely focusing on weight loss.
- **Moving Away from Stigma:** Recognizing obesity as a disease, rather than a personal failure, encourages better care and reduces discrimination. By framing obesity as a medical condition, it can help destigmatize the issue and encourage individuals to seek help without shame.
- **Individualized & Sustainable Approaches:** One-size-fits-all diets don't work. Treatment must be tailored to each older adult's health status, mobility and preferences.
- **Focusing on Health Gains, Not Just Weight Loss:** Even modest weight loss (5%–10% of body weight) can significantly improve blood pressure, diabetes control, mobility and quality of life.

As a chronic condition, obesity contributes to functional decline, increased risk of comorbidities, and higher healthcare costs, making its management a critical component to aging well. By recognizing obesity as a chronic condition, healthcare providers and policymakers can implement sustainable, equitable interventions that improve health outcomes and quality of life for older populations.

Providing greater access to obesity care and treatment for older adults first requires obesity to be treated as a chronic disease.



Contributors to Obesity for Older Adults

Obesity in older adults is influenced by a complex interplay of biological, behavioral, social, environmental and psychological factors. These contributors make weight management more challenging as people age and increase the risk of obesity-related health complications.

Key contributors to obesity in older adults include decreased physical activity, a decline in muscle mass leading to a lower metabolic rate, hormonal changes with age, poor dietary habits, reduced energy expenditure due to a less active lifestyle, chronic health conditions, and sometimes, environmental factors like healthcare access and access to healthy food options.

Biological & Physiological Factors



- **Slower Metabolism**—As people age, basal metabolic rate (BMR) declines, meaning fewer calories are burned at rest. If dietary habits remain unchanged, this metabolic slowdown leads to gradual weight gain.
- **Muscle Loss (Sarcopenia)**—Aging leads to muscle mass loss (sarcopenia), which reduces calorie-burning efficiency. Sarcopenic obesity occurs when fat replaces lost muscle, increasing frailty and mobility issues.
- **Hormonal Changes**—Declining estrogen and testosterone levels contribute to fat accumulation, especially around the abdomen. Increased insulin resistance leads to greater fat storage and higher diabetes risk. Leptin resistance and increased ghrelin levels can disrupt hunger signals, making it harder to regulate appetite.
- **Medication Side Effects**—Many older adults take medications that promote weight gain, including antidepressants, beta-blockers, corticosteroids, and diabetes medications (e.g., insulin, sulfonylureas).
- **Chronic Diseases**—Osteoarthritis, heart disease and mobility impairments reduce physical activity, leading to weight gain. Sleep apnea and poor sleep patterns disrupt metabolism and increase hunger hormones.

Behavioral & Lifestyle Factors



- **Dietary Habits**—Older adults may consume more processed, high-calorie foods due to convenience and affordability. Emotional eating from loneliness, depression or stress can lead to overeating. Reduced ability to prepare meals due to physical or cognitive decline increases reliance on processed foods.
- **Physical Inactivity**—Chronic pain, joint problems and fear of falling discourage regular movement. Limited access to exercise facilities or safe walking areas reduces opportunities for activity. Loss of muscle mass from inactivity contributes to further weight gain.
- **Poor Sleep Patterns**—Insomnia, sleep apnea, and disrupted sleep cycles increase appetite-regulating hormones, leading to overeating.

Social & Environmental Contributors



- **Food Insecurity & Economic Barriers**—Fixed incomes may lead to reliance on cheaper, high-calorie processed foods instead of fresh, healthy options. Limited transportation makes it harder to access grocery stores with healthier choices.
- **Social Isolation**—Living alone or lacking social support may lead to emotional eating and less motivation to exercise. Dining alone can reduce meal enjoyment, leading to poor eating habits.
- **Healthcare Access & Weight Bias**—Limited insurance coverage for weight management programs restricts treatment options. Healthcare providers may dismiss obesity as a natural part of aging, leading to underdiagnosis and undertreatment.



Psychological & Cognitive Factors



Psychological issues associated with obesity can contribute to the development or exacerbation of chronic health conditions such as cardiovascular disease, diabetes, hypertension, and metabolic syndrome, further compromising overall health and well-being.

- **Depression & Anxiety**—Older adults with obesity are more likely to experience depression and anxiety, which can lead to emotional eating and inactivity. Antidepressant medications can also contribute to weight gain.
- **Cognitive Decline & Dementia**—Conditions like Alzheimer's disease and mild cognitive impairment (MCI) can lead to disorganized eating habits, overeating, or forgetting meals.

IMPORTANT CONSIDERATIONS FOR OLDER ADULTS

- **Individual variability:** Not all older adults will experience the same degree of weight gain with age, and factors like genetics and previous lifestyle habits play a role.
- **Importance of assessing functional ability:** When addressing obesity in older adults, it is crucial to consider their overall physical function and mobility limitations.
- **Tailored interventions:** Effective strategies for managing obesity in older adults should include personalized dietary plans, appropriate exercise programs, medication management, and addressing underlying health conditions.

Obesity in older adults is driven by biological, lifestyle, social and psychological factors. **Addressing obesity requires a multifaceted approach that includes tailored medical interventions, improved healthcare policies, and better social support systems.** By understanding these contributors, interventions can be designed to help older adults manage weight effectively through personalized nutrition, physical activity, medical management, and social support systems to promote healthier aging and improved quality of life.

A Multidisciplinary Approach to Addressing Obesity in Older Adults

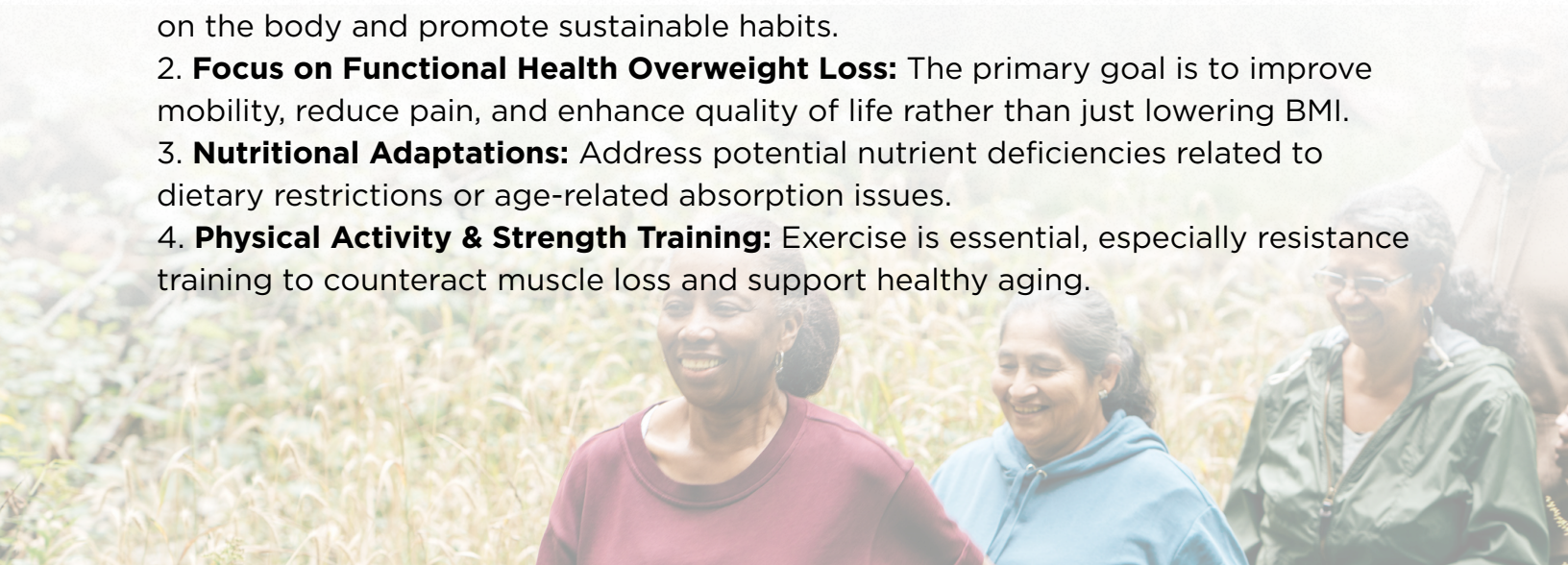
Managing obesity in older adults requires a collaborative, multidisciplinary approach that considers the complex biological, behavioral, social and medical factors contributing to weight gain. A team-based strategy involving healthcare providers, allied-health specialists, mental health professionals, social workers and community support systems ensures effective and sustainable interventions tailored to the unique needs of aging individuals.

A multidisciplinary approach to obesity care in older adults is essential because obesity in this population is often linked to complex medical, psychological and social factors. Managing it effectively requires input from various healthcare professionals to ensure safe and sustainable weight management, while preserving muscle mass and functional ability, reducing chronic disease risk, and enhancing quality of life.

KEY CONSIDERATIONS IN MULTIDISCIPLINARY APPROACH TO OBESITY CARE FOR OLDER ADULTS

Managing obesity in older adults requires a careful, individualized approach that balances weight loss benefits with the risks of frailty, muscle loss, and nutritional deficiencies. A multidisciplinary approach to obesity care in older adults involves a team of healthcare professionals, including a physician, registered dietitian, exercise physiologist, psychologist, and potentially a physical therapist and others, collaborating to develop a personalized plan that addresses dietary modifications, physical activity, behavioral health aspects, and any age-related considerations, all tailored to the specific needs of the older patient with obesity.

1. **Gradual Changes:** Implementing lifestyle modifications slowly to minimize strain on the body and promote sustainable habits.
2. **Focus on Functional Health Overweight Loss:** The primary goal is to improve mobility, reduce pain, and enhance quality of life rather than just lowering BMI.
3. **Nutritional Adaptations:** Address potential nutrient deficiencies related to dietary restrictions or age-related absorption issues.
4. **Physical Activity & Strength Training:** Exercise is essential, especially resistance training to counteract muscle loss and support healthy aging.



5. **Comorbidities & Personalized Goals:** Treatment should be individualized, considering the person's comorbidities, cognitive function and social support. Many older adults have chronic conditions like diabetes, hypertension and arthritis that affect obesity management. Obesity treatments should be personalized to avoid worsening existing conditions.

6. **Medication Reviews:** Assess medications that may impact weight management and consider potential side effects.

7. **Social and Environmental Factors:** Obesity in older adults is influenced by a range of social and environmental factors that affect access to healthy food, opportunities for physical activity, healthcare access, and overall well-being.

- Social isolation, financial constraints and cultural beliefs influence obesity care in older adults.
- Access to healthy food and safe spaces for physical activity can impact success.
- Social support from family, caregivers, or community programs can encourage adherence to lifestyle changes.
- Healthcare access and transportation barriers are major obstacles to obesity care and treatment adherence.

Effective obesity care for older adults requires a team-based approach and coordinated care ensures safe, sustainable weight management that prioritizes health and independence.

KEY INTERVENTIONS IN A MULTIDISCIPLINARY APPROACH

A multidisciplinary approach to obesity care in older adults involves coordinated interventions that address the medical, nutritional, physical, psychological and social aspects of weight management.

Comprehensive Lifestyle Modification Programs

- Nutrition counseling to promote portion control, balanced meals and adequate protein intake.
- Exercise programs that emphasize strength training, flexibility and cardiovascular fitness.
- Behavioral therapy to address emotional triggers and develop sustainable habits.

Medical & Pharmacological Interventions

- FDA-approved weight-loss medications tailored to older adults with obesity-related conditions.
- Chronic disease management to optimize treatment for diabetes, hypertension and cardiovascular disease.

Community & Social Support

- Senior wellness programs offering fitness classes, group nutrition education and peer support.
- Transportation services to improve access to medical appointments, grocery stores and fitness centers.
- Meal delivery services like Meals on Wheels for older adults facing food insecurity.

Policy & Advocacy Efforts: Addressing obesity in older adults requires policy and advocacy efforts that promote equitable access to healthcare, preventive services and supportive community resources.

- Medicare expansion to cover obesity treatments, including dietitian services, weight-loss programs, intensive behavioral therapy and FDA-approved weight loss medications.
- Funding for community-based obesity prevention initiatives for older adults.
- Implementation of age-friendly healthcare policies that address obesity without stigma.

BENEFITS OF A MULTIDISCIPLINARY APPROACH TO OBESITY FOR OLDER ADULTS

- Comprehensive care addressing the complex factors contributing to obesity in older adults, including physical, psychological and social aspects.
- Improved adherence through increased support and accountability from a team of specialists can lead to better treatment adherence.
- Prevention of frailty and muscle loss while promoting functional independence.
- Better health outcomes lead to higher likelihood of achieving sustainable weight loss and improved overall health and quality of life.

A multidisciplinary approach to obesity in older adults ensures holistic, patient-centered care that addresses medical, behavioral, and social determinants of health. By integrating healthcare professionals, community resources, and policy initiatives, older adults can achieve sustainable weight management, improved health outcomes, and enhanced quality of life.

Care for older adults with obesity should be personalized, multidisciplinary and accessible. From lifestyle interventions, prescription medications for weight management, behavioral therapy and mental health support, ensuring the right level of care is essential for improving health outcomes and quality of life.

Older Americans deserve access to the full continuum of obesity care.

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule in late 2024 that, beginning in 2026, would revise the Medicare Prescription Drug Benefit Program (Part D). The proposed rule would expand access to transformative anti-obesity medications under Medicare Part D and Medicaid programs, helping to ensure more older Americans have access to these medications.

Unfortunately, on April 4, 2025, the Trump administration issued the final rule removing the provision from the Biden administration to expand Medicare coverage of anti-obesity medications, deeming it inappropriate at this time. CMS left the door open for future consideration of policy options to provide anti-obesity medications.

The American Society on Aging remains steadfast in our conviction that obesity is a health equity issue for older adults and that the time is now to prioritize obesity prevention, care, and treatment for older Americans.





The American Society on Aging unites, empowers and champions everyone striving to improve aging.

About ASA

The American Society on Aging (ASA) convenes the nation's largest multisector community of professionals working in aging. We are the go-to source for learning, networking, and embracing opportunity in our aging society through an equity-focused lens. Founded in 1954 as the Western Gerontological Society, over the past 70 years ASA has grown into a diverse community of more than 5,000 professionals working with and on behalf of older adults. Our annual conference, On Aging, brings together thousands of our members to learn, network, and exhibit their work.

March 2025 (Revised April 2025)



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