

# Managing Obesity: Practical Considerations for a Busy Practice

WH & Primary Care Webinar

19 Mar 2026

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# Learning Objectives

- Recognizing pre-clinical and clinical obesity and its complications
- Being empowered to start the conversation
- Being equipped to initiate management



**8 Billion  
Reasons to Act  
on Obesity**

# Terminologies

Avoid stigmatizing language or labeling



Obese person  
Fat

Fats  
Fat /  
Heavy

Morbid  
obesity

Weight  
Management

Weight loss  
medications

Weight  
loss  
surgery



Person  
with  
Obesity  
(PwO)

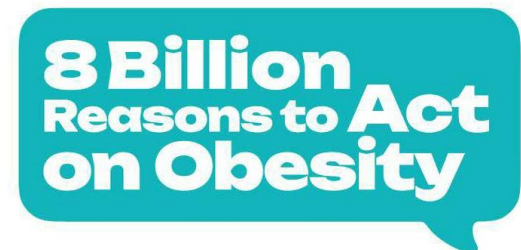
Adipose  
tissue  
High BMI

Class \_\_  
obesity

Management  
of Obesity /  
Pre-clinical  
obesity

Obesity  
Management  
Medications

Metabolic  
Bariatric  
Surgery



**Salimah**



45 year old  
Housewife

**Past medical hx**

T2DM x 5yr  
Hypertension  
Hyperlipidemia  
Osteoarthritis b/l

**Medications**

Metformin 500mg BD  
Glipizide 10mg BD  
Amlodipine 10mg OD  
Simvastatin 10mg ON

**Examination**

BP 140/87 HR 78

**Labs**

HbA1c 7.9%  
Glucose 10.2mM  
TC 5.5 LDL 3.6 HDL 0.8 TG 3.5mM  
uACR 5.4mg/mol

**Are you happy with her management?  
What will you discuss with her?**

# 5A's of obesity management

## Ask

Permission to discuss weight  
Explore readiness to change/address

## Assess

Obesity stage and/or BMI, for co-morbidities  
Drivers, complications, and barriers

## Advise

Discuss benefits of modest weight loss in context  
Discuss treatment options

## Agree

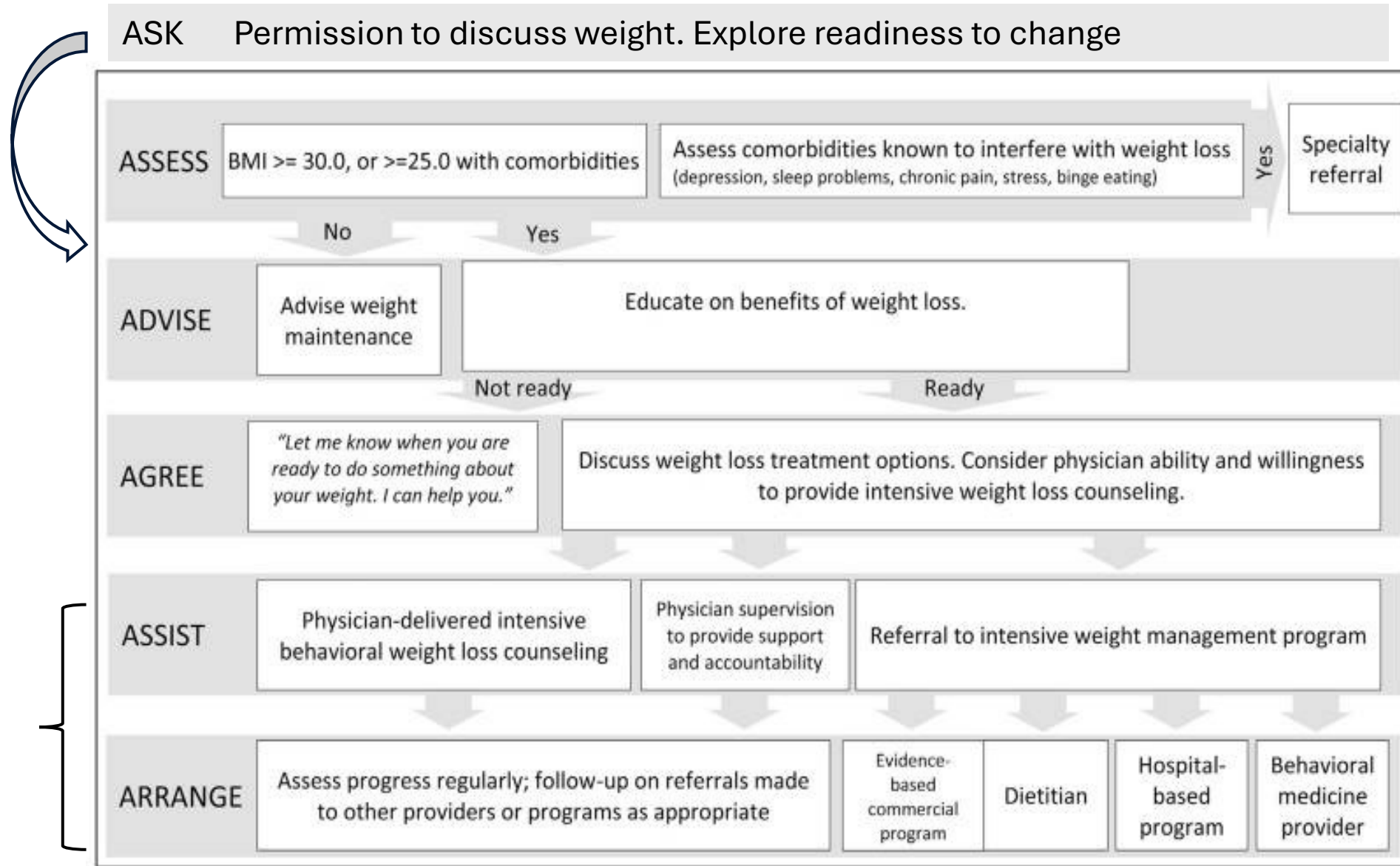
Agree on realistic weight loss expectations  
Agree on SMART behaviour change goals  
Agree on a treatment plan

## Assist












Assist in addressing drivers and barriers  
Assist in accessing resources  
Refer prn / arrange follow up

# 5As Approach to Obesity Management

Slight variations



# Clinical Obesity

	Preclinical obesity	Clinical obesity
<b>Excess adiposity</b>	 (BMI) +  (Waist circumference, etc)	 (BMI) +  (Waist circumference, etc)
<b>Mechanisms and pathophysiology</b>	Alterations of cells and tissue → Alterations of organ structure	Alterations of organ function → End-organ damage
<b>Clinical manifestations</b>	Minor or absent (substantially preserved organ function)	Signs and symptoms    Limitations of daily activities    Complications
<b>Detection and diagnosis</b>	Anthropometrics, medical history, review of organ systems, and further diagnostic assessment as needed	
	  	   

## Clinical obesity

**A chronic disease due to obesity alone, and characterised by signs and symptoms of ongoing organ dysfunction and/or reduced ability to conduct daily activities**

People living with clinical obesity have reduced tissue or organ function due to obesity, such as:



Breathlessness caused by effects of obesity on the heart or lungs



Knee or hip pain with joint stiffness and reduced range of motion

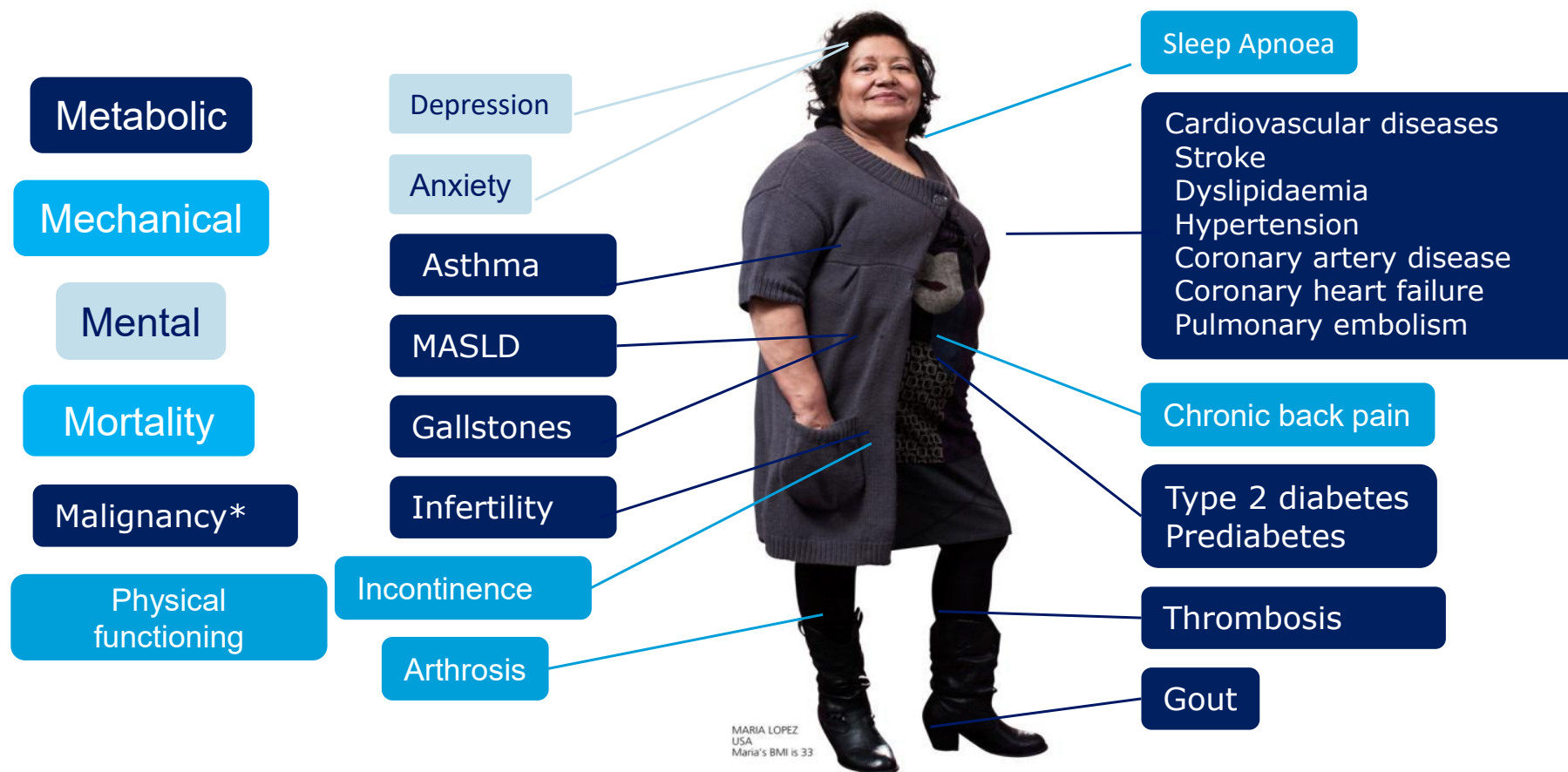


A cluster of metabolic abnormalities



Dysfunction of other organs including kidneys, upper airways, nervous, urinary, and reproductive systems

# Obesity is associated with More than 200 Complications and Comorbidities: the 6 Ms



MASLD, metabolic dysfunction associated steatotic liver disease, previously known as non-alcoholic fatty liver disease

\*Including breast, colorectal, endometrial, esophageal, kidney, ovarian, pancreatic and prostate

Adapted from Sharma AM. *Obes Rev.* 2010;11:808-9; Guh *et al. BMC Public Health* 2009;9:88; Luppino *et al. Arch Gen Psychiatry* 2010;67:220-9; Simon *et al. Arch Gen Psychiatry* 2006;63:824-30; Church *et al. Gastroenterology* 2006;130:2023-30; Li *et al. Prev Med* 2010;51:18-23; Hosler. *Prev Chronic Dis* 2009;6:A48

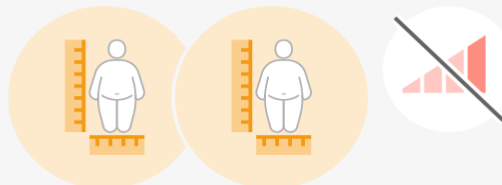
# Initial Step in Diagnosing Obesity: Confirming Excess Body Fat

## Excess body fat

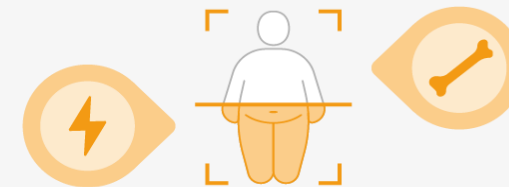
The first step in such a diagnosis is confirming excess body fat, which can be achieved via one of the following three criteria:



At least one measurement of  
body size and BMI



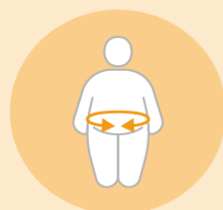
At least two measurements of  
body size, regardless of BMI



Direct body fat measurement,  
such as a DEXA scan

## Measurements of body size

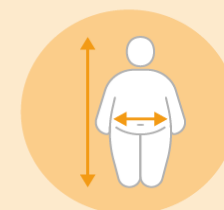
The commission defines three measurements of body size that can be used to confirm excess body fat:



**Waist circumference**  
≥102 cm for men\*  
≥88 cm for women\*



**Waist-to-hip ratio**  
>0.90 for men\*  
>0.85 for women\*



**Waist-to-height ratio**  
>0.50 for all\*

*Excess body fat can pragmatically be assumed if BMI is >40 kg/m<sup>2</sup>*

# Diagnosing Obesity in the Local Primary Care Setting

<b>Overweight</b>	$\geq 23.0 \text{ kg/m}^2$
<b>Obesity</b>	$\geq 27.5 \text{ kg/m}^2$

*Consider signs and symptoms of Clinical Obesity regardless of BMI threshold*

Measurement	Waist circumference (cm)	Waist:Hip Ratio	Waist:Height Ratio
<b>Abdominal obesity</b>	Women > 80 cm Men > 90 cm	Women > 0.85 Men > 1.0	> 0.5
<b>Body Fat %</b>	>25% for men and > 35% for women		



Direct body fat measurement,  
such as a DEXA scan

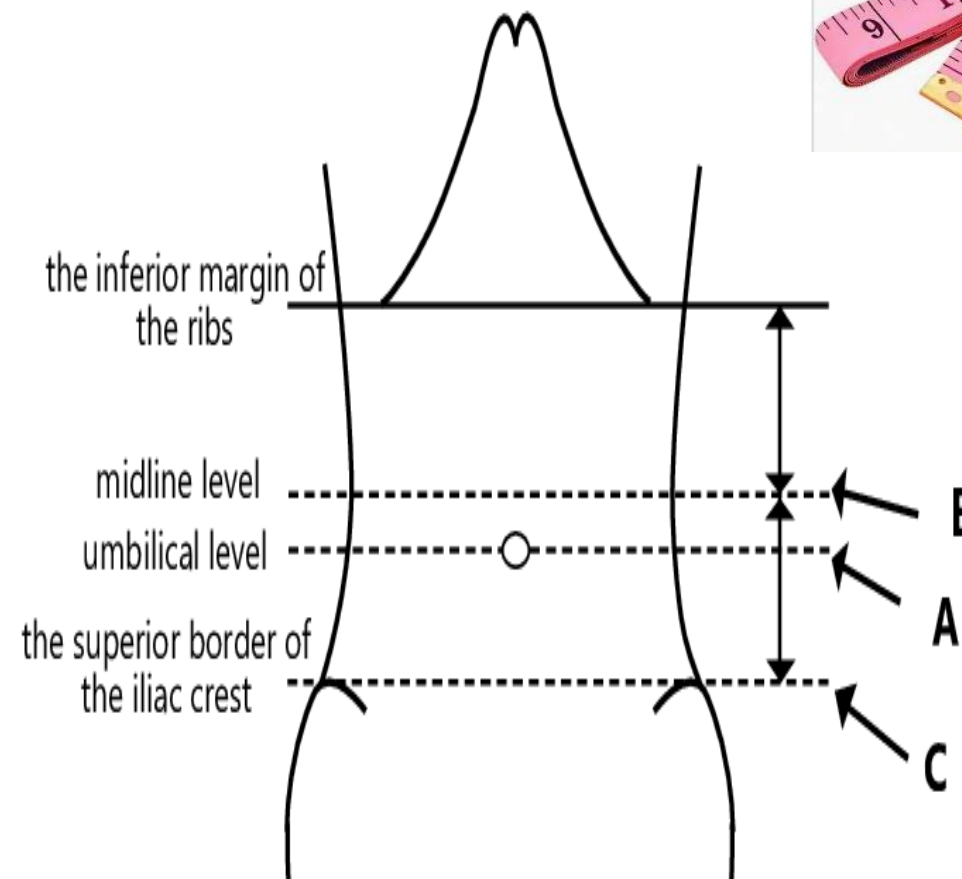
# Measuring Waist and Hip Circumferences

## Waist Circumference

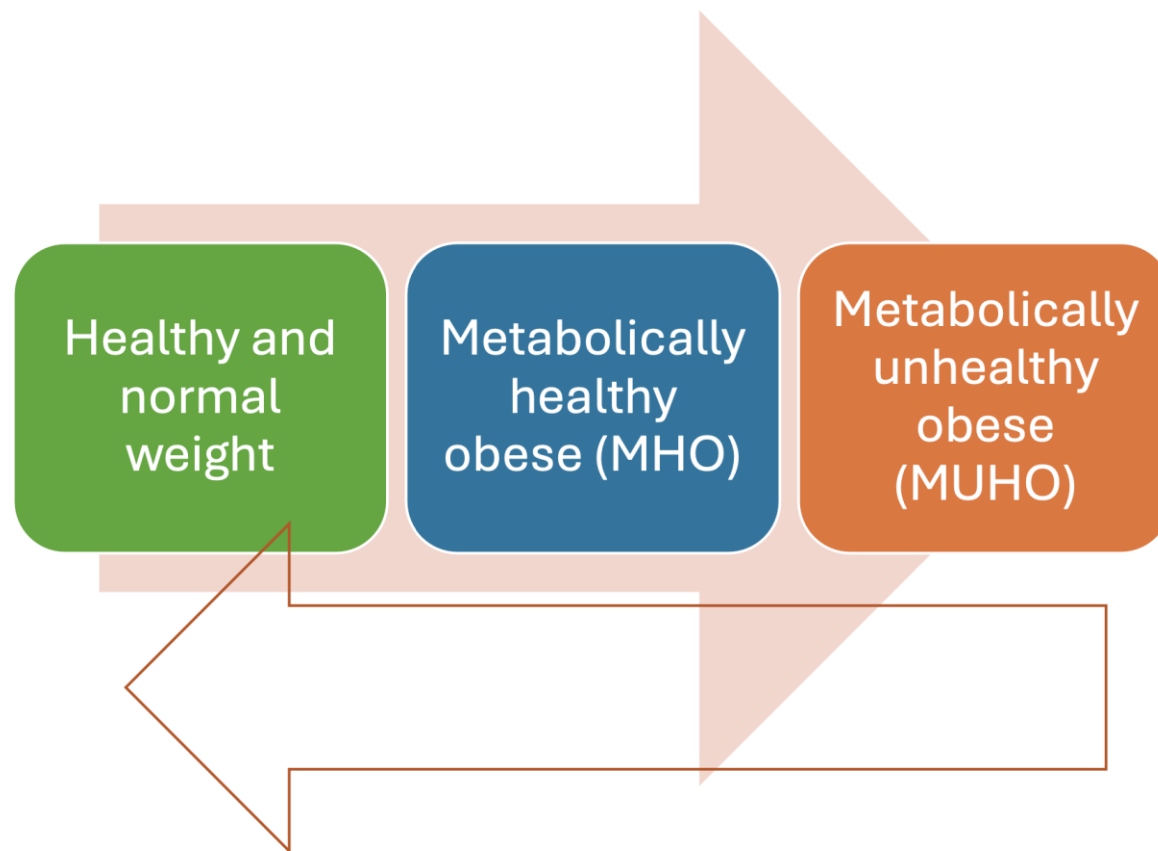
- Use bony landmarks at the anterior axillary line:
  - Inferior margin of ribs (costal margin (A))
  - Upper border of iliac crest (C)
  - Locate the mid-point.
  - Measurement is made at a normal minimal respiration

## Hip Circumference:

Through the Greater trochanters



# Metabolic Health



# What defines metabolic syndrome? H-I-L-O

- **H** – High BP above 130/85mmHg
- **I** – Insulin (high fasting blood glucose)
- **L** – Lipids (high triglyceride, LDL, low HDL)
- **O** – Central Obesity [waist circumference above 80cm (F), 90cm (M)]

If only 1 criteria or less

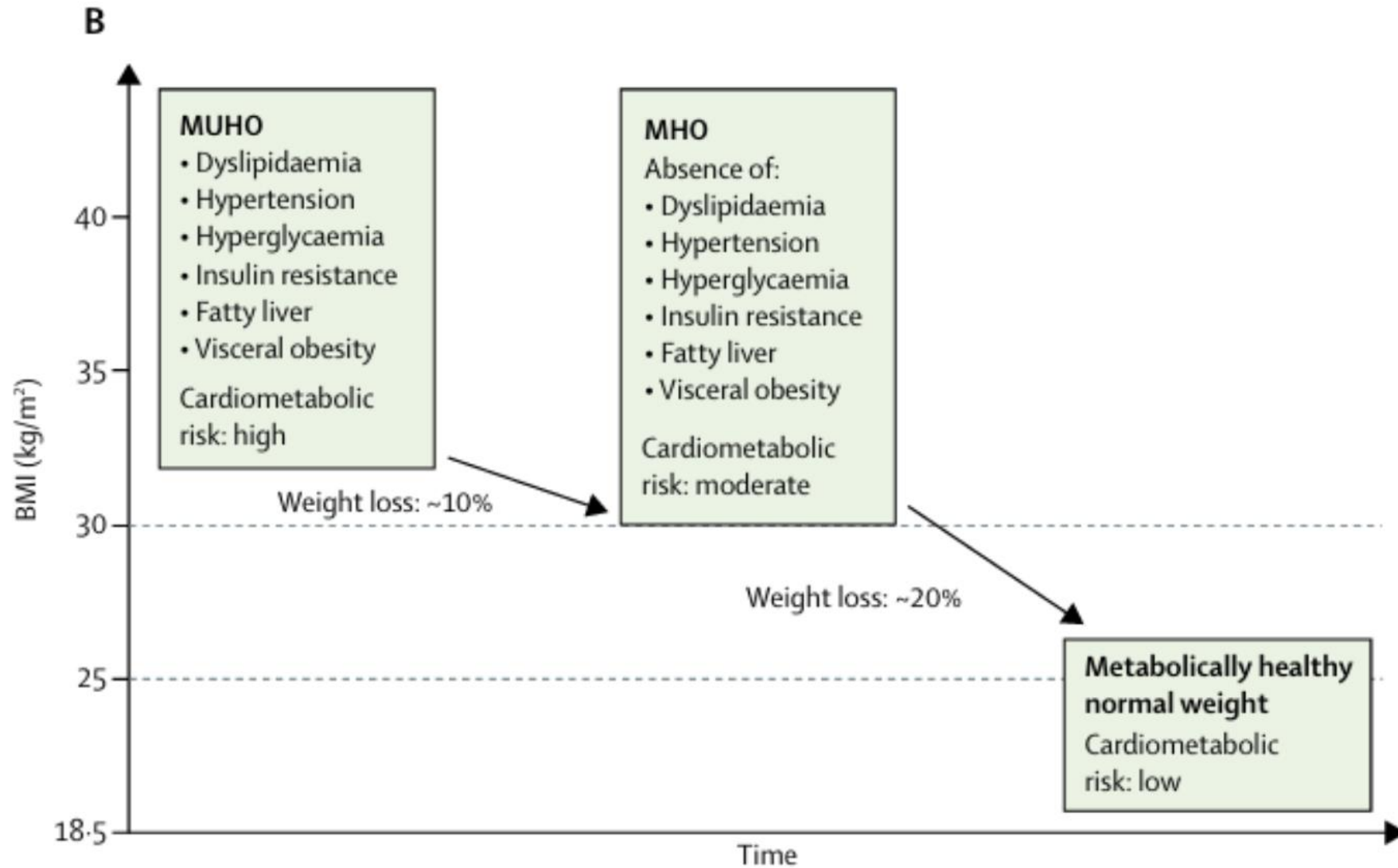
- Metabolic  
**HEALTHY**

If more than 1 criteria

- Metabolic  
**UNHEALTHY**

No consensus on definition of metabolic healthy / unhealthy

# MHO is not that good but better than MUHO



Salimah



45 year old  
Housewife

**Past medical hx**

T2DM x 5yr  
Hypertension  
Hyperlipidemia  
Osteoarthritis b/l

**Medications**

Metformin 500mg BD  
Glipizide 10mg BD  
Amlodipine 10mg OD  
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**Examination**

BP 140/87 HR 78

**Labs**

HbA1c 7.9%  
Glucose 10.2mM  
TC 5.5 LDL 3.6 HDL 0.8  
TG 3.5mM  
uACR 5.4mg/mol

114 kg  
BMI 45 kg/m<sup>2</sup>  
Neck: 42.5cm  
Waist: 120cm  
Hip: 140cm  
Height: 160cm

W/H: 0.86 > 0.85  
W/Ht: 0.75 > 0.5

# Weight trend

45 year old  
114 kg, BMI 45 kg/m<sup>2</sup>



**Salimah**

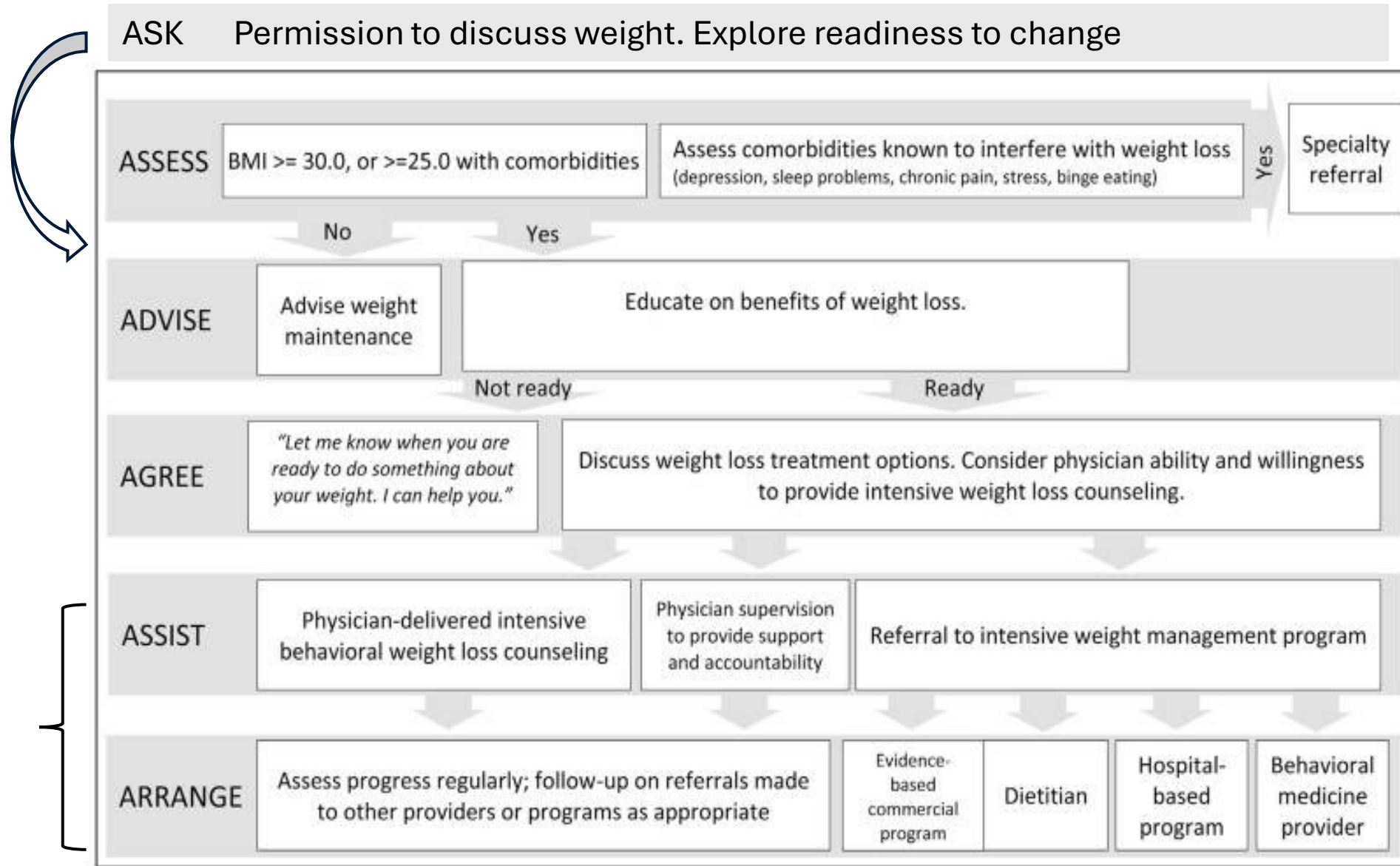
Age 21: 50kg  
Age 42: 117kg  
After 1<sup>st</sup> child: 65kg  
After 2<sup>nd</sup> child: 72kg  
Miscarriage: 100kg

## Weight loss attempts

1. 6 months phentermine: lost 5kg after 2<sup>nd</sup> child  
Regained after stopping (palpitations)
2. 6 months Chocofit supplement: lost 25kg  
Stopped as banned in Singapore, regained


# 5As Approach to Obesity Management

Slight variations



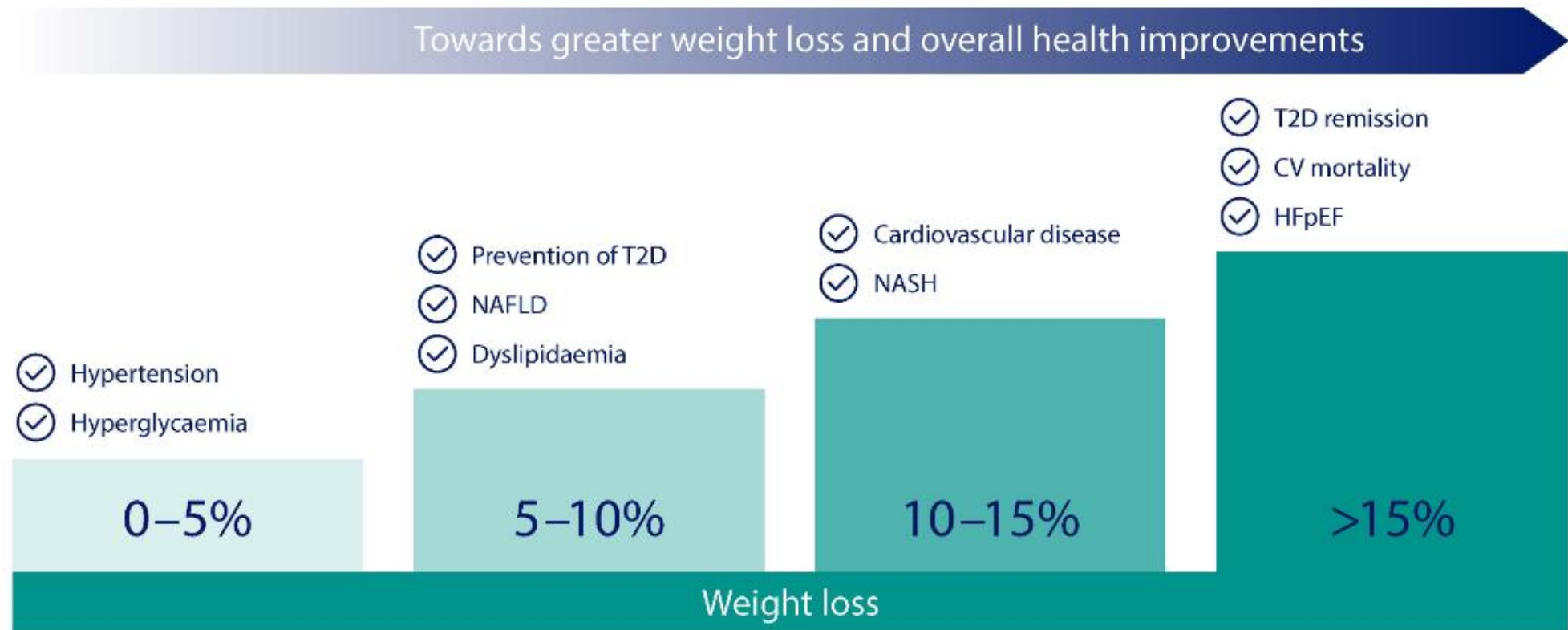
# Target regaining of HEALTH, not weight as a number

## Improvements in Obesity-Associated Complications and Comorbidities with Weight Reduction



2–5%	Blood glucose Triglycerides
5–10%	Systolic and diastolic blood pressure HDL cholesterol Hepatic steatosis Knee pain and function in osteoarthritis Urinary stress incontinence Polycystic ovary syndrome (improved menstrual cyclicality, reduced serum androgens) Male hypogonadism Quality of life
10–15%	Gastroesophageal reflux disease (improved symptom severity and frequency) Obstructive sleep apnea (decreased Apnea-Hypopnea Index) Steatohepatitis (improvement in MASH activity score) Female infertility
>15%	Remission of T2D

# Cardiovascular health benefits resulting from weight loss



Tackling obesity positively impacts different cardiovascular disease risk factors thereby improving overall cardiovascular health.<sup>3,8-11</sup>

CV, cardiovascular; HFpEF, heart failure with preserved ejection fraction; NAFLD, non-alcoholic fatty liver disease; NASH, non-alcoholic steatohepatitis; T2D, type 2 diabetes.

# S.M.A.R.T GOALS

**S**



SPECIFIC

**M**



MEASURABLE

**A**



ACHIEVABLE

**R**



RELEVANT

**T**



TIME-BOUND

# Create a **SYSTEM**

## **S.M.A.R.T**

- **1% better every day**
- **Link new habits to old ones**
  - **Make it Easy**
  - **Make it Attractive**
  - **Make it Obvious**
  - **Make it Satisfying**

**— YOU —**  
CAN DO IT!  


**3 Advise** On obesity risks. Discuss the health benefits of obesity management.

**Medical Nutrition Therapy (MNT)**

MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling. MNT should:

- a. be personalized and meet individual values, preferences and treatment goals to promote long term adherence
- b. be administered by a registered dietitian to improve weight-related and health outcomes

**Physical Activity**

30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:

- a. small amount of weight and fat loss
- b. improvements in cardiometabolic parameters
- c. weight maintenance after weight loss

**i** Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.

**The Three Pillars of Obesity Management that Support Nutrition and Activity**



Treating the root causes of obesity is the foundation of obesity management - refer to the 4m framework - **mechanical, metabolic, mental and social milieu**

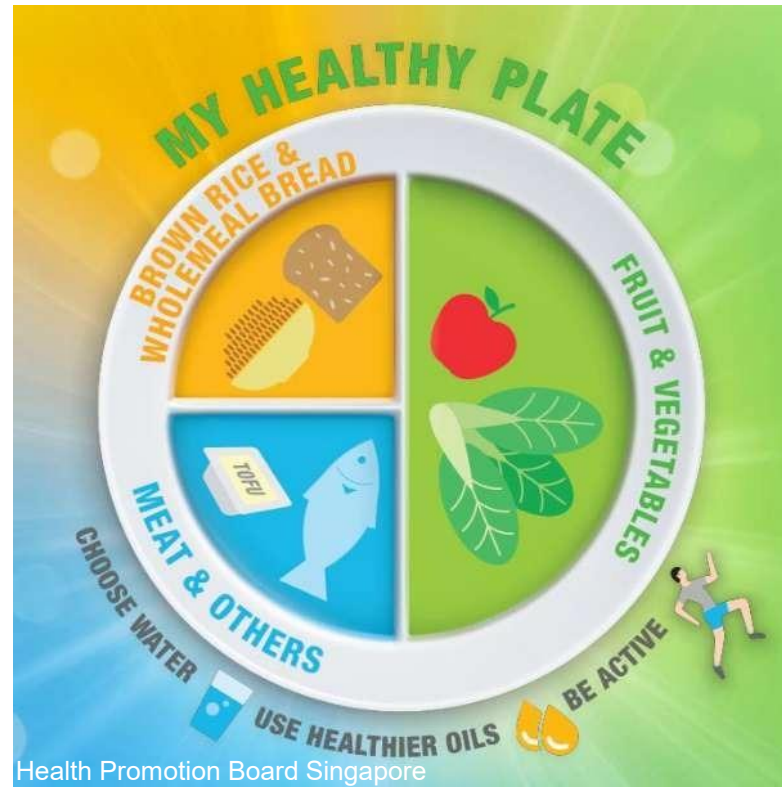
# Lifestyle



Breakfast	6am: Date 2 pc 1 cup full cream milk 1 slice white bread with thin spread nutella
Lunch	12-1pm: 1 bowl rice + 1 mid-wing (in gravy e.g. lemak chilli padi - does not deep fry) + 2 serving vegetable (leafy green - stir fry/soup)
Afternoon Tea	Buys snacks on the way home with children: Regular Macdonald's fries + 6 pc nuggets (share with children) – 2x/week OR 1 pc epok epok (potato filling)
Dinner	7-8pm: 1 bowl rice + 1 mid-wing (in gravy e.g. lemak chilli padi - does not deep fry) + 2 serving vegetable (leafy green - stir fry/soup)
Others/Remarks	Canola oil for cooking Fruits sometimes 2x/week
Estimated intake	What is her estimated daily caloric and protein intake? Proportions of macros?

Treadmill 15mins (walking) daily while children are in school  
Sends children to and back from school takes bus (2 stops) + some walking  
Seldom go out otherwise  
Marketing once per week

Eat for  
**NUTRITION**  
VS  
Eat for "fun"



- 1) **PLAN** your meals
- 2) Eat **REGULAR** meals
- 3) Drink **sufficient water**
- 4) **Avoid late meals** eg within 2 hours of bedtime



# Which diet? Macro ratio?

## Common diets.

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- (1) Low Fat Diets
    - Pritikin Diet
    - Ornish Diet
  - (2) Vegetarian Diets
    - Vegan Diet
    - Vegetarian Diet
  - (3) Low Carbohydrate Diets
  - (4) Intermittent Fasting
  - (5) Diets recommended by medical societies
    - Whole-food plant-based diet
    - American Heart Association
    - Dash diets
    - Mediterranean diet
- 

## Common reasons for adopting a fad diet.

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- Provides structure in adopting a diet.
  - The proposed diet seems achievable (consistent with one's sense of self-efficacy).
  - Believe the diet will lead to better health
  - Believe the diet will lead to weight loss
  - Highly recommended by a friend
  - Attracted by the popularity of the diet
  - Feel that need to try something new
  - Attracted by the novelty of the diet
-

# Considerations of dietary change

Comparison of weight loss among participants adherent to three diets.

	Low fat restricted calorie diet	Mediterranean restricted calorie diet	Low carb non-restricted calorie diet
% Adherence to diet	90.4%	85.3%	78.0%
Loss of weight (kg)	3.3 + 4.1	4.6 + 6.0	5.5 + 7.0
Reduction in BMI (kg/m <sup>2</sup> )	1.0 + 1.4	1.5 + 2.2	1.5 + 2.1
Reduced waist circumference (cm)	2.8 + 4.3	3.5 + 5.1	3.8 + 5.2
	Fat <10% of calories		Carbs <40% of calories; Very low <10- 15%

- 1. Is it adequate for my nutritional needs?**
- 2. Does it help me achieve my goals?**
- 3. Is it sustainable over the long-term?**

# New vs Old Food Pyramid 2026 (American)



From left: US Dept of Agriculture; Getty Images Plus

## Health Promotion Board



# Practice Mindfulness



- **Eat slowly (>20min)**



- **Replace unhealthy options with healthier choices**



- **Replace unhelpful habits with mindful ones**

# 5A's of obesity management

## Ask

Permission to discuss weight  
Explore readiness to change/address

## Assess

Obesity stage and/or BMI, for co-morbidities  
Drivers, complications, and barriers

## Advise

Discuss benefits of modest weight loss in context  
Discuss treatment options

## Agree

Agree on realistic weight loss expectations  
Agree on SMART behaviour change goals  
Agree on a treatment plan

## Assist

Assist in addressing drivers and barriers  
Assist in accessing resources  
Refer prn / arrange follow up

# Tools

Free apps

## HealthHub BMI and Calorie Calculator



Key in age group 30-59, height 171cm, actual weight 97kg



*If weight loss is guided by clinicians, we can work with patient to **minus >500kcal deficit/day for weight loss***

if no access to calculators and apps, generally safe and practical to estimate **~1500kcal for male** and **~1000-1200kcal** for female for weight loss





Log My Meal      HPB Fitness...      Link Accou...



### Meal Log

23 Feb 2026

0 kcal  
[View my Daily Summary](#)

WHAT I HAVE CONSUMED ⓘ

- 12am - 5am **Early Morning** +
- 5am - 11am **Morning** +
- 11am - 2pm **Midday** +
- 2pm - 5pm **Afternoon** +
- 5pm - 9pm **Evening** +
- 9pm - 12am **Night** +

### Meal Log

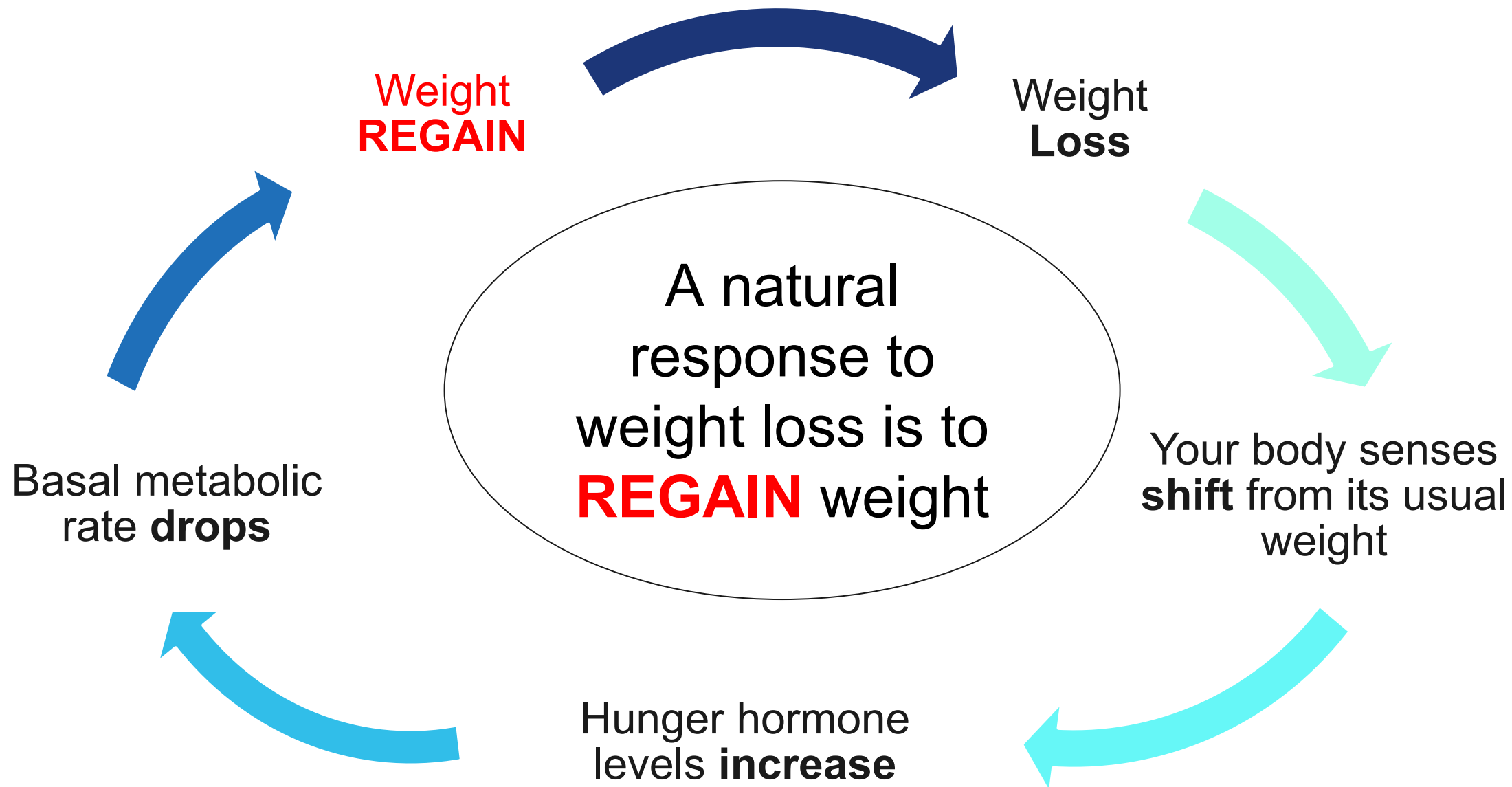
Midday (11am - 2pm) ▾

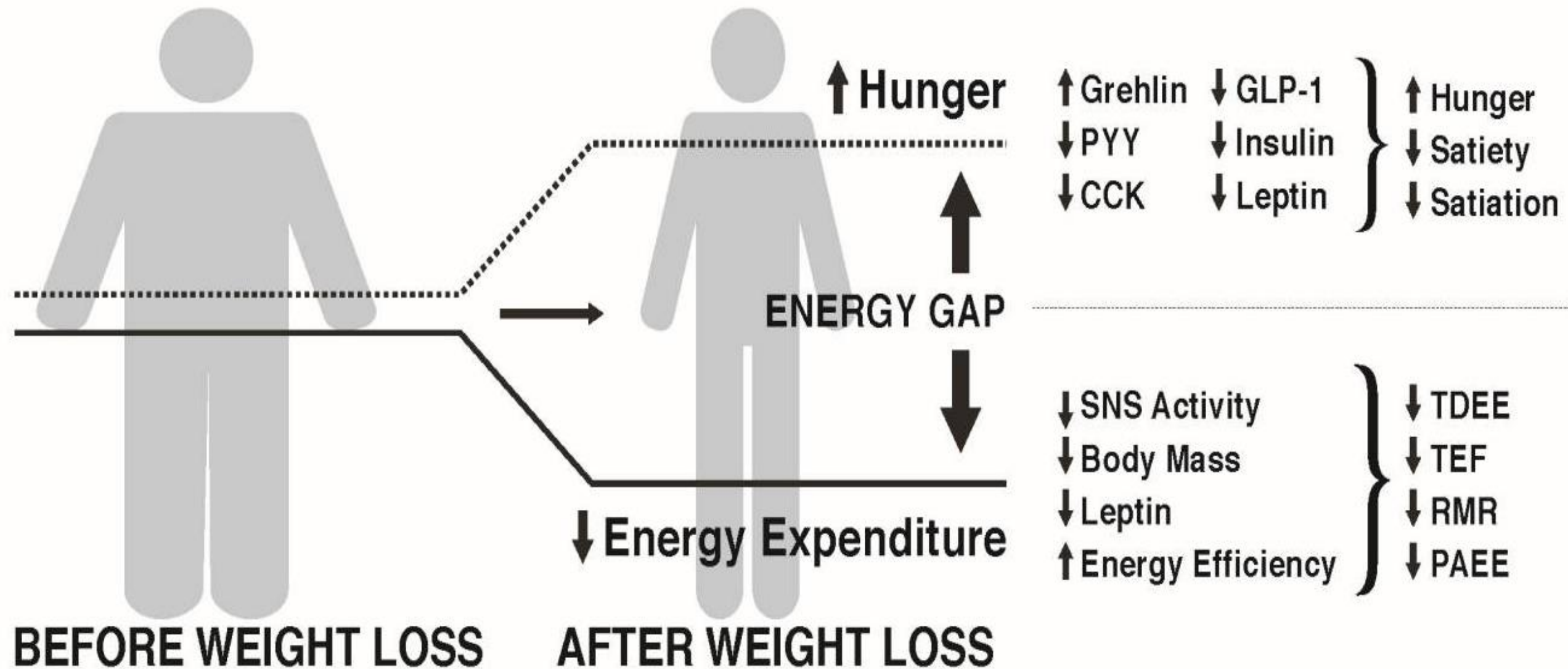
🔍 Laksa × Cancel

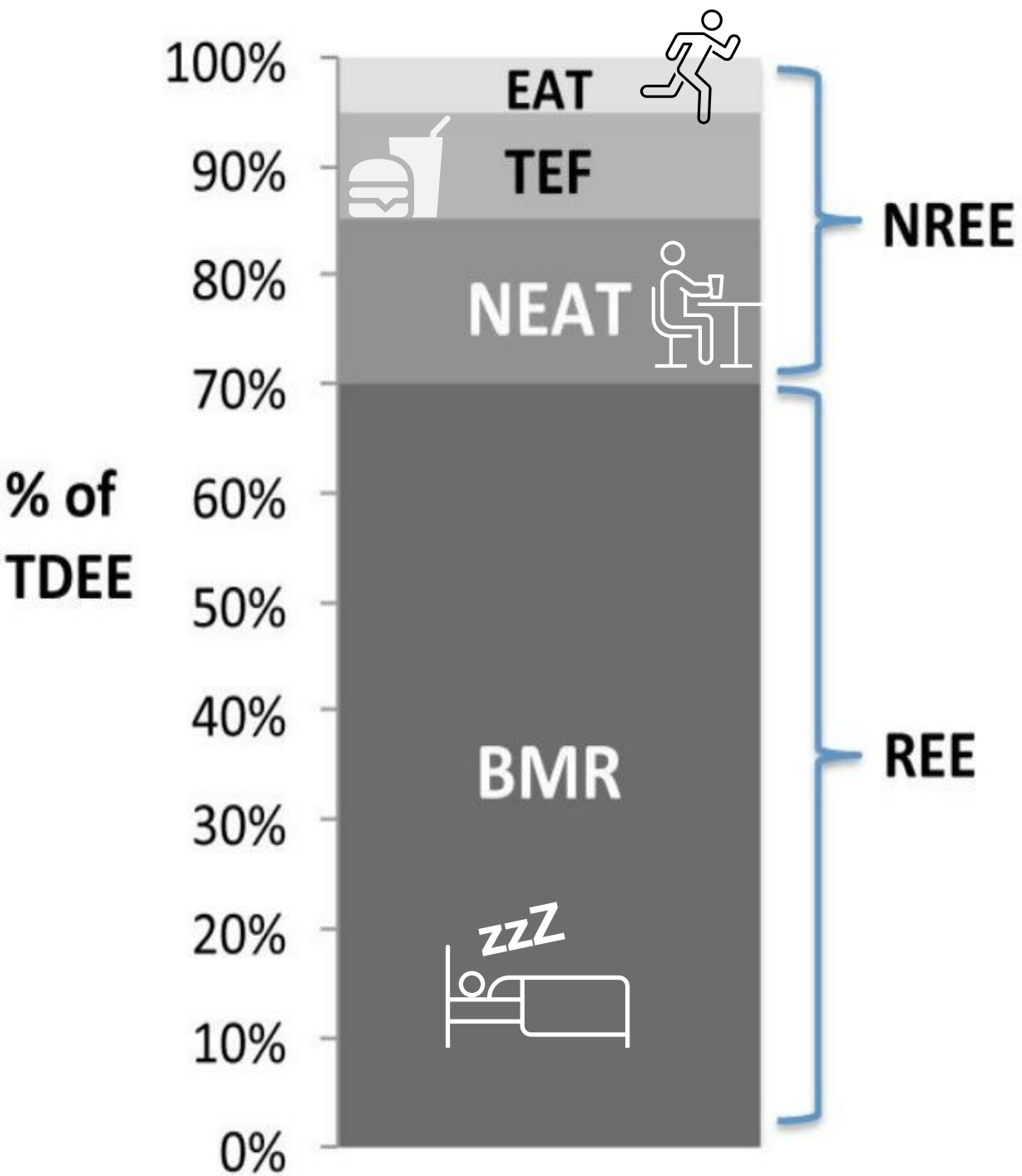
3 results found

- Laksa** +  
815 kcal for 1 bowl(s)
- Penang laksa** +  
433 kcal for 1 bowl(s)
- Vegetarian laksa** +  
753 kcal for 1 bowl(s)

# Noticed that you go in this cycle?







**EAT:** Exercise activity thermogenesis

**TEF:** Thermic effect of food

**NEAT:** Non-exercise activity thermogenesis

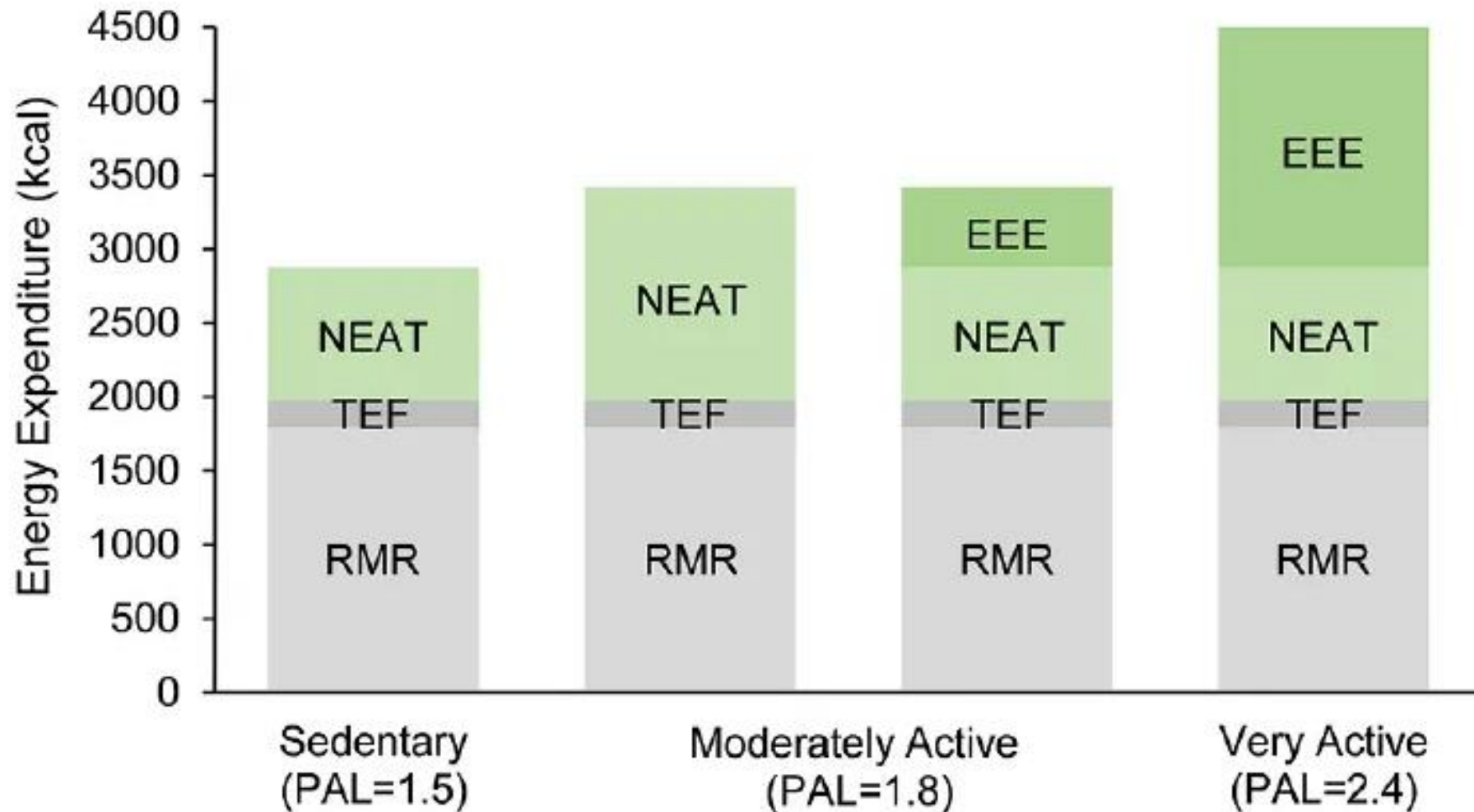
**NREE:** Non-resting energy expenditure

**REE:** Resting energy expenditure

**BMR:** basal metabolic rate

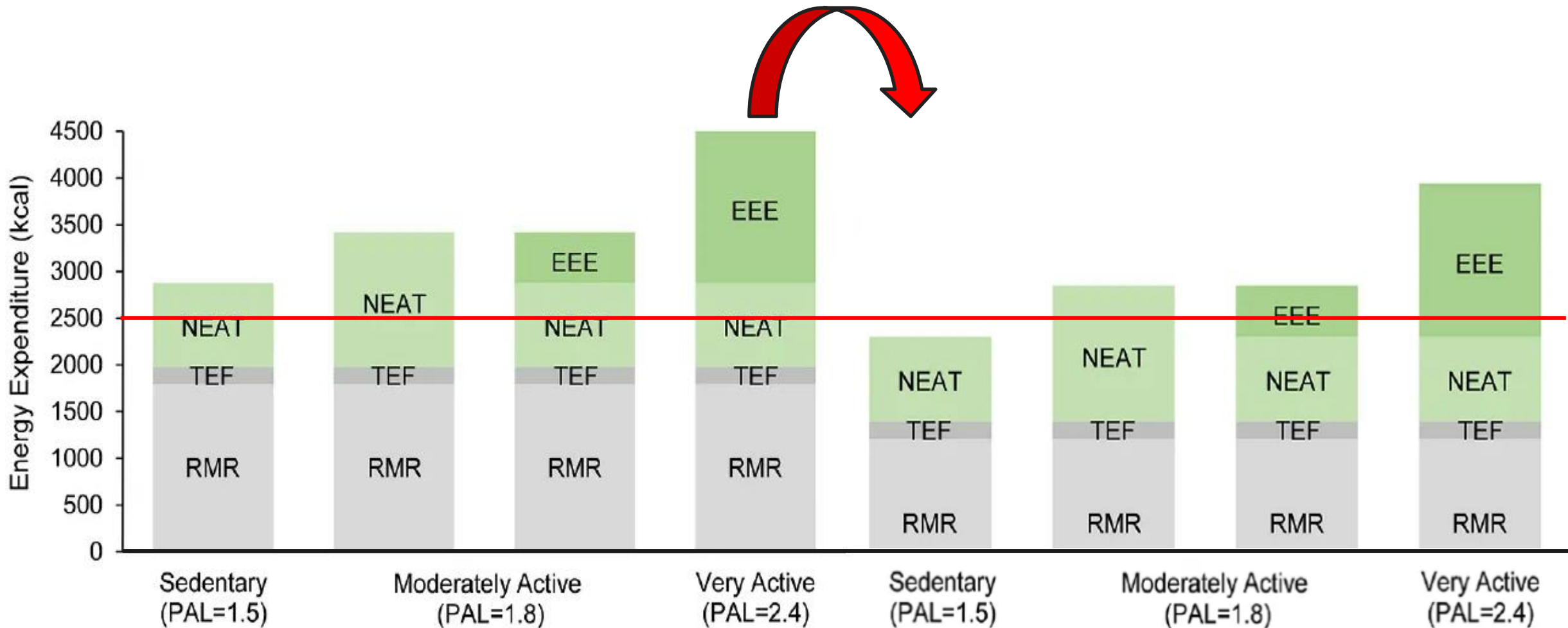
**TDEE:** Total daily EE

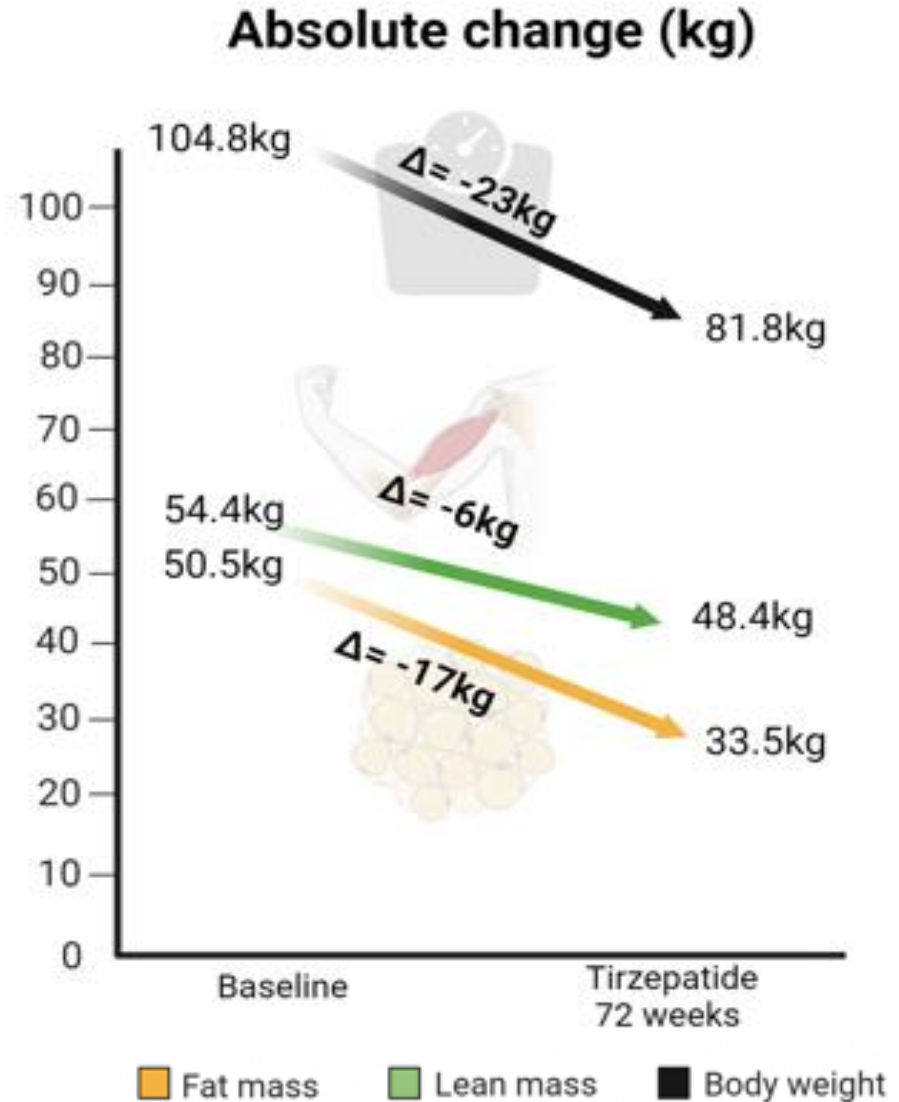
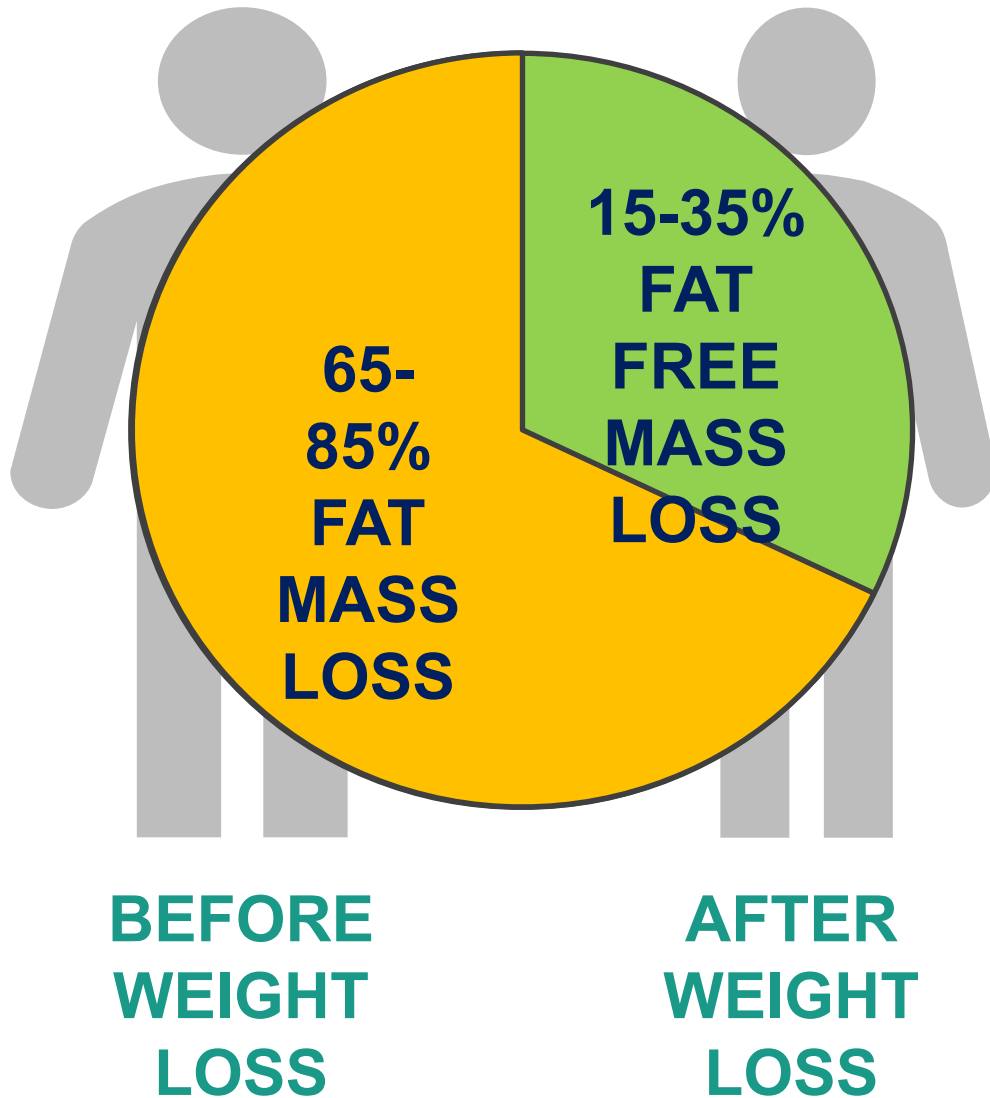
# Total energy expenditure and lifestyle



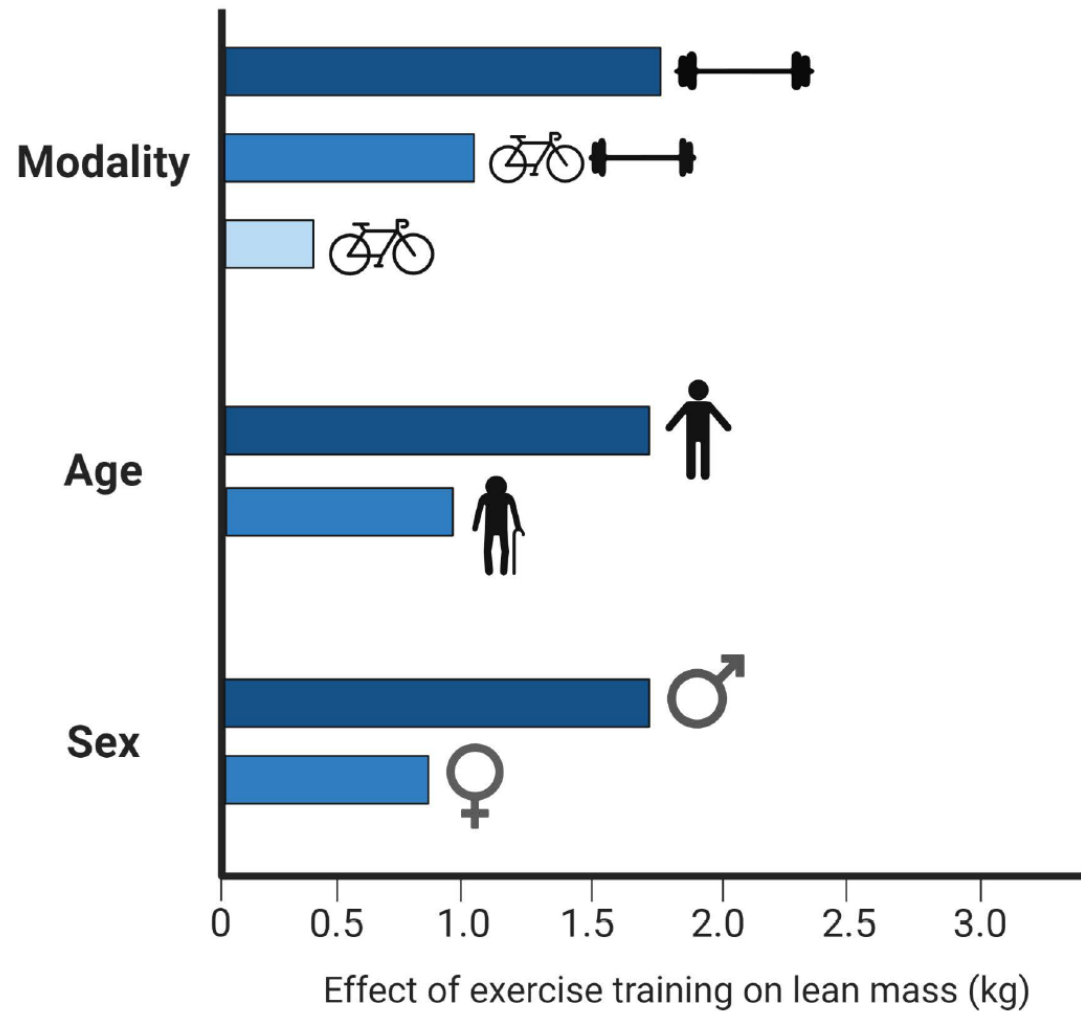
# Fat-free/Lean mass drop, REE drop

## Metabolic rate drop





# RESISTANCE EXERCISE to maintain **lean mass** while losing **fat mass**



# AEROBIC EXERCISE for **weight loss** and **maintenance**

- Aim for 150-300mins per week
- Start slow and gradual increase in duration + intensity + frequency

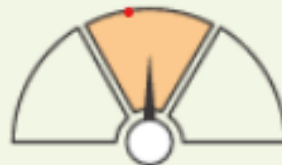


## Exercise intensity

## Singapore Physical Activity Guide



**Light**  
Can talk in full sentences and sing



**Moderate**  
Can talk in phrases or short sentences but cannot sing



**Vigorous**  
Have difficulty talking

# Physical activity vs Exercise



- Treadmill 15mins (walking) daily while children are in school
- Sends children to and back from school takes bus (2 stops) + some walking
- Housework daily
- Seldom go out otherwise
- Marketing once per week

**Consider Exercise Prescription**

# Exercise Prescription Example

## Beginner

- **3 days aerobic training**
  - Brisk walking, start 15min/day and build up
- **3 days resistance training**
  - Upper limb, lower limb, core → start one exercise each
  - Repetitions, sets → start 8 reps, 1-2 sets
  - Rest every other day for muscles to recover
- Start slow and build up intensity + duration
- **Avoid injury**, get professional help if needed



<https://activesg.gov.sg/programmes/activities>



## Stronger at 40

Intensity \* Low **Moderate** Vigorous

### Strength doesn't have an age limit!

Do you know that muscle mass decreases approximately 3–8% per decade after the age of 30? It is never too late to start building strength. This 6-week programme is specifically designed for those **aged 40–59 years** to tackle age-related issues such as muscle decline. You'll learn strength-training exercises using bodyweight and common gym equipment while building confidence in your ability to stay strong.

Get ready for practical, hands-on exercises and theory lessons on proper technique using different equipment that targets different muscle groups and understand the theoretical components (technique and rationale) behind the exercises.

**Duration:** 6-week programme (1 session per week, 60 minutes per session)

**Note:** A Fitness and Health Assessment is recommended before signing up for this programme.



# Combat Age-Related Loss of Muscle (CALM) 1.0 & 2.0

Intensity \* Low Moderate Vigorous

Strengthen your body and age well with guided resistance training!  
 This 14-week bundle combines CALM 1.0 and CALM 2.0 – designed especially for seniors aged 60 and above to learn, progress, and build confidence in

## CALM 1.0 (8- weeks programme)

CALM 1.0 consists of 3 elements:

1. Assessments (Handgrip strength, walking speed and muscle mass)
2. Resistance Exercises (Using resistance band provided on Week 1 and free weights)
3. Domain Sharing (Move Better, Eat Better and Rest Better)

## CALM 2.0 (6-weeks programme)

CALM 2.0 consists of:

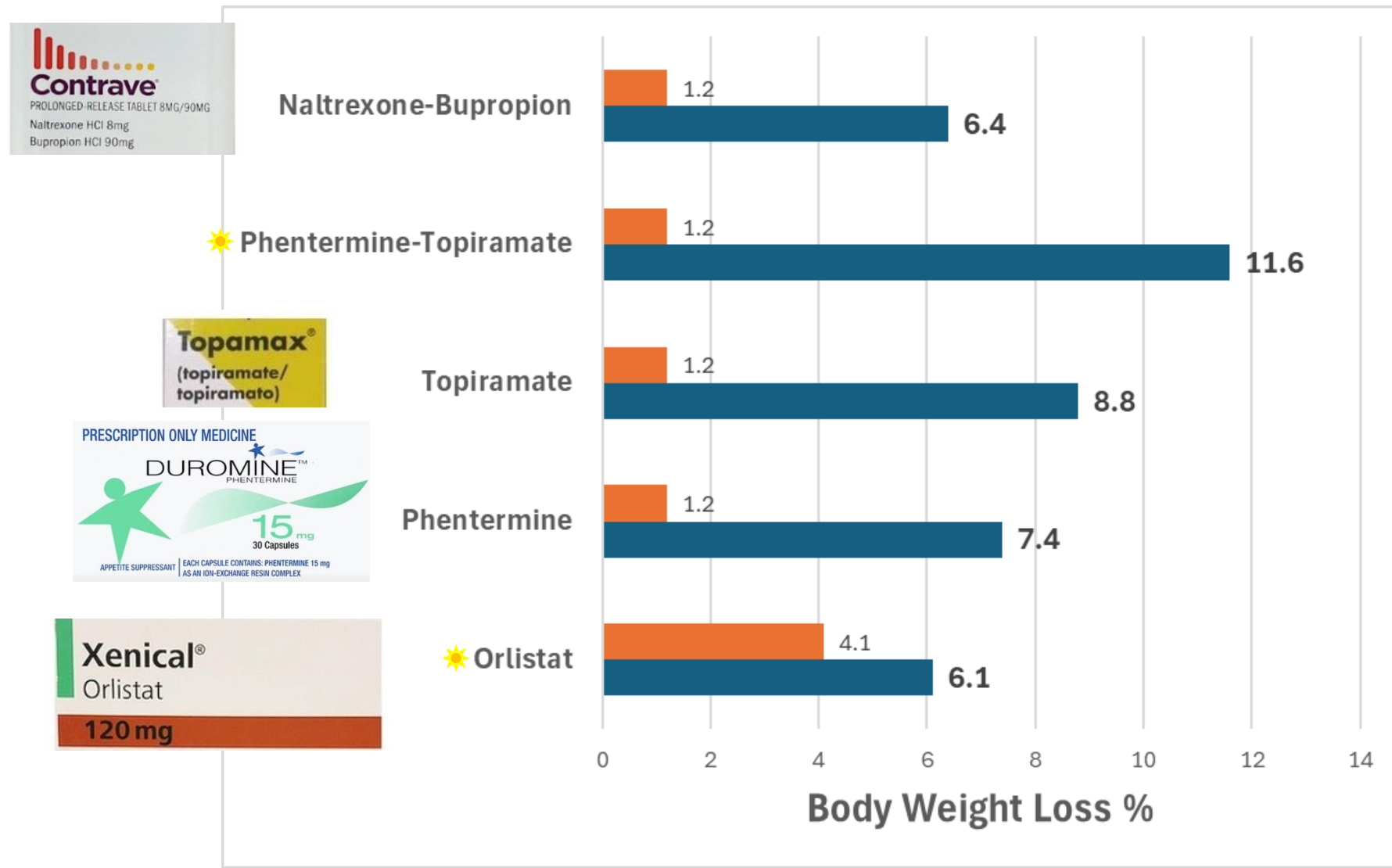
1. Principles of strength training
2. Introduction to gym machines

# Obesity management medications available in Singapore

Not endorsement for any medication



# Efficacy of oral medications



☀ FDA/EMA approved for adolescents 12-17yr

Apovian CM et al. JCEM 2015; 100(2): 342-362.  
Gadde KM et al. Lancet 2011; 377(9774):1341-1352.  
Apovian CM. Future Cardiol. 2016; 12(2):129-138.



**Liraglutide**  
3.0mg

Davies (2015); 56wks; n=846; T2D  
Pi-Sunyer (2015); 56wks; n=3731; OB  
Wadden (2013); 56wks; n=422; OB  
Astrup (2012); 104wks; n=472; OB  
Astrup (2009); 20wks; n=564; OB

**Semaglutide**  
2.4mg

Rubino (2022); 68wks; n=338; OB  
Kadowaki (2022); 68wks; n=401; OB, T2D  
Garvey (2022); 104wks; n=304; OB  
Rubino (2021); 48wks; n=803; OB  
Wadden (2022); 68wks; n=611; OB  
Davies (2021); 68wks; n=1210; OB+T2D  
Wilding (2021); 68wks; n=1961; OB

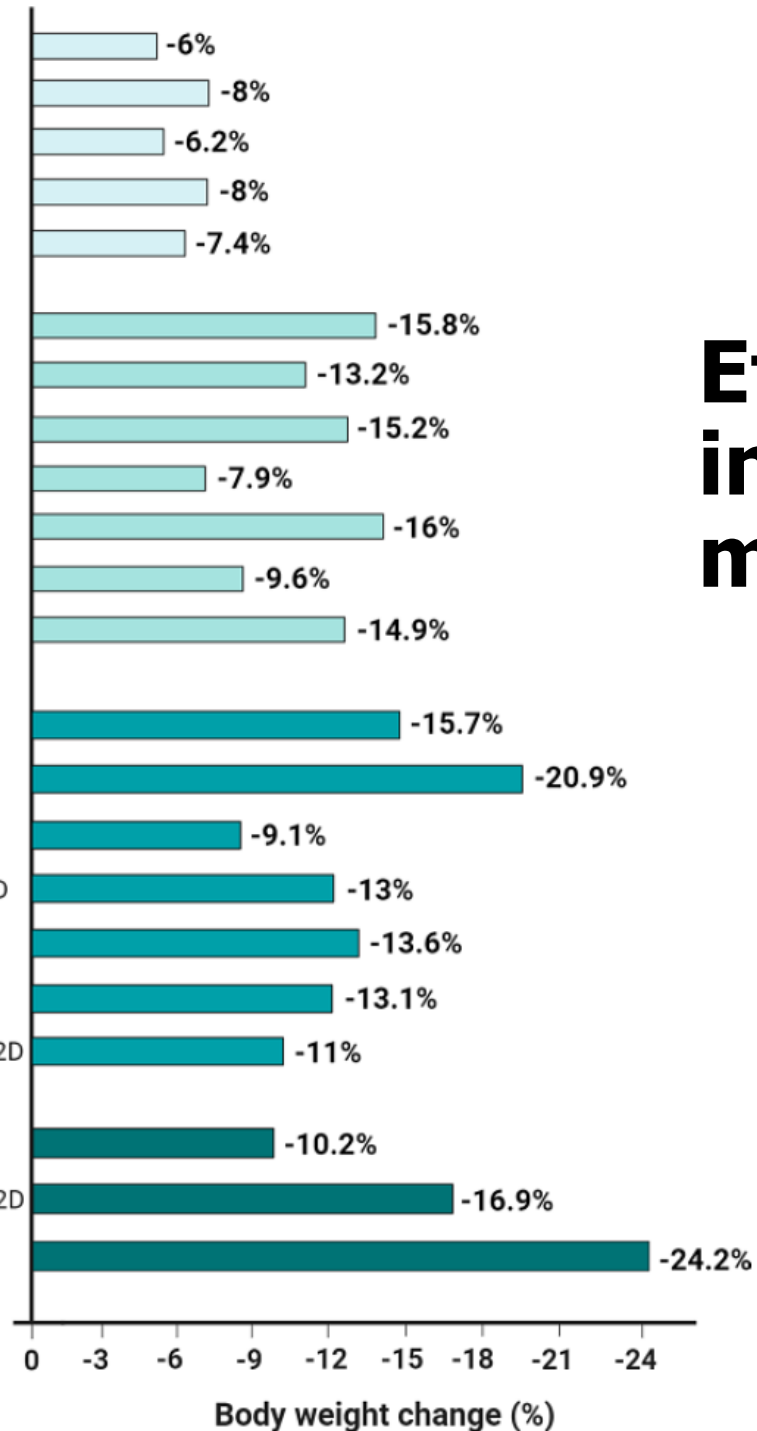
**Tirzepatide**  
15mg

Zoler (2023); 72wks; n=938; OB  
Jastreboff (2022); 72wks; n=2539; OB  
Dahl (2022); 40wks; n=475; T2D  
Del Prato (2021); 52wks; n=2002; OB+T2D  
Ludvik (2021); 52wks; n=1444; OB+T2D  
Frias (2021); 40wks; n=1879; OB+T2D  
Rosenstock (2021); 40wks; n=478; OB+T2D

**Retatrutide**  
12mg

Urva (2022); 12wks; n=72; OB+T2D  
Rosenstock (2023); 36wks; n=281; OB+T2D  
Jastreboff (2023); 48wks; n=338; OB

★ FDA/EMA approved for adolescents 12-17yr

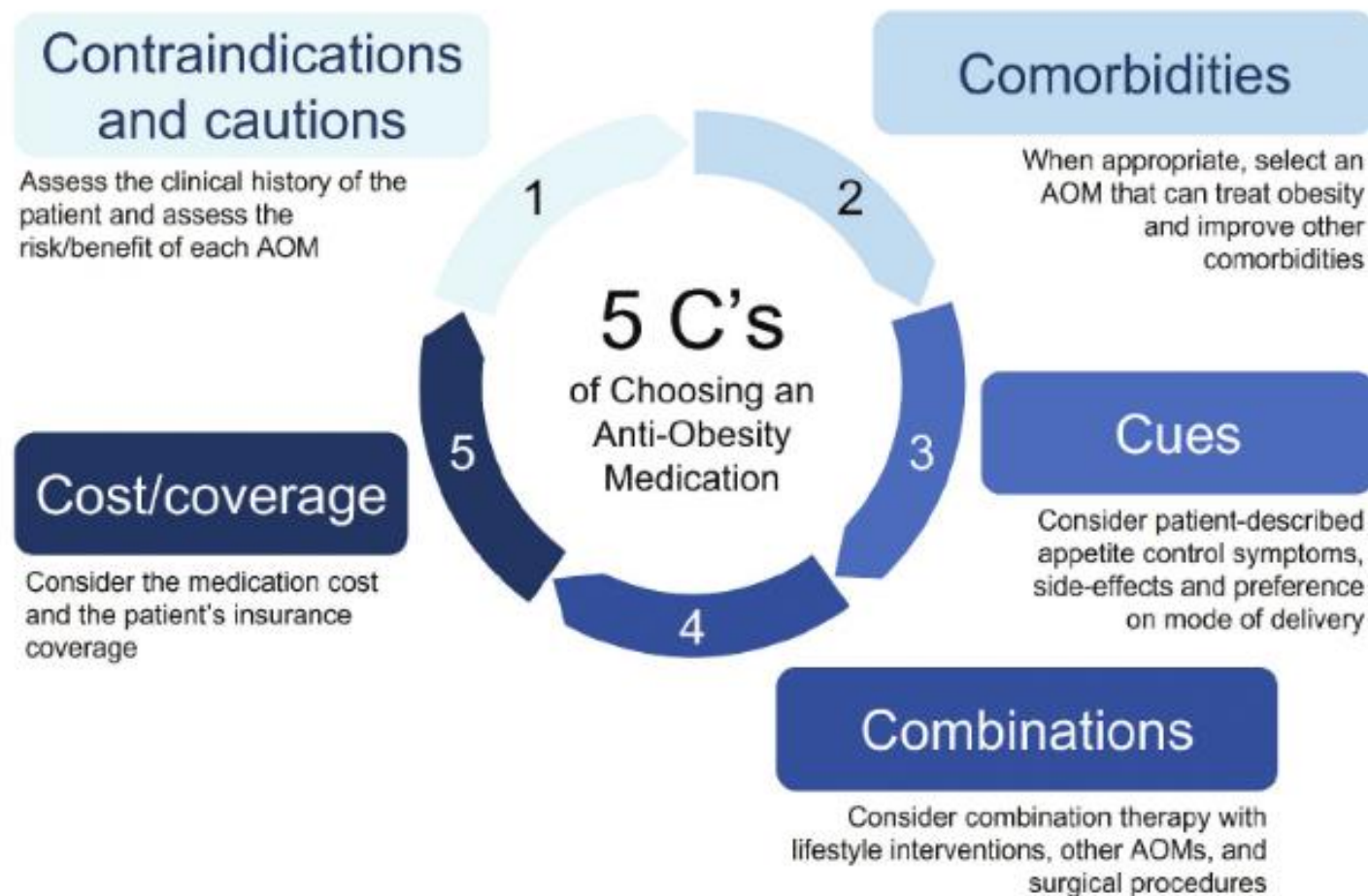


# Efficacy of injectable medications

Apovian CM et al. JCEM 2015; 100(2): 342-362.  
 Gadde KM et al. Lancet 2011; 377(9774):1341-1352.  
 Apovian CM. Future Cardiol. 2016; 12(2):129-138.  
 Pi-Sunyer et al. NEJM. 2015; 373(1): 11-22.  
 Wilding JPH et al. NEJM. 2021; 384(11):989-1002.  
 Jastreboff AM et al. NEJM. 2022;387(3):205-216.

	<b>% of Individuals Achieving this Weight Loss</b>				
<b>Weight Loss Achieved</b>	<b>≥5%</b>	<b>≥10%</b>	<b>≥15%</b>	<b>≥20%</b>	<b>≥25%</b>
Placebo	49	18		2	
<b>Orlistat</b>	<b>69</b>	<b>39</b>		<b>9</b>	
Placebo	21	7			
<b>Phentermine-Topiramate</b>	<b>70</b>	<b>48</b>			
Placebo	17	6	2		
<b>Naltrexone-Bupropion</b>	<b>51</b>	<b>28</b>	<b>14</b>		
Placebo	27	11	4		
<b>Liraglutide</b>	<b>63</b>	<b>33</b>	<b>14</b>		
Placebo	32	12	5	2	
<b>Semaglutide</b>	<b>86</b>	<b>69</b>	<b>51</b>	<b>32</b>	
Placebo	35	19	9	3	2
<b>Tirzepatide 5mg</b>	<b>85</b>	<b>69</b>	<b>48</b>	<b>30</b>	<b>15</b>
<b>Tirzepatide 15mg</b>	<b>91</b>	<b>84</b>	<b>71</b>	<b>57</b>	<b>36</b>

## The 5Cs of choosing an anti-obesity medication (AOM)



**Table 1. Pharmacotherapy used for obesity management in Singapore.**

	Class of drug	Placebo-subtracted weight loss	Potential side effects	Cardiovascular effects	Glucose-lowering effect	Route	
Licenced for short-term use							
	Phentermine	Sympathomimetic agent	3.6–4.5 kg	Dry mouth, insomnia, agitation, palpitation	Not suitable in CV disease	Neutral	Tablet (once daily)
Licenced for long-term use							
	Orlistat	Lipase inhibitor	2.9%–3.4%	Oily stool, diarrhoea, faecal incontinence	Safe	Neutral	Tablet (up to three times a day)
	Liraglutide	GLP-1 receptor agonist	5.4%	Nausea, vomiting, diarrhoea, constipation	Safe, may be of benefit	Benefit	Daily SC injection
	Naltrexone–bupropion	Opioid antagonist (naltrexone)/dopamine and noradrenaline reuptake inhibitor (bupropion)	4.2%	Nausea, vomiting, constipation, headache	Safe	Neutral	Tablet (twice daily)
	Semaglutide <sup>a</sup>	GLP-1 receptor agonist	14.5%	Nausea, vomiting, diarrhoea, constipation	Safe, may be of benefit	Benefit	Weekly SC injection

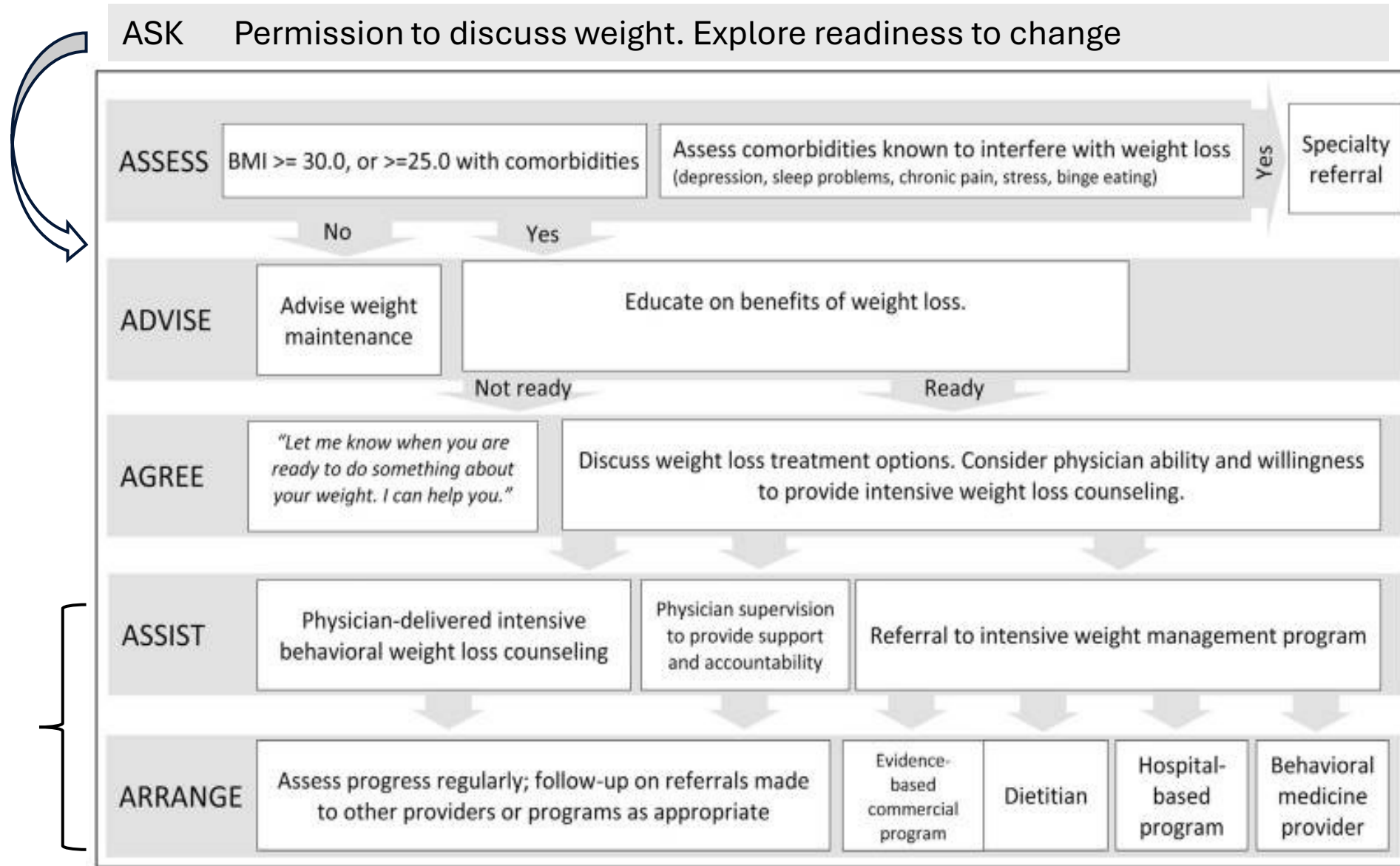
Lee PC, Lim CH, Asokkumar R, Chua MWJ. Current treatment landscape for obesity in Singapore. Singapore Med J. 2023 Mar;64(3):172-181.

WEIGHT-LOSS MEDICATIONS APPROVED BY THE FDA FOR LONG-TERM TREATMENT OF OBESITY					
Anti-obesity Medication (Trade Name) Year of FDA Approval	Mechanism of Action, Study Name, Study Duration: % TBWL Greater Than Placebo	Dose	Common Side Effects	Contraindications, Cautions, and Safety Concerns ✓ Contraindication • Warning, Safety Concern	Monitoring and Comments
<b>Phentermine/Topiramate ER</b> (Qsymia®) 2012	NE-releasing agent (phentermine)  GABA receptor modulation (topiramate)  EQUIP CONQUER SEQUEL  <b>1 yr: 8.6%–9.3% on high dose; 6.6% on treatment dose</b>  <b>2 yr: 8.7% on high dose; 7.5% on treatment dose</b>	<b>Starting dose:</b> 3.75/23 mg PO QD for 2 weeks  <b>Recommended dose:</b> 7.5/46 mg PO QD  <b>Escalation dose:</b> 11.25/69 mg PO QD  <b>Maximum dose:</b> 15/92 mg PO QD	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Paresthesia</li> <li>• Insomnia</li> <li>• Decreased bicarbonate</li> <li>• Xerostomia</li> <li>• Constipation</li> <li>• Nasopharyngitis</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Cognitive impairment (concentration and memory)</li> <li>• Dizziness</li> <li>• Nausea</li> <li>• Dysgeusia</li> </ul>	<ul style="list-style-type: none"> <li>✓ Pregnancy and breastfeeding (topiramate teratogenicity)</li> <li>✓ Hyperthyroidism</li> <li>✓ Acute angle-closure glaucoma</li> <li>✓ Concomitant MAOI use (within 14 days)</li> <li>• Tachyarrhythmias</li> <li>• Decreased cognition</li> <li>• Seizure disorder</li> <li>• Anxiety and panic attacks</li> <li>• Nephrolithiasis</li> <li>• Hyperchloremic metabolic acidosis</li> <li>• Dose adjustment with hepatic and renal impairment</li> <li>• Concern for abuse potential</li> <li>• Combined use with alcohol or depressant drugs can worsen cognitive impairment</li> </ul>	<b>Monitor for:</b> <ul style="list-style-type: none"> <li>• Increased heart rate</li> <li>• Depressive symptomatology or worsening depression especially on maximum dose</li> <li>• Hypokalemia (especially with HCTZ or furosemide)</li> <li>• Acute myopia and/or ocular pain</li> <li>• Acute kidney stone formation</li> <li>• Hypoglycemia in patients having T2DM treated with insulin and/or sulfonylureas</li> </ul> <ul style="list-style-type: none"> <li>- Potential for lactic acidosis (hyperchloremic non-anion gap) in combination with metformin</li> <li>- MAOI (allow ≥14 days between discontinuation)</li> <li>- 15 mg/92 mg dose should not be discontinued abruptly (increased risk of seizure); taper over at least 1 week</li> <li>- Health care professional should check BHCG before initiating, followed by monthly self-testing at home</li> <li>- Monitor electrolytes and creatinine before and during treatment</li> <li>- Can cause menstrual spotting in women taking birth control pills due to altered metabolism of estrogen and progestins</li> </ul>

AACE 2016

# 5As Approach to Obesity Management

Slight variations



# Obesity & Metabolic Clinic



OSA, MASLD, Severe OA,  
Dysfunctional eating  
Advanced therapeutics

Referrals from General Practitioner or Polyclinic doctor are welcome.

## Referral criteria for OMC:

- Aged 18 and above
  - BMI  $\geq 32.5\text{kg/m}^2$  with obesity-related complications
- OR
- BMI  $\geq 37.5\text{kg/m}^2$  with and without obesity complications
- OR
- Require pharmacotherapy/surgical management

**Multi-discipline team:** Endocrinology, Advanced Internal Medicine, Upper GI (Metabolic Bariatric Surgery), Gastroenterology (Endobariatrics & MASLD), Dietetics, Physiotherapy, Psychology, & Nurse Specialists, to support PwO in their journey

# Obesity & Metabolic Service Team



## For Specialist Outpatient Clinic (SOC) Referrals

Woodlands Health (WH) welcomes referrals from GP partners to its [Specialist Services](#) via HAS, email, your HSG compatible Clinic Management System, or e-fax.

### [Find a Specialist.](#)

For GP partners, who would like to know more about WH specialist services referrals, please view this [Information Kit](#).

To refer to WH Specialist services, you may do so via:

- **Online Form:** <https://for.sg/apptform>
- **Email:** [wh.gp@nhghealth.com.sg](mailto:wh.gp@nhghealth.com.sg) (Dedicated email for GPs)
- **Primary Care Partners Hotline:** 6363 3131

#### Operating hours:

Mondays to Fridays: 8.00am to 8.00pm

Saturdays, Sundays & Public Holidays: 8.00am to 2.00pm

- **Fax:** 6361 1980

### Including

- **Obesity & Metabolic Clinic**
  - **Medical**
  - **Surgical /Endobariatrics**
- **WH Nutrition & Dietetics**
  - **Direct from GP, private rate**

# Further Resources

Family Practice Skills Course (2-Day) - Virtual

# Basic Obesity Management Accreditation 6 (BOMA 6)

Sat, 3 October 2026: 2.00pm - 5.00pm  
Sun 4 October 2026 : 2.00pm - 5.00pm



**DAY 1 TOPICS**

- Understanding Obesity: How and Why?
- Approach to the Patient with Obesity
- The Psychology in Obesity
- Dietary Interventions for Weight Loss
- Intensifying Treatment: Bariatric Surgical Interventions
- Approach to Childhood and Adolescent Obesity

**SAMPLE OF 2025 PROGRAMME**

**DAY 2 TOPICS**

- Obesity & Cancer: What is the Relevance?
- The Cardiovascular System in Obesity
- Pharmacotherapy in Obesity Management: The conventional, the novel and the pipelines

**WORKSHOPS**

Case studies

This FPSC is sponsored by Novo Nordisk Pharma Singapore Pte Ltd and organised by College of Family Physicians Singapore and Singapore Association for the Study of Obesity.



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE



For further information:  
[sfp@cfps.org.sg](mailto:sfp@cfps.org.sg) or  
[admin@saso.org.sg](mailto:admin@saso.org.sg)



## **PRACTICAL OBESITY MANAGEMENT SKILLS (POMS) COURSE**

Jointly organized by Singapore Obesity for the Study of Obesity & the NHG Tiered Weight Management Workgroup

This course aims to equip the primary care physicians, specialists, nurses and allied health professionals with the knowledge and practical skills in the management of obesity via hands-on and experiential sessions.

### **TOPICS**

- Prescribing dietary interventions and physical activity
- Motivational Interviewing
- Update on obesity management medications with case studies
- Learn to interpret body composition analyses.
- Obesity management in special conditions (sarcopenic obesity, women throughout the life course)

### **COURSE DIRECTORS**



#### **Dr Tham Kwang Wei**

Senior Consultant,  
Endocrinologist  
Clinical Lead,  
Obesity & Metabolic Service,  
Woodlands Hospital  
President, SASO



#### **Dr Lee Yingshan**

Senior Consultant,  
Endocrinologist  
Clinical Lead,  
Weight Management Service,  
Tan Tock Seng Hospital  
Vice-President, SASO



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**Thank You**

Tan Tock Seng Hospital • Khoo Teck Puat Hospital • Woodlands Hospital • Yishun Community Hospital • TTSH Integrated Care Hub  
Institute of Mental Health • National Skin Centre • National Centre for Infectious Diseases • NHG Cancer Institute • NHG Eye Institute • NHG Heart Institute  
Population Health • NHG Polyclinics • Diagnostics • Pharmacy • Community Care • NHG College • Centre for Healthcare Innovation