



Nouvelle définition de l'obésité

H.U.B

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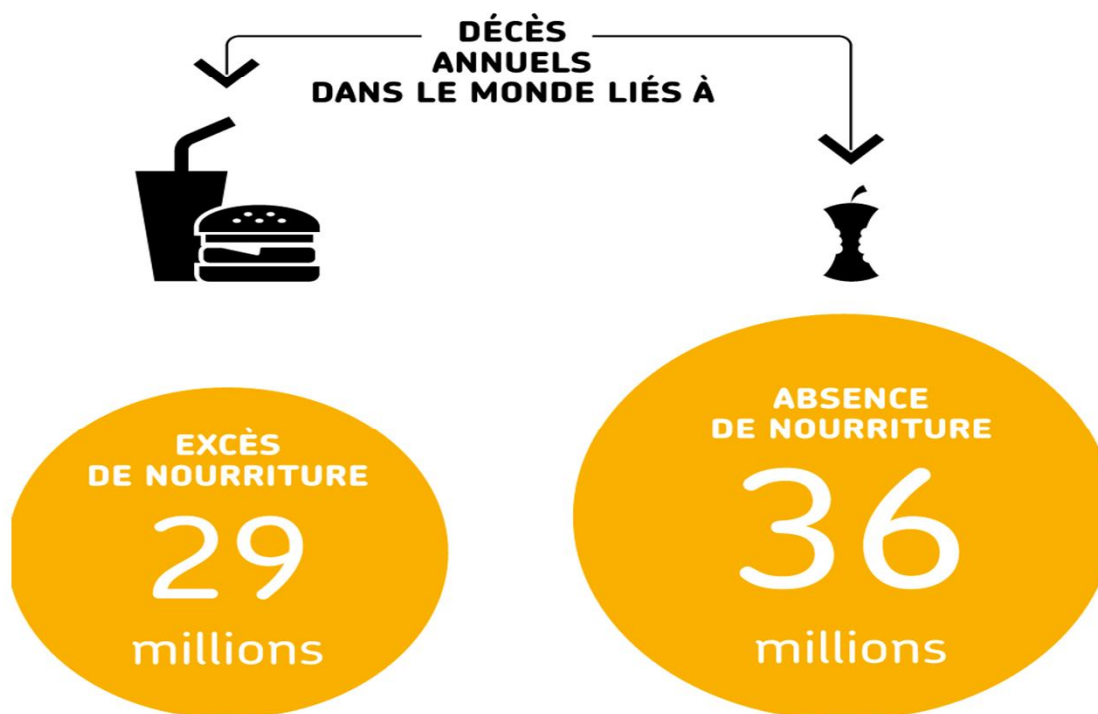
Professeur Jean-Charles Preiser

Congrès de diététique

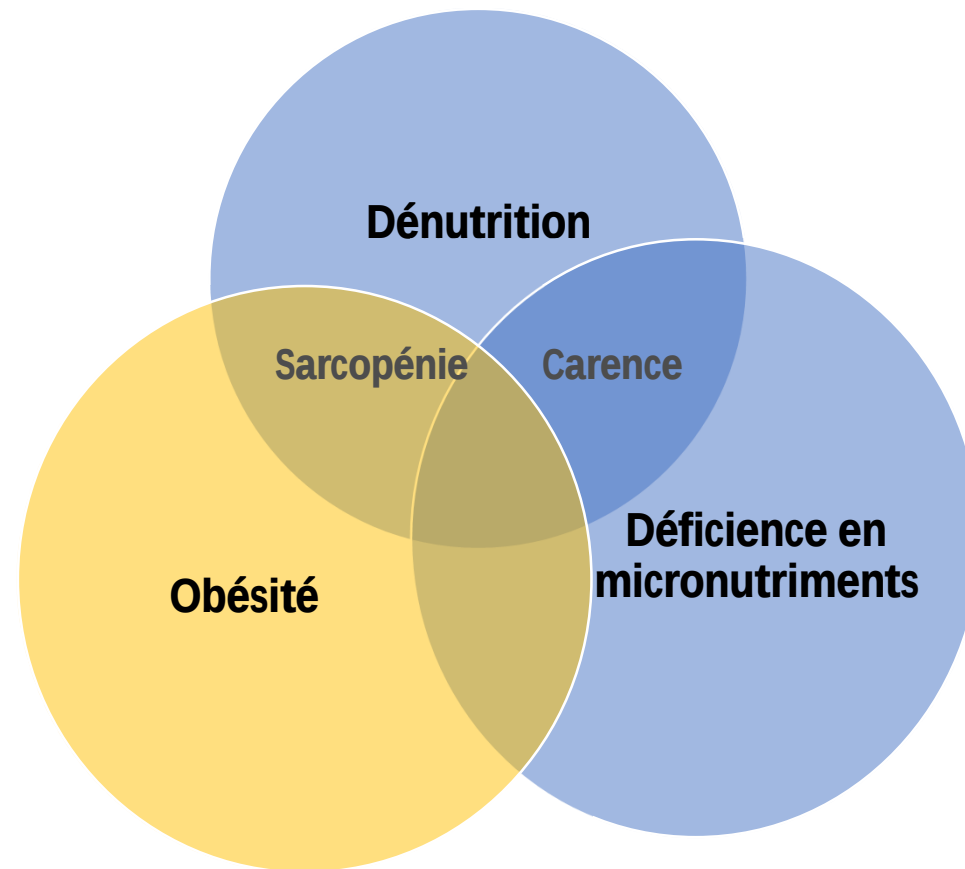
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EXCÈS DE NOURRITURE OU ACCÈS À LA NOURRITURE ?



« Désordres » nutritionnels



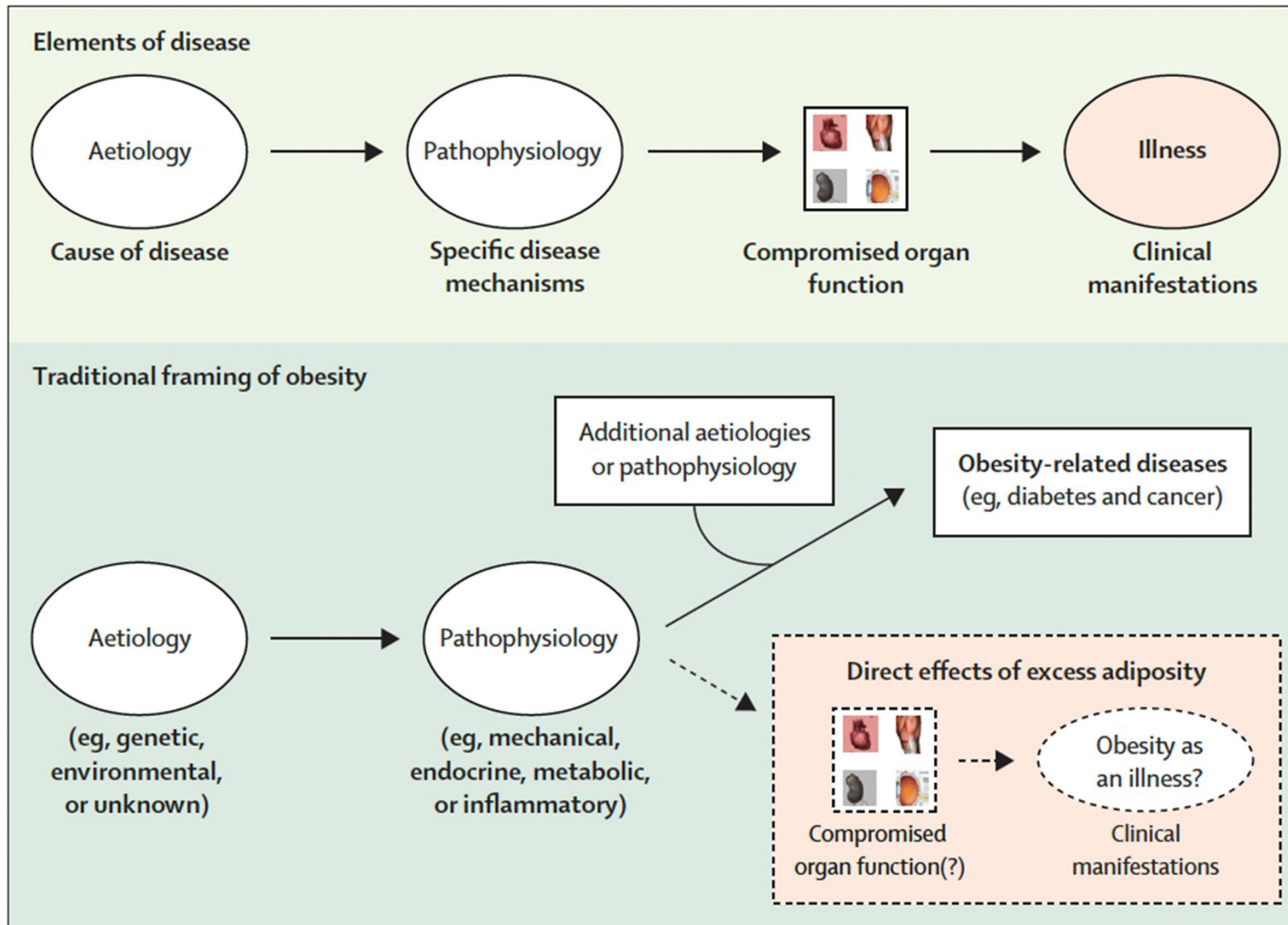
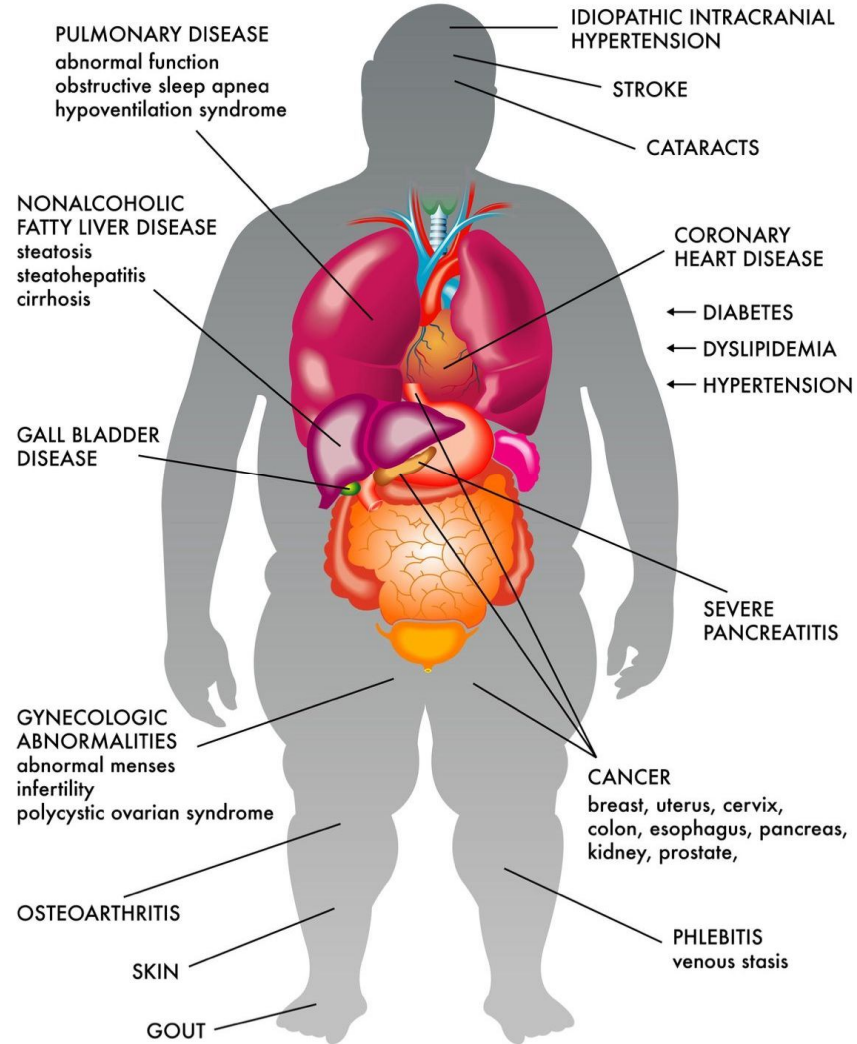
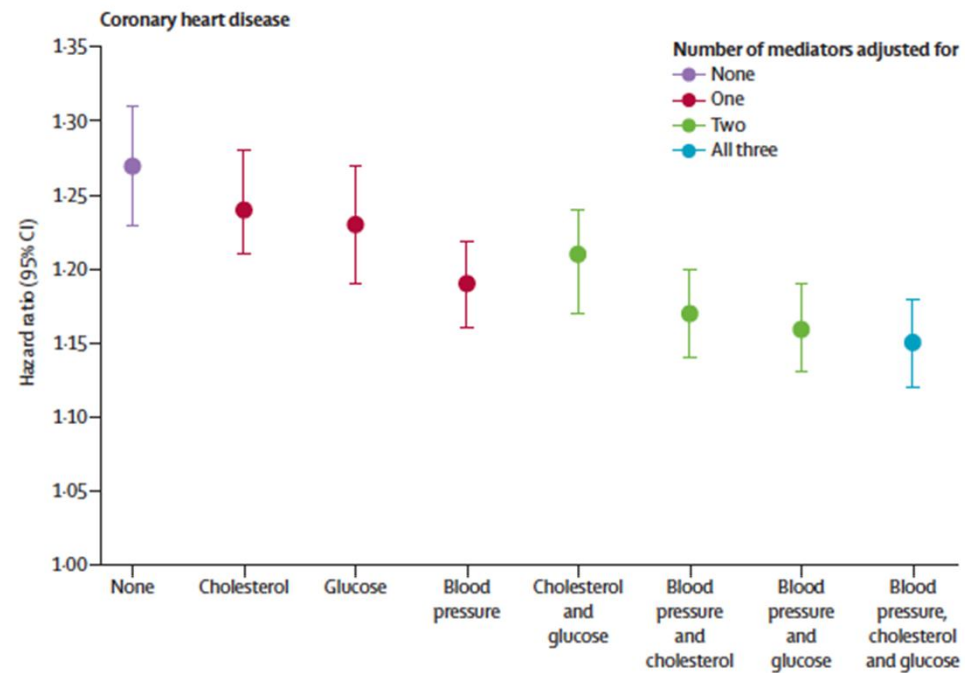


Figure 1: Illness is the missing piece in the traditional framing of obesity

Obesity medical complications



Hazard ratios per 5 kg/m² higher BMI in coronary heart disease



(The Global Burden of Metabolic Risk Factors for Chronic Diseases Collaboration – BMI. Lancet 2014)

Définitions OMS basées sur BMI

Tableau 1: Statut Nutritionnel entre 18 et 65 ans

BMI (kg/m ²)	Statut nutritionnel
< 18,5	Insuffisance pondérale
18,5–24,9	Poids normal
25,0–29,9	Surpoids
30,0–34,9	Obésité classe I
35,0–39,9	Obésité classe II
> 40	Obésité classe III

Source: WHO, 2000

Adolphe Quetelet de son nom complet Lambert Adolphe Jacques Quetelet, né à Gand le 22 février 1796 et mort à Bruxelles le 17 février 1874, est un mathématicien, astronome, naturaliste et statisticien belge, précurseur de l'étude démographique et fondateur de l'observatoire royal de Belgique.



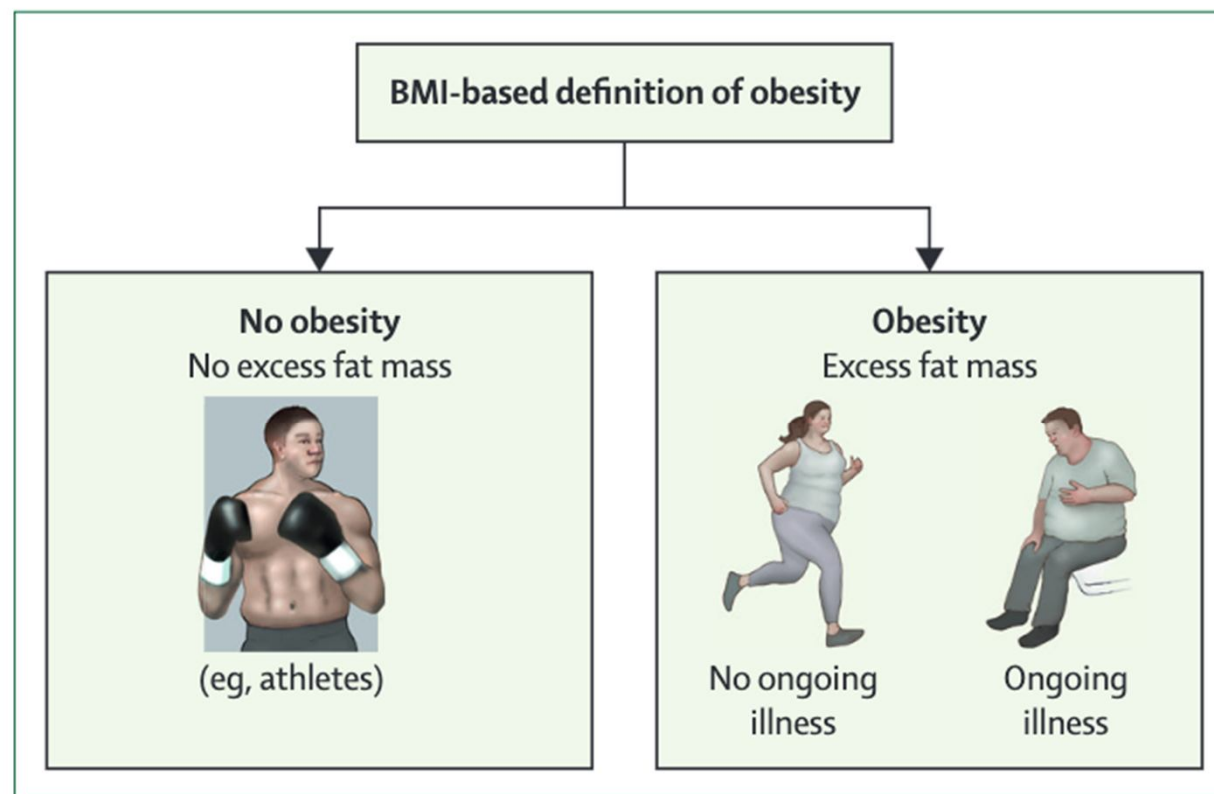


Figure 2: Limitations of the BMI-based definition of obesity

Commission de 58 experts

Différentes spécialités, différents pays

Définir l'obésité clinique

Identifier les critères pour une définition pragmatique

Informers cliniciens et décideurs politiques

Faciliter identification

Priorités pour investigations cliniques

Stratégies de santé publique

Definition and diagnostic criteria of clinical obesity

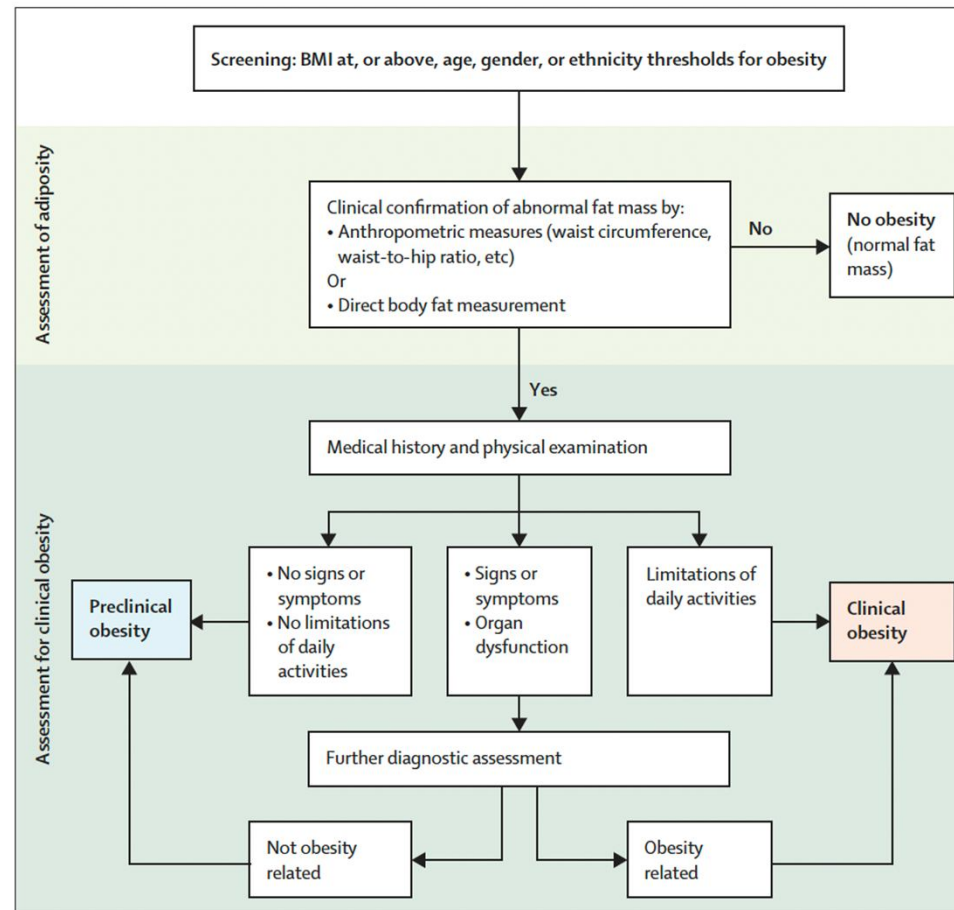


Figure 8: Clinical assessment of obesity

Comment évaluer graisse corporelle?

Mesures anthropométriques :

Tour de taille

H risque CV élevé si > 94 , très élevé si > 102 cm,

F risque élevé si > 80 , très élevé si > 88 cm

Waist-to-hip ratio

H > 1

F $> 0,85$

Tour de taille / taille $> 0,5$

Indice de rondeur corporelle

Mesure de la composition corporelle

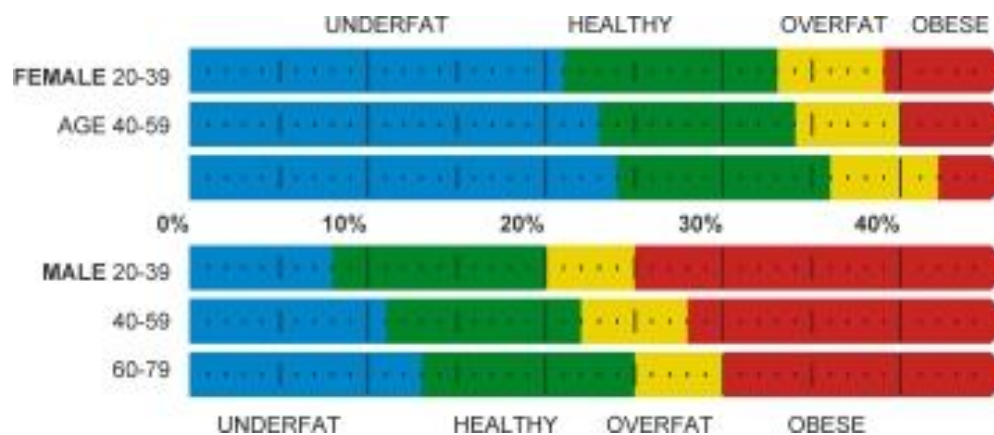
BIA

DEXA

CT

IRM

Définition affinée de l'obésité



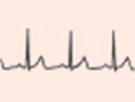
	Preclinical obesity	Clinical obesity
Excess adiposity	 +  (BMI) (Waist circumference, etc)	 +  (BMI) (Waist circumference, etc)
Mechanisms and pathophysiology	Alterations of cells and tissue → Alterations of organ structure	Alterations of organ function → End-organ damage
Clinical manifestations	Minor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

Figure 4: Clinical and preclinical obesity

Mechanisms of pathophysiology, clinical manifestations, and methods of detection and diagnosis.

Organ, tissue, or body system		Diagnostic criterion (as agreed by commissioners)	Grade of agreement
Adults			
1	CNS	Signs of raised intracranial pressure such as vision loss and/or recurrent headaches	A, 93%
2	Upper airways	Apnoeas/hypopnoeas during sleep due to increased upper airways resistance	U, 100%
3	Respiratory	Hypoventilation and/or breathlessness and/or wheezing due to reduced lung and/or diaphragmatic compliance	U, 100%
4	Cardiovascular (ventricular)	Reduced Left Ventricular systolic function - Heart Failure with Reduced Ejection Fraction - HFrEF	A, 96%
5	Cardiovascular (atrial)	Chronic/recurrent atrial fibrillation	A, 98%
6	Cardiovascular (pulmonary)	Pulmonary artery hypertension	A, 96%
7	Cardiovascular	Chronic fatigue, lower limb edema due to impaired diastolic dysfunction- Heart Failure with Preserved Ejection Fraction - HFpEF	U, 100%
8	Cardiovascular (thrombosis)	Recurrent DVT and/or pulmonary thromboembolic disease	A, 90%
9	Cardiovascular (arterial)	Raised arterial blood pressure	U, 100%
10	Metabolism	The cluster of hyperglycaemia, high triglyceride levels, and low HDL cholesterol levels	U, 100%
11	Liver	NAFLD with hepatic fibrosis	U, 100%
12	Renal	Microalbuminuria with reduced eGFR	A, 96%
13	Urinary	Recurrent/chronic urinary incontinence	U, 100%
14	Reproductive (female)	Anovulation, oligo-menorrhea and PCOS	U, 100%
15	Reproductive (male)	Male hypogonadism	A, 96%
16	Musculoskeletal	Chronic, severe knee or hip pain associated with joint stiffness and reduced range of joint motion	U, 100%
17	Lymphatic	Lower limbs lymphedema causing chronic pain and/or reduced range of motion	A, 98%
18	Limitations of day-to-day activities	Significant, age-adjusted limitations of mobility and/or other basic Activities of Daily Living (ADL=bathing, dressing, toileting, continence, eating)	U, 100%
Children and adolescents			
1	CNS	Signs of raised intracranial pressure such as vision loss and/or recurrent headaches	U, 100%
2	Upper airways	Apnoeas/hypopnoeas during sleep due to increased upper airways resistance	U, 100%
3	Respiratory	Hypoventilation and/or breathlessness and/or wheezing due to reduced lung and/or diaphragmatic compliance	A, 98%
4	Cardiovascular	Raised arterial blood pressure	U, 100%
5	Metabolism	The cluster of hyperglycaemia/glucose intolerance with abnormal lipid profile (high triglyceride levels or high LDL cholesterol or low HDL cholesterol)	U, 100%
6	Liver	Elevated LFTs due to metabolic (dysfunction)-associated fatty liver disease (MAFLD)	U, 100%
7	Renal	Microalbuminuria	U, 100%
8	Urinary	Recurrent/chronic urinary incontinence	U, 100%
9	Reproductive (female)	PCOS	A, 98%
10	Musculoskeletal (alignment)	Recurrent/chronic pain or tripping/falling due to pes planus or leg malalignment	A, 96%
11	Musculoskeletal (tibial)	Recurrent/chronic pain or limitation of mobility due to Tibia vara	U, 100%
12	Musculoskeletal (femoral)	Acute and/or recurrent/chronic pain or limitation of mobility or tripping/falling due to slipped femoral capital epiphysis	U, 100%
13	Limitations of day-to-day activities	Significant, age-adjusted limitations of mobility and/or other basic Activities of Daily Living (ADL=bathing, dressing, toileting, continence, eating)	U, 100%
Degree of consensus as agreed by commissioners via a delphi-like method and exact percentage shown for grade of agreement. Grade U=100% agreement (unanimous), grade A=90–99% agreement, grade B=78–89% agreement, grade C=67–77% agreement. DVT=deep vein thrombosis. LFTs=liver function tests. NAFLD=non-alcoholic fatty liver disease. PCOS=polycystic ovary syndrome.			
Table 2: Consensus statements: diagnostic criteria for clinical obesity in adults, adolescents, and children			

Original Investigation | Nutrition, Obesity, and Exercise

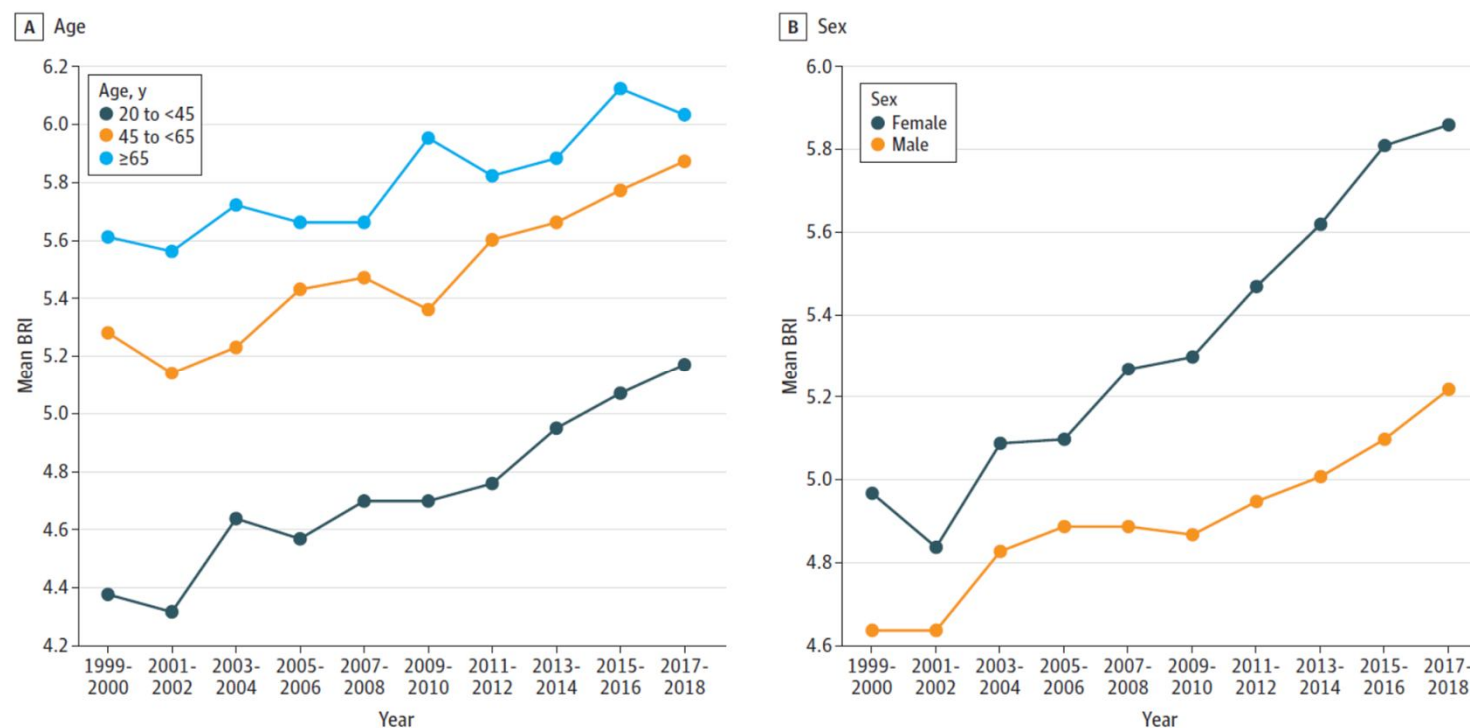
Body Roundness Index and All-Cause Mortality Among US Adults

Xiaoqian Zhang, MD; Ning Ma, MD; Qiushi Lin, MD, PhD; Kening Chen, MD; Fangjieyi Zheng, MD; Jing Wu, PhD; Xiaoqun Dong, MD, PhD; Wenquan Niu, PhD

BRI was calculated as $364.2 - 365.5 \times \sqrt{(1 - [\text{waist circumference in centimeters} / 2\pi]^2 / [0.5 \times \text{height in meters}]^2)}$, according to the formula developed by Thomas

JAMA Network Open. 2024;7(6):e2415051. †

Figure 1. Trends of Mean BRI Values by Age, Sex, and Race and Ethnicity in US Adults



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Figure 2. The Association Between Body Roundness Index and All-Cause Mortality Risk After Full Adjustment

