

Indian societies issue first joint consensus on personalised obesity management

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The OSSI&ESI framework brings together 78 experts and 55 recommendations spanning diagnosis, lifestyle intervention, medications, endoscopic therapies, bariatric surgery and long-term care.



The Obesity and Metabolic Surgery Society of India and the Endocrine Society of India have issued their first joint consensus on obesity management, calling for the condition to be treated as a chronic disease rather than a consequence of individual willpower.

The Expert Consensus on Obesity Management Protocols – A Joint Position Statement by OSSI and ESI brings together 78 experts and 55 recommendations covering prevention, diagnosis, lifestyle intervention, medications, metabolic and bariatric surgery, monitoring, long-term follow-up and palliative care.

Published in Obesity Surgery on 3 August 2026, the framework is intended to provide an India-specific approach to obesity care based on disease severity, associated health risks and individual patient needs.

“Obesity is a chronic disease that requires timely recognition, scientific treatment and long-term care. This joint consensus provides a unified, India-specific framework that can help move the conversation away from blame and towards evidence-based medical care,” said Dr K. S. Kular, President of the Obesity and Metabolic Surgery Society of India.

The consensus highlights the role of genetic, metabolic, endocrine, environmental, psychological, socioeconomic and lifestyle factors in obesity.

It also recommends moving beyond body mass index and body weight as the sole determinants of treatment.

The experts noted that Indian populations may develop metabolic complications including type 2 diabetes and cardiovascular disease at comparatively lower BMI levels and younger ages than Western populations.

“India needs an approach to obesity that reflects the unique metabolic risks of our population. Assessment must look beyond weight alone and consider the overall health of the individual,” said Dr Kaushik Pandit, President of the Endocrine Society of India.

Dr Nitin Kapoor, Endocrinologist at CMC Vellore, said diabetes, fatty liver disease, sleep apnoea, mobility, cardiovascular risk and broader disease burden should influence how early and intensively obesity is treated.

Lifestyle interventions including healthy eating and physical activity remain central to management, but the consensus recommends a more individualised treatment model.

Depending on disease severity and patient needs, care may also include psychological support, obesity medications, endoscopic therapies and metabolic and bariatric surgery.

“The consensus moves away from a rigid treatment ladder. Treatment should be personalised and can evolve as the patient’s health needs change,” said Dr KVS Hari Kumar, Honorary Secretary of the Endocrine Society of India.

The framework also emphasises that medical, endoscopic and surgical treatments should not be viewed as competing approaches.

“Lifestyle measures, medications, endoscopic therapies and metabolic and bariatric surgery should not be seen as competing treatments. They are different tools that can be used at different stages of the same disease,” said Dr Sarfaraz Baig, Bariatric and Metabolic Surgeon in Kolkata.

The consensus also addresses the growing use of newer obesity medications.

Dr Shehla Shaikh, Endocrinologist at Sir H. N. Reliance Foundation Hospital in Mumbai, said the newer therapies have expanded treatment options but should be used under appropriate medical supervision based on a patient’s health status, associated conditions and treatment goals.

Beyond clinical care, the experts called for stigma-free treatment, more equitable access to obesity management and greater integration of prevention and treatment into national health programmes.

The recommendations also support population-level measures including clearer food labelling, healthier school environments and public awareness initiatives.

The joint framework aims to provide doctors, healthcare professionals and policymakers with a consistent approach to personalised, multidisciplinary obesity care focused on health outcomes and quality of life rather than weight loss alone.