

RISK AT LOWER BMI

Why Earlier Weight Management Matters



BMI (kg/m²) Classifications¹



Prevalence of Comorbidities is Greater Among People With Overweight and Class I Obesity vs. Normal BMI

	 Cardiometabolic ^{3,b}	 Osteoarthritis ^{4,c}	 MASLD ⁵	 Depression ⁶
Overweight	2x	2x	4.9x	1.27x
Class I obesity	4.5x	3.1x	15x ^d	1.55x ^e

WHY TIMING MATTERS

PRACTICE GAP

Historically, **weight management has been addressed reactively**, after patients have advanced to obesity or are diagnosed with comorbidities^{7,8}

TREATMENT GAP

People with lower BMIs (27-35 kg/m²) are **less likely to receive OMM treatment** vs. people with Class III obesity^{9,10}

METABOLIC MEMORY

Long-term effects of obesity may be the effect of metabolic memory,^{11,12} with the risk of chronic complications **increasing when obesity treatment is delayed**¹³

MANAGING WEIGHT AT A LOWER BMI (EG, <30 kg/m²) MAY HELP MINIMIZE OBESITY ONSET AND REDUCE RELATED COMORBIDITIES^{1,14-16}

^aIn the Asia-Pacific region, the BMI threshold for obesity is generally considered to be ≥25 kg/m², and the range for overweight 23-24.9 kg/m². ^bAt least 2 out of: T2D, coronary heart disease, or stroke. ^cSymptomatic knee, hip, and hand osteoarthritis.

^dCombined Class I and Class II obesity. ^eBMI ≥30 kg/m².

BMI=body mass index; MASLD=metabolic dysfunction-associated steatotic liver disease; OMM=obesity management medication; T2D=type 2 diabetes.

1. Nadolsky K, et al. *Endocr Pract.* 2025;31(11):1351-1394. 2. Nielsen J, et al. *Am J Clin Nutr.* 2023;117(1):141-148. 3. Kivimäki M, et al. *Lancet Public Health.* 2017;2(6):e277-e285. 4. Reyes C, et al. *Arthritis Rheumatol.* 2016;68(8):1869-1875.

5. <https://epicresearch.org/articles/lean-masld-typically-clustered-near-obese-bmi-threshold> (Accessed June 4, 2026). 6. Tyrer F, et al. *Obesity (Silver Spring).* 2020;28(5):977-984. 7. Sciamanna CN, et al. *Arch Intern Med.* 2000;160(15):2334-2339.

8. Greaney ML, et al. *BMJ Open.* 2020;10(11):e039295. 9. Ostrominski JW, et al. *Obesity (Silver Spring).* 2025;33(2):365-384. 10. Thomas DD, et al. *Obesity (Silver Spring).* 2019;27(7):1168-1176. 11. Alun EU. *Obesity Medicine.* 2025;55(7):100610.

12. Dong H, et al. *Signal Transduct Target Ther.* 2024;9(1):38. 13. <https://www.cdc.gov/obesity/php/about/consequences.html> (Accessed May 19, 2026). 14. Gong HJ, et al. *Front Endocrinol (Lausanne).* 2024;15:1400204.

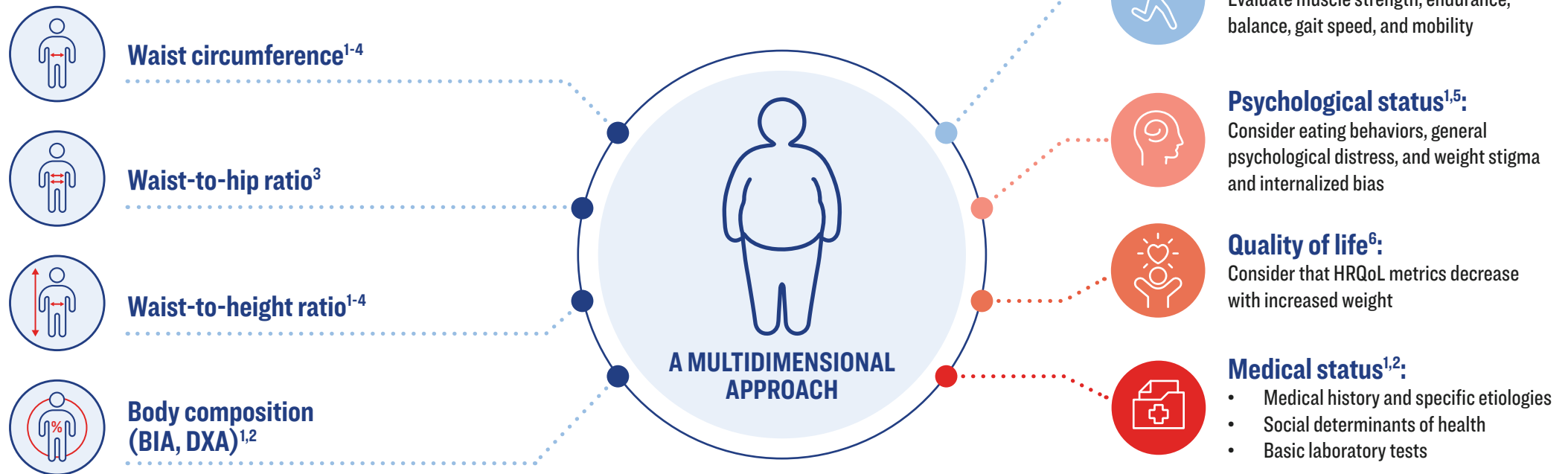
15. Muntefering C, et al. *Prev Med.* 2023;171:107498. 16. Busetto L, et al. *Nat Med.* 2024;30(9):2395-2399.

MMAT-05396 06/2026 © 2026 Eli Lilly and Company. All rights reserved.

BMI Should Not Be the Only Metric Used for Diagnosis

BMI cutoffs facilitate categorization of health risk but are not universal indicators of weight-related health. Guidelines recommend an adiposity-based chronic disease mode that includes multiple **anthropometric** and **clinical components**^{1,2}

Non-BMI Anthropometric Measures



MAJOR INTERNATIONAL GUIDELINES SUPPORT INTERVENTION AT LOWER BMI

ADA, AACE, and EASO recommend that use of OMMs be considered for people at high risk of developing obesity complications^{1,2,4}