COALITION FOR METABOLIC HEALTH

Beyond Weight Loss: Building a More Sustainable Model for Obesity Care

Obesity affects more than **40%** of U.S. adults and approximately **one in five** children and adolescents, making it one of the most prevalent chronic health conditions in the country.[1]

With the emergence of glucagon-like peptide-1 (GLP-1) therapies, questions regarding treatment persistence, side effects, and maintaining benefits after discontinuation have become critical.[2,3] Combined with high costs and uneven access to GLP-1s, these challenges have intensified interest in sustainable, affordable strategies.

Recent research indicates that low-carbohydrate and ketogenic therapies (diets typically defined as less than 130 grams of total carbohydrates per day and less than 50 grams of total carbohydrates per day, respectively) are associated with clinically meaningful weight loss and reduced reliance on medications when delivered through structured, supported care programs.[4,5,6,7,8,9,10,11,12]

Disparities in Obesity

The burden of obesity is not experienced evenly across communities. Obesity prevalence exceeds 35% among Black adults in 38 states and Hispanic adults in 32 states compared with 14 states among non-Hispanic White adults.[13] Obesity is also substantially more common among adults with less education, affecting 44.6% of adults with a high school diploma or less versus 31.6% of adults with a bachelor's degree or higher.[14] These patterns underscore the unequal burden of obesity across racial, ethnic, and socioeconomic groups.

The Costs of Obesity Extend Far Beyond the Scale

The burden of obesity extends well beyond excess body weight. Obesity is associated with increased risk of type 2 diabetes, cardiovascular disease, hypertension, and other chronic conditions. Many of these disorders share common metabolic roots and frequently occur together, contributing to worsening health, greater treatment needs, and rising healthcare costs.[2,12,15,16]

As a result, obesity is increasingly recognized not as an isolated disease state, but as part of a broader pattern of metabolic dysfunction.[2,12] This understanding highlights the need for approaches that address the underlying biological drivers of weight gain and metabolic disease.

Why Metabolism—and Carbohydrates—Sit at the Center

Obesity is closely linked to insulin resistance, a metabolic state in which the body's cells become less responsive to insulin, requiring the body to produce more of the hormone to regulate blood glucose. Because insulin plays a central role in regulating energy storage and glucose utilization, higher circulating insulin levels may promote fat storage and make sustained weight loss more difficult for some individuals.[4,7,12,17] Low-carbohydrate and ketogenic therapies reduce insulin exposure and increase reliance on fat as a fuel source. As carbohydrate intake decreases, the body shifts toward utilizing stored fat for energy. This shift targets metabolic pathways implicated in obesity and helps explain the improvements in weight and metabolic health observed across clinical studies.[12,18,19,20]

Consistent Improvements Across Weight, Metabolic Health and Medication Use

Meta-analyses involving thousands of adults with overweight or obesity consistently demonstrate that low-carbohydrate and ketogenic therapeutic approaches are associated with greater reductions in body weight, body mass index, body fat percentage, and visceral adiposity than higher-carbohydrate comparison diets.[8,21,22] A dose-response meta-analysis of 110 randomized controlled trials found that weight loss increased progressively as carbohydrate intake decreased, with the greatest reductions observed at ketogenic levels of carbohydrate restriction.[22] These dietary strategies were also associated with improvements in triglycerides, blood pressure, and other cardiometabolic risk factors.[21,22]

Consistent Improvements Across Weight, Metabolic Health and Medication Use

Although many of the underlying trials in these meta-analyses were relatively small and varied in design and duration, the overall pattern of results remained consistent across studies. This is also consistent with recent clinical guidance from the Obesity Medicine Association, which identifies low-carbohydrate and ketogenic therapies as viable nutrition strategies for managing obesity and obesity-related cardiovascular risk factors when implemented as part of comprehensive, individualized care.[23]

Translating these dietary approaches into sustained long-term behavior changes often requires ongoing support. Real-world studies suggest that structured care models combining clinical oversight, nutrition coaching, behavioral support, and remote monitoring can help patients maintain dietary adherence and achieve durable improvements in weight and metabolic health, as well as substantial decreases in medication use over one to two years of follow-up.[4,5,6,7,9] Evidence further suggests that low-carbohydrate and ketogenic therapies may help patients maintain weight and metabolic health improvements following GLP-1 discontinuation.[5,9]

What These Findings Mean for Obesity Care

The annual economic burden of overweight and obesity in the U.S. is estimated to exceed $1 trillion by 2030.[15]

As the healthcare system faces growing obesity-related expenditures, low-carbohydrate and ketogenic therapies represent a scalable, complementary pathway to current treatments that can help broaden access to effective long-term obesity management. With costs rising significantly, research priorities should focus on accelerating the translation into practice. In particular, the field should strengthen the evidence base to understand long-term adherence and cost-effectiveness and to evaluate how integrated care models can combine carbohydrate-reduced nutrition with GLP-1 therapies. Continued research can help clarify how evidence-based low-carbohydrate and ketogenic therapies can be incorporated into comprehensive obesity care, informing strategies that expand access to sustainable approaches for improving metabolic health and long-term weight management.

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