When Guidelines Are Absent: Variation in Obesity Treatment Recommendations and Implications for Quality and Equity

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In recent years, the emergence of effective therapies for obesity, alongside its high prevalence, has driven substantial changes worldwide in both the management and conceptualization of obesity, accompanied by major updates to clinical guidelines. In Israel, however, no national guidelines or comparable framework currently exist. This gap may contribute to disparities in care and health outcomes across population groups and compromise the overall quality of care.

OBJECTIVES: To describe prevailing patterns of obesity treatment in Israel and to examine the explicit and implicit considerations guiding clinical decision-making.

METHODS

A multi-stage mixed methods study:

Analysis of the Leumit Health Care obesity registry was conducted in order to identify patient profiles and hen to extract data on 75 representative cases from 2025.

A multidisciplinary panel of 23 clinical experts (medicine, nursing, nutrition, physiotherapy) rated treatment appropriateness for each of the cases using the RAND/UCLA Appropriateness Method.

Rating results were analyzed and further discussed with the expert panel to elucidate the reasoning underlying their judgements and treatment approachs.

RESULTS

1. Considerable variability was observed among the experts, reflected in substantial disagreement regarding the appropriateness of treatment provided to real-life case, particularly to patients with medical and sociodemographic complexity.

Table 1: Disagreement Between Experts by Patient Profile of Each Case (n=60)

Profile	Young and healthy	Young-adults with low comorbidity	Middle-aged with moderate comorbidity	Seniors with multimorbidity and socio-economic status	Advanced age non-smokers with high clinical burden
Total cases per profile	12	12	13	12	11
Number of Cases with Disagreement	1	2	5	6	3
Percentage of Disagreement (%)	**8.3**	**16.7**	**38.5**	**50**	**27.3**

Table 2: Disagreement Between Experts by Socioeconomic Status of the patient in each case (n=60)

Socioeconomic Status	Low	Low-Medium	Medium-High	High
Total Cases per Socioeconomic Status	22	20	10	8
Number of Cases with Disagreement	10	11	3	4
Percentage of Disagreement (%)	**46**	**55**	**30**	**50**

2.For cases lacking documented treatment, disagreement regarding treatment strategy ranged from 27% to 80%, and regarding specific pharmacological therapy (rated by physicians only) from 7% to 67%.

3.Beyond differences in treatment approaches, variability among experts stemmed from divergent perceptions of obesity treatment targets and outcomes, and from differences in the selection and staging of treatment options. Additional variations were in key components of care, including the appropriate organizational setting, the integration of emotional and psychosocial elements, and the use of digital tools.

CONCLUSIONS In the absence of a formal guideline framework for obesity treatment in Israel, substantial variability in clinical decision-making persists among healthcare professionals, potentially undermining the consistency, quality, and equity of care while increasing reliance on individual judgment.

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