

LOMBALGIES ET OBESITE

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Women

1990



2022



Phelps N, Singleton R, Zhou B et al.

Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults

The Lancet, 2024; 403, 1027-1050

Obesity is an independent risk factor for low back pain

Odds Ratio (OR) = 1.2 to 1.5

Normal weight



Risk of
low back pain

Baseline

Obesity



Risk of
low back pain

Higher

People with obesity have

20% to 50%

higher odds of low back pain
compared to people with
normal weight.



This association remains significant after adjusting for other risk factors (age, sex, physical activity, smoking, comorbidities, etc.).

OR 1.2 – 1.5



+20% to +50%
higher odds

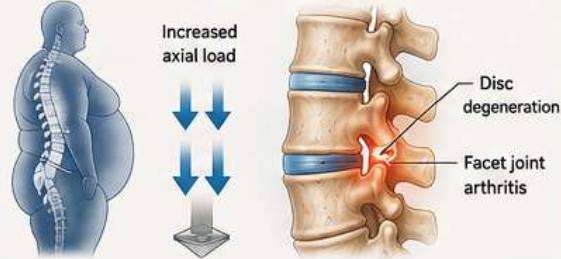
OBESITY AND LOW BACK PAIN: A MULTIFACTORIAL INTERACTION

Obesity contributes to low back pain through mechanical, metabolic and inflammatory pathways, interacting with psychosocial, lifestyle and genetic factors.



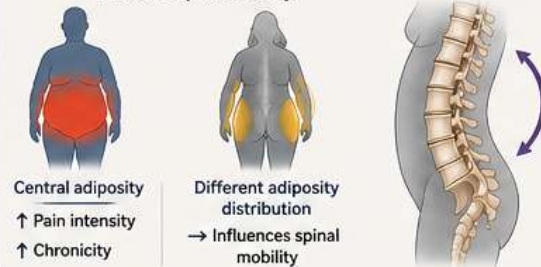
1. MECHANICAL PATHWAYS

Excess body weight increases axial loading on the lumbar spine and can exacerbate degenerative changes in intervertebral discs and facet joints.



3. BODY COMPOSITION & FAT DISTRIBUTION

Altered body composition, including increased fat mass and central adiposity, has been linked to both the intensity and chronicity of pain, while distribution of adiposity may influence spinal mobility.



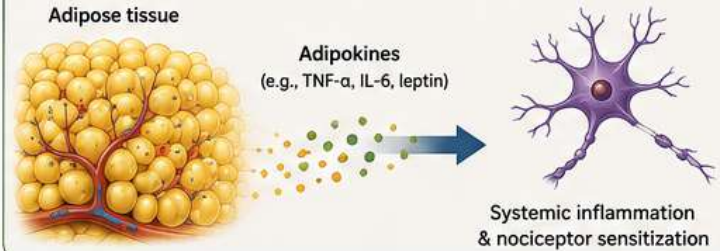
THE BOTTOM LINE

Obesity is a key, multifaceted contributor to low back pain. Effective care requires addressing weight, metabolic health, inflammation, movement, mental well-being and individual biology.



2. METABOLIC & INFLAMMATORY PATHWAYS

Adipose tissue is metabolically active, releasing adipokines that may promote systemic inflammation and sensitize nociceptive pathways.



4. PSYCHOSOCIAL & LIFESTYLE FACTORS

Psychosocial and lifestyle factors often intersect with obesity, compounding risk through reduced activity, mood disorders and comorbidities.



Reduced physical activity



Mood disorders (depression, anxiety)



Unhealthy diet & poor sleep

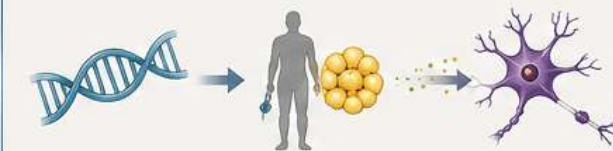


Comorbidities (e.g., diabetes, hypertension, hyperlipidemia, OSA)



5. GENETIC PREDISPOSITION

Recent findings also point to genetic predispositions that modulate the interaction between adiposity and nociception.



Genetic variants may influence adiposity, inflammation and pain sensitivity.



MULTIFACTORIAL SYNERGY

These pathways act in concert, creating a vicious cycle that perpetuates pain and disability.



TOWARD PERSONALISED PREVENTION AND MANAGEMENT



Weight reduction & healthy body composition



Metabolic health & anti-inflammatory strategies



Regular physical activity & movement optimisation



Psychological support & behaviour change



Consider genetic risk & individual variability



Personalised, multidimensional care for better outcomes

THE THERAPEUTIC ARSENAL FOR OBESITY MANAGEMENT

A MULTIMODAL APPROACH FOR BETTER HEALTH OUTCOMES

1. SURGERY

Durable and significant weight loss



SLEEVE GASTRECTOMY

Removal of a large portion of the stomach, reducing its size.



GASTRIC BYPASS

Creation of a small stomach pouch and reconnection to the small intestine, reducing food intake and absorption.



Average total weight loss:

25% – 35%

Long-term metabolic benefits

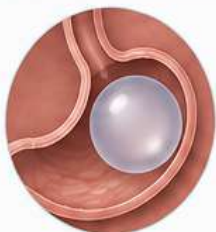
2. ENDOSCOPIC THERAPIES

Minimally invasive options for weight loss



ENDOSLEEVE

Endoscopic suturing reduces stomach volume by creating a sleeve-like structure.



INTRAGASTRIC BALLOON

A space-occupying balloon placed in the stomach to promote early satiety.



Average total weight loss:

10% – 20%

Lower risk, reversible options

3. MEDICATIONS

Effective pharmacological treatment options



WEGOVY®

GLP-1 receptor agonist
Reduces appetite and increases satiety.



MOUNJARO®

Dual GIP/GLP-1 receptor agonist
Greater weight loss potential.



Average total weight loss:

10% – 20%

Adjunct to lifestyle changes

4. BEHAVIORAL MANAGEMENT

The foundation of lasting success



PHYSICAL ACTIVITY

Improves weight, fitness, metabolic health and well-being.



PSYCHOLOGICAL SUPPORT

Addresses emotional, behavioral and cognitive factors.



NUTRITIONAL CARE

Personalized dietary strategies for sustainable eating habits.



Sustainable habits
Better adherence
Long-term weight management



COMBINING APPROACHES AND PERSONALIZING CARE

Treatment should be tailored to each individual's needs, preferences, comorbidities and goals.

A multidisciplinary approach offers the best chance for long-term success.



PARCOURS CLINIQUE SAINTE THÉRÈSE

UN PARCOURS COMPLET EN CHIRURGIE BARIATRIQUE ET MÉTABOLIQUE



1. HDJ MÉDICAL (TMO ou prise en charge comportementale pure)



Prise en charge multidisciplinaire complète axée sur le mode de vie, le comportement et la santé métabolique.



2. HDJ PRÉOPÉRATOIRE (préparation à la chirurgie)



OBJECTIFS :

- ✓ Construire les fondations d'un succès durable
- ✓ Améliorer l'adhérence au suivi et les résultats (perte de poids, effets secondaires)



3. HDJ DE SUIVI POSTOPÉRATOIRE (suivi postopératoire)



Suivi multidisciplinaire continu pour soutenir la récupération, surveiller les progrès et favoriser le succès à long terme.



ACTIVITÉ PHYSIQUE

Améliore le poids, la condition physique, la santé métabolique et le bien-être.



SOUTIEN PSYCHOLOGIQUE

Prend en compte les facteurs émotionnels, comportementaux et cognitifs.



PRISE EN CHARGE NUTRITIONNELLE

Stratégies alimentaires personnalisées pour adopter des habitudes alimentaires durables.



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