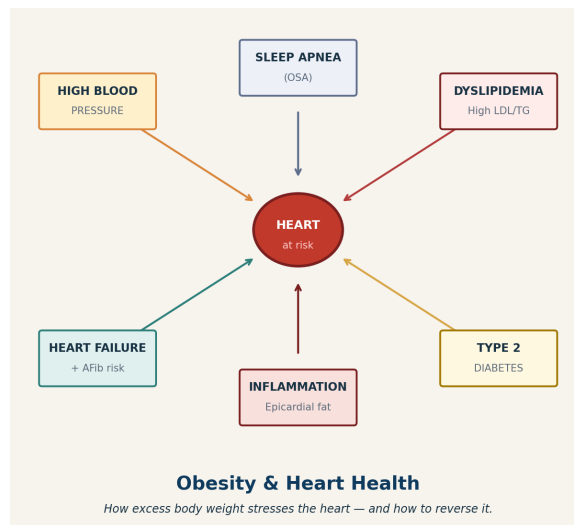


Obesity & Heart Health

Understanding How Weight Affects Your Heart — and What You Can Do

Obesity is a chronic disease — not a willpower problem. Even small weight loss gives powerful heart protection.



Online: <https://go.riasalimd.com/obesity-heart-guide>

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Names & Terms You Will Hear

Term	Meaning
Obesity	Too much body fat that harms health. It is a chronic disease, not a personal failing. Diagnosed when BMI is 30 or higher.
BMI (Body Mass Index)	A number from height and weight. Overweight = 25-29.9. Obesity Class I = 30-34.9. Class II = 35-39.9. Class III = 40+. A useful screen, but not the whole story.
Central Adiposity	Extra fat around the belly and organs. More harmful than fat on the thighs. Waist above 35 in (women) or 40 in (men) = high risk.
Visceral Fat	Fat packed around the liver and gut. It releases chemicals that damage arteries and the heart.
Epicardial Fat	Fat that wraps around the heart itself. It inflames the heart muscle and arteries from outside. Linked to AFib and heart failure.
GLP-1 Receptor Agonist	A medicine that acts like a gut hormone to cut hunger. Examples: semaglutide (Wegovy), tirzepatide (Zepbound). Also proven to protect the heart.
Obesity Cardiomyopathy	Heart-muscle damage from long-term obesity. The heart grows larger and weaker over time.
HFpEF (Obesity Phenotype)	Heart failure where the pumping strength looks normal but the heart wall is too stiff. Very common with obesity. Causes shortness of breath and leg swelling.
Bariatric Surgery	Surgery that shrinks the stomach (sleeve) or reroutes the gut (bypass). The most powerful long-term weight-loss option for severe obesity.



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Normal weight BMI 18.5 - 24.9 Waist: <35 in (women) <40 in (men)	Overweight BMI 25 - 29.9 Risk rises with central adiposity	Obesity Class I BMI 30 - 34.9 Moderately elevated CV risk	Obesity Class II BMI 35 - 39.9 High CV risk; treat aggressively	Obesity Class III BMI $\geq$ 40 Very high risk; consider surgery
---	---	--	--	--

*BMI groups and risk. BMI is a screen, not the full picture. Waist size matters too — belly fat raises risk even at a normal BMI.
Source: WHO, AHA/ACC 2019.*



Measuring waist circumference with a tape measure at the level of the belly button. Waist size is a quick, low-cost way to flag extra fat around the belly — the type most closely tied to heart risk. Image: U.S. Air National Guard photo by SSgt. Tylon Chapman / DVIDS (Public Domain).



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Obesity is a disease — not a character flaw.

The AHA, the AMA, and the Obesity Medicine Association all call obesity a complex chronic disease. It is driven by genes, hormones, sleep, stress, and environment. Weight stigma causes patients to delay care and makes outcomes worse. Dr. Ali's practice uses respectful, evidence-based care.



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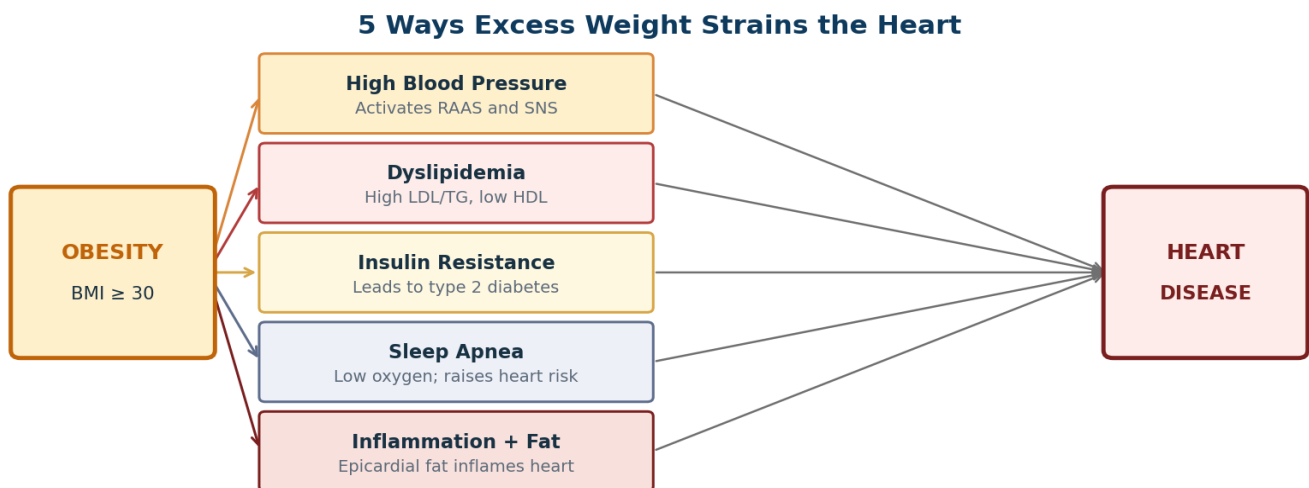
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Obesity & Heart Health?

- Obesity means BMI of 30 or higher, or too much belly fat (waist above 35 in for women or 40 in for men). It is a chronic disease, not a personal failing.
- About 42 of every 100 U.S. adults have obesity. Rates have doubled since 1980. About 9 in 100 have severe obesity (BMI 40+).
- Where fat is stored matters as much as total weight. Belly fat (visceral fat) is far more harmful than fat on the thighs or hips.
- Obesity has many causes: genes, hunger hormones, poor sleep, stress, certain medicines, and the food environment. Willpower is only a small part of the picture.
- Fat that wraps around the heart (epicardial fat) is especially harmful. It releases chemicals that inflame the heart arteries from the outside.
- Obesity damages arteries silently for years — often with no symptoms until a heart attack, stroke, or heart failure occurs.



Five ways excess weight strains the heart. High BP, bad cholesterol, insulin resistance, sleep apnea, and inflammation all feed into heart disease. All five improve with weight loss. Source: AHA 2021.



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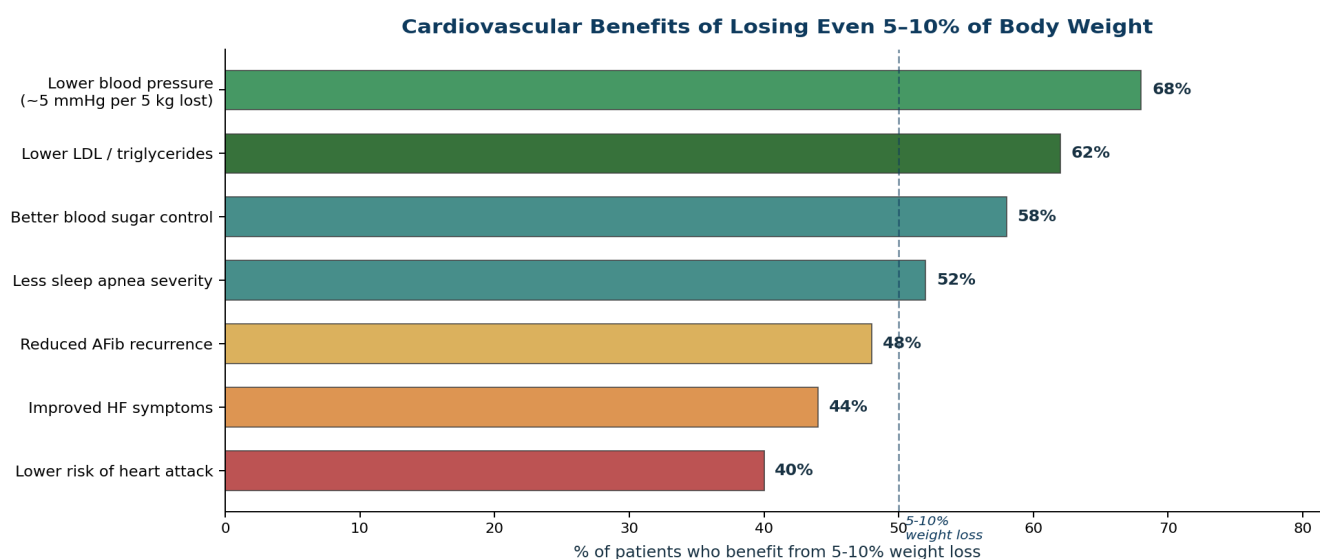
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Why It Matters

- Adults with obesity have 2 to 3 times the risk of heart attack and stroke compared with people at a healthy weight. Obesity is one of the most common modifiable heart-disease causes.
- Obesity drives five heart-damaging problems: high blood pressure, bad cholesterol, type 2 diabetes, sleep apnea, and inflammation. Each one adds more risk on top of the others.
- Heart failure (HFpEF) is now the most common form of heart failure in people with obesity. It causes breathlessness and leg swelling even when the heart pumps normally on an echocardiogram.
- Obesity doubles the risk of an irregular heartbeat (AFib). Weight loss can reduce AFib and may stop it in early disease.
- The SELECT trial (2023) showed that semaglutide (a GLP-1 medicine) cut heart attacks, strokes, and CV deaths by 20% in people with obesity and heart disease — even without diabetes.
- Losing just 5 to 10% of body weight quickly improves blood pressure, cholesterol, blood sugar, sleep apnea, and heart failure symptoms.



Heart benefits of losing 5-10% of body weight. Most gains show up within weeks to months. Source: AHA, ACC, OMA guidelines; SELECT and SURMOUNT trials.



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The Obesity Paradox — explained.

Some old studies showed that people with obesity and heart disease lived longer than thinner people. This is a data error: sicker, thinner patients skew the numbers. Clinical trials are clear — losing weight on purpose **improves** heart outcomes. The paradox is not a reason to avoid weight loss.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Family history	Genes account for over 40% of obesity risk. Children of two parents with obesity have a 70-80% lifetime chance. Genes affect hunger signals and how the body stores fat.
Sedentary lifestyle	Low activity slows metabolism and grows belly fat. Long hours of sitting raise risk even at a normal BMI.
Ultra-processed foods	High-calorie, low-fiber foods override fullness signals. Sugary drinks add calories without making you feel full.
Short or poor sleep	Less than 7 hours a night raises hunger and lowers fullness hormones. Most people eat 300-500 more calories the next day. Sleep apnea and obesity each make the other worse.
Chronic stress	High stress raises cortisol, which stores fat in the belly and causes cravings for sugar and fat.
Medicines	Some drugs cause weight gain: antipsychotics, some antidepressants, insulin, steroids, and certain blood pressure pills. Ask your doctor if a medicine may be a cause.
Medical conditions	Low thyroid, Cushing's syndrome, and PCOS can all drive weight gain. Treating the root cause often helps the weight.



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Treatment Options

- **Step 1 — Eat better and move more (always first).** A heart-healthy diet (Mediterranean or DASH) plus 150 min/week of walking or other activity. Add a dietitian or counselor. Get 7-9 hours of sleep each night. See: [Heart-Healthy Eating](#) and [Exercise and Your Heart](#).
- **Step 2 — Treat sleep apnea.** Sleep apnea raises heart risk on its own. CPAP can lower blood pressure by 3-5 mmHg. See: [Sleep Apnea guide](#).
- **Step 3 — GLP-1 medicines (BMI 30 or higher, or 27 or higher with a heart risk factor).** Semaglutide (Wegovy) weekly shot: ~15% weight loss (STEP-1 trial). Also cuts heart attacks and strokes by 20% (SELECT trial). Tirzepatide (Zepbound) dual shot: ~21% weight loss (SURMOUNT-1). Also cut heart events in SURMOUNT-MMO trial.
- **Step 4 — Older weight-loss pills** when GLP-1s are not covered: phentermine (short-term), naltrexone-bupropion (Contrave, 5-8% loss), orlistat (Xenical/Alli, 3-5% loss). These work but have more side effects and less heart evidence.
- **Step 5 — Bariatric surgery** for BMI 40 or higher (or 35 or higher with diabetes, heart failure, or sleep apnea). Sleeve gastrectomy or Roux-en-Y bypass cuts major heart events by 39% and heart deaths by 41% (2022 JAMA review of over 1 million patients).
- **Also treat all other heart risks in parallel.** Weight loss does not replace treatment for high blood pressure, high cholesterol, or diabetes. It makes those treatments work better. See: [Hypertension](#), [Diabetes & the Heart](#), [Metabolic Syndrome](#).



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Treatment options at a glance

Treatment	Who qualifies	Weight loss	Heart evidence
Lifestyle (eating + activity)	All patients — always first	5-8% in 6-12 months	Lowers BP, LDL, blood sugar
Semaglutide (Wegovy weekly shot)	BMI 30+, or 27+ with CV risk	~15% (STEP-1)	SELECT: heart events down 20%
Tirzepatide (Zepbound weekly shot)	BMI 30+, or 27+ with risk	~21% (SURMOUNT-1)	SURMOUNT-MMO: heart events reduced
Older pills (phentermine, Contrave, orlistat)	BMI 27+ with risk; GLP-1 not covered	3-8%	Some benefit; less data
Bariatric surgery (sleeve or bypass)	BMI 40+, or 35+ with diabetes/HF	25-35%; lasts 10+ years	Heart events down 39%; deaths down 41%



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GLP-1 Medicines: SELECT Trial and What It Means for You

- The SELECT trial tested semaglutide (Wegovy) weekly shots in 17,604 adults with BMI 27 or higher and heart disease — but NO diabetes.
- Result: semaglutide cut heart attacks, strokes, and heart deaths by 20% over 3 years. This is not just a weight effect — it is a direct heart-protecting effect.
- Tirzepatide (Zepbound) is a dual GIP/GLP-1 shot that also cut heart events in the SURMOUNT-MMO trial.
- Common side effects: nausea (30-40%), vomiting, constipation. Most are mild and fade after the first 4-8 weeks.
- Cost: Wegovy and Zepbound run \$900-\$1,400/month without insurance. Many plans now cover them. We can help with prior authorization paperwork.
- Weight comes back if you stop the medicine — because obesity is a chronic disease. Plan for long-term use, like a blood pressure or cholesterol pill.

Bariatric Surgery: When It Is Right and What to Expect

- Surgery is recommended when BMI is 40 or above, OR 35 or above with diabetes, heart failure, or sleep apnea.
- Sleeve gastrectomy removes 80% of the stomach and cuts hunger hormones. Average weight loss: 25-30% at 1 year.
- Roux-en-Y gastric bypass reroutes food past the stomach. Average weight loss: 30-35%. Diabetes goes away in 50-80% of patients.
- Heart outcomes (JAMA 2022, over 1 million patients): major heart events down 39%, heart deaths down 41%. Results last 10 or more years.
- Operative death rate is about 1 in 1,000 — similar to gallbladder surgery. Modern methods are very safe.
- Lifelong follow-up is needed: vitamins (B12, iron, calcium, D), annual labs, and support for behavior change.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Fill half your plate with vegetables at each meal. They add bulk and fiber. You feel full with fewer calories.
- Eat protein at every meal. Eggs, fish, chicken, beans, and Greek yogurt cut hunger better than bread or pasta.
- Cut liquid calories first. Soda, juice, and sweet drinks add 200-500 calories a day without making you feel full. Switch to water or sparkling water.
- Start with a daily walk. Twenty minutes after dinner lowers blood sugar and belly fat. It is easy to keep up.
- Get 7-9 hours of sleep. Short sleep raises hunger hormones the next day. Most people eat 300-500 more calories when tired.
- Manage stress daily. High stress stores fat in the belly. Walking, deep breathing, and social time all help.
- Weigh yourself once a week. Weekly trends are more accurate than day-to-day swings.
- Cook at home 5 or more days a week. Restaurant meals average 200-500 more calories than home cooking.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Lifestyle (eating + moving)	Hard to keep up. Slow results — 5-8% loss over 6 months. Many people regain weight without ongoing help.	Improves blood pressure, cholesterol, and blood sugar. No cost or drug side effects. Always the foundation.	Add a dietitian. Start a GLP-1 medicine if not at goal or if heart risk is high.
GLP-1 medicines (Wegovy / Zepbound)	Nausea in 30-40% of people (usually mild, fades in weeks). Cost \$900-1,400/month without insurance. Rare pancreatitis.	~15-21% weight loss. Cuts heart attacks and strokes by 20% (SELECT trial). Lowers BP, LDL, and blood sugar too.	Older pills (phentermine, Contrave, Xenical) if GLP-1 not covered. Surgery for severe obesity.
Bariatric surgery (sleeve / bypass)	Major surgery: death risk ~0.1-0.3%. Need lifelong vitamins (iron, B12, calcium). Big lifestyle change required.	Most effective long-term treatment. Cuts heart events 39%, heart deaths 41%. Diabetes goes away in 50-80%. Results last 10+ years.	Try GLP-1 medicines first for BMI 30-34.9. Consider surgery for BMI 40 or higher, or 35 or higher with diabetes or heart failure.
No treatment	Weight keeps rising. Blood pressure, cholesterol, and blood sugar worsen. Higher risk of heart attack and stroke.	No drug costs or side effects.	Lifestyle change is the safest first step. Even 5% weight loss lowers heart risk.



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Common Misconceptions

Myth	Reality
"Just eat less and exercise more."	Obesity is a disease, not a choice. Hunger hormones, genes, sleep, stress, and some drugs all drive weight gain. Medical treatment is right for obesity, just like for diabetes or high blood pressure.
"My BMI is normal, so my weight is fine."	A large waist (over 35 in for women or 40 in for men) raises heart risk even with a normal BMI. Where fat is stored matters as much as total weight.
"Heavier people live longer with heart disease."	This "paradox" is a data error. Sicker, thinner patients skew the numbers. Clinical trials are clear: losing weight on purpose improves heart outcomes.
"Weight-loss drugs are a shortcut."	GLP-1 drugs fix a hormone problem, just like insulin fixes a sugar problem. The SELECT trial showed they save lives. Using medicine for a disease is not cheating.
"I need to lose 50 pounds to see a benefit."	Losing just 5-10% of your weight lowers blood pressure, cholesterol, blood sugar, and sleep apnea — within weeks. You do not need to reach your goal weight to benefit.
"Bariatric surgery is too risky."	Sleeve gastrectomy has a death rate of about 1 in 1,000 — less than gallbladder surgery. For severe obesity, the long-term heart benefit is much greater than the small risk.
"If I stop the GLP-1, my weight stays off."	Weight usually returns when you stop, because obesity is a chronic disease. Most people need long-term treatment, just like blood pressure or cholesterol medicine.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart attack	Obesity speeds up plaque buildup through five pathways. Severe obesity raises lifetime heart attack risk by 3 to 5 times.
Stroke	High BP, AFib, and high cholesterol — all driven by obesity — are the top causes of stroke. Risk doubles with obesity.
Heart failure (HFpEF)	The most common heart failure type in people with obesity. The heart stiffens over time. Causes shortness of breath and swollen legs even when pumping strength looks normal.
Atrial fibrillation (AFib)	Obesity doubles AFib risk. Fat around the heart inflames the atrial wall. Weight loss cuts AFib more than most rhythm drugs.
Sleep apnea	Neck fat closes the airway during sleep. Untreated sleep apnea raises blood pressure and heart-rhythm risk. See: Sleep Apnea guide .
Type 2 diabetes	Belly fat causes insulin resistance. That drives diabetes in 80-85% of cases. Diabetes then adds another 2-4 times the heart risk on top of obesity.
Kidney disease	Obesity raises blood pressure and blood sugar. Both damage the kidneys over years and speed up heart disease.



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Obesity-HFpEF: When the Heart Wall Stiffens

- HFpEF is the most common heart failure type in people with obesity. The heart pumps normally but the wall is too stiff to relax. Pumping strength (EF) looks normal on the echo.
- Fat around the heart and long-term inflammation thicken the heart wall over time. Fat also squeezes the heart from the outside and raises pressure inside.
- Symptoms: shortness of breath with activity, trouble lying flat, swollen legs, and tiredness. Often mistaken for being out of shape.
- Diagnosis needs an echocardiogram plus Doppler. The echo may look normal at rest even with significant HFpEF.
- Weight loss is one of the best treatments. In the STEP-HFpEF trial, semaglutide improved walk distance, symptoms, and quality of life far more than placebo.
- See our companion guide: go.riasalimd.com/hfpef-guide.



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Points to Know

If you remember nothing else, remember these key points.

- Obesity is a disease — not a willpower problem. It needs real medical care.
- Belly fat (waist above 35 in for women or 40 in for men) is more dangerous than hip fat, even at a normal BMI.
- Losing just 5 to 10% of your weight lowers blood pressure, cholesterol, blood sugar, and sleep apnea — quickly.
- GLP-1 medicines (Wegovy, Zepbound) cut heart attacks and strokes by 20%, not just weight.
- The SELECT trial proved semaglutide protects the heart in people with obesity and heart disease — even without diabetes.
- Bariatric surgery cuts heart deaths by 41% and is the best long-term option for severe obesity.
- Treat all five risk pathways: blood pressure, cholesterol, blood sugar, sleep apnea, and inflammation.
- Most people need long-term treatment. Stopping GLP-1 medicine usually leads to weight coming back.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for chest pain, arm or jaw pain, sudden shortness of breath, weakness on one side, trouble speaking, or fainting. Do not drive yourself.
- **Call our office (727-943-5200)** for nausea, vomiting, or belly pain on a GLP-1 medicine — especially if severe or with fever. We need to check for rare pancreatitis.
- **Call us** if you gain more than 5 pounds in 2-3 days with leg swelling. This may be fluid from heart failure.
- **Call us** if your heart races, skips, or flutters. Obesity raises AFib risk and this needs to be checked.
- **Call us** if you are short of breath with things that felt easy 6 months ago. Heart failure and sleep apnea can both cause this.
- **Call us** to talk about GLP-1 medicine if your BMI is 27 or above with a heart risk factor, or 30 or above. We can help with insurance authorization.
- **Ask about a referral to a bariatric surgeon** if your BMI is 40 or above (or 35 with diabetes, heart failure, or sleep apnea) and other treatments have not worked.

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See also: our companion guides.

[Heart-Healthy Eating](#) · [Exercise and Your Heart](#) · [Diabetes & the Heart](#) · [Metabolic Syndrome](#) · [Hypertension](#) · [HFpEF](#) · [Sleep Apnea](#).



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [AHA — Obesity and Cardiovascular Disease](#) - AHA 2021 scientific statement: mechanisms, BMI/waist definitions, and treatment framework for obesity-related CV risk.
- [Obesity Medicine Association](#) - Evidence-based clinical framework: treats obesity as a chronic disease; covers medications, surgery, and behavioral tools.
- [Cleveland Clinic — Obesity and Heart Disease](#) - Plain-language overview of the link between weight and heart health, with treatment options.
- [Mayo Clinic — Obesity](#) - Causes, risk factors, diagnosis, and treatments for obesity in accessible patient-level language.
- [NIH NIDDK — Weight Management](#) - Federal resource with BMI calculator, healthy eating, and treatment overviews. Free Spanish-language materials available.
- [Obesity Action Coalition \(OAC\)](#) - Patient advocacy organization; combats weight stigma; has insurance navigation help and provider finder.
- [SELECT Trial summary \(semaglutide, NEJM 2023\)](#) - The landmark trial showing semaglutide cut major CV events 20% in people with obesity and heart disease.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AHA — Obesity and Cardiovascular Disease \(2021 Scientific Statement\)](#) [Guideline]
Primary clinical authority: mechanisms linking obesity to CV disease, BMI/waist definitions, treatment framework.
- [SELECT Trial — Semaglutide and Cardiovascular Outcomes \(NEJM 2023\)](#) [Clinical Trial]
SELECT: semaglutide 2.4 mg reduced MACE by 20% (HR 0.80) in adults with CVD + obesity (no T2DM). Primary GLP-1 CV outcome data.
- [SURMOUNT-MMO — Tirzepatide and CV Outcomes \(NEJM 2024\)](#) [Clinical Trial]
Tirzepatide (dual GIP/GLP-1) MACE reduction in obesity without T2DM. Confirms class-wide CV benefit.
- [ACC/AHA — Guideline on Cardiovascular Risk Reduction \(2019\)](#) [Guideline]
CV risk-factor management including weight; BMI categories and waist thresholds.
- [Obesity Medicine Association — Obesity Algorithm \(2023 update\)](#) [Professional Org]
OMA clinical framework: obesity as chronic disease; pharm/bariatric pathways; stigma language.
- [Cleveland Clinic — Obesity and Heart Disease](#) [Patient Resource]
Plain-language framing; patient voice; cross-check on clinical statements.
- [Mayo Clinic — Obesity](#) [Patient Resource]
Mayo patient-education framing; risk factor and treatment language.
- [NIH NIDDK — Overweight and Obesity Health Risks](#) [Government]
Federal health authority; BMI tables; health-risk overview for patients.
- [NEJM — Semaglutide for Obesity \(STEP-1 trial, 2021\)](#) [Clinical Trial]
STEP-1: semaglutide 2.4 mg achieved 14.9% mean weight loss vs 2.4% placebo; adverse-event profile.
- [NEJM — Tirzepatide for Obesity \(SURMOUNT-1, 2022\)](#) [Clinical Trial]
SURMOUNT-1: tirzepatide 15 mg achieved 20.9% mean weight loss; superior to semaglutide in head-to-head.
- [JAMA — Bariatric Surgery and Cardiovascular Outcomes \(2022 meta-analysis\)](#) [Meta Analysis]
Bariatric surgery reduces MACE 39%, CV mortality 41% in severe obesity; mechanism and patient-selection data.
- [AHA — Obesity and AFib \(2018\)](#) [Review]
Obesity-specific AFib mechanisms; epidemiology; weight loss as rhythm therapy.



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About This Guide

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Reviewer note: Reviewed AHA, Cleveland Clinic, Mayo Clinic, and Obesity Medicine Association. This guide adds: SELECT and SURMOUNT-MMO trial data; obesity-HFpEF and AFib phenotype; 5-pathway harm diagram; named drugs (Wegovy/Zepbound); bariatric surgery CV outcomes; obesity paradox explained — most patient pages skip these.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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