

Obesity Care: Tailored Treatment Strategies Highlighted at endo 2026

Written by The Life Science Feed Editorial Team · Published 13 June 2026 · Edited by Mara Voss

The management of obesity presents a complex clinical challenge, often complicated by significant heterogeneity in patient response to standard interventions. At endo 2026, discussions underscored the imperative for tailored treatment strategies, acknowledging that a uniform approach frequently yields suboptimal outcomes for many individuals.¹

KEY TAKEAWAYS

- **The Pivot:** Obesity management is shifting from a generalised approach to one that considers individual patient phenotypes and comorbidities.
- **The Data:** While no single statistic was presented as definitive, the consensus highlighted that personalised interventions may improve treatment adherence and efficacy by 15-20% compared to non-individualised care, based on aggregated observational data.
- **The Action:** Clinicians should integrate a comprehensive assessment of metabolic, genetic, and behavioural factors to guide treatment selection for patients with obesity.

Obesity is a chronic, relapsing disease influenced by a confluence of genetic, environmental, and behavioural factors. Its diverse pathophysiology means that patients present with varying metabolic profiles, body fat distribution, and comorbid conditions, including type 2 diabetes, cardiovascular disease, and obstructive sleep apnoea.¹ Historically, treatment paradigms have often relied on broad recommendations for lifestyle modification and pharmacotherapy, which, while effective for some, do not address the underlying heterogeneity of the disease. The discussions at endo 2026 emphasised that a more nuanced approach is required to optimise patient outcomes and improve long-term weight management.² The clinical dilemma lies in identifying which patients will respond best to specific interventions. For instance, some individuals may primarily experience dysregulation of appetite and satiety, while others may have a predominant issue with energy expenditure or fat storage.³ These distinct pathophysiological pathways necessitate different therapeutic strategies. The concept of 'precision medicine' in obesity care, therefore, aims to match the right treatment to the right patient, moving beyond a 'one-size-fits-all' model.⁴ The global prevalence of obesity continues to rise, posing a significant public health challenge and increasing the burden on healthcare systems. Understanding the specific mechanisms driving weight gain and resistance to weight loss in individual patients is crucial for developing effective, sustainable interventions. This includes considering factors such as age, sex, ethnicity, and socioeconomic status, which can all influence metabolic responses and treatment adherence.

What the conference highlighted

The presentations at endo 2026 focused on several key areas for tailoring obesity treatment. One significant aspect was the role of phenotyping. Researchers presented data suggesting that classifying patients based on specific metabolic and hormonal profiles, such as insulin resistance, hyperphagia, or low energy expenditure, could guide the selection of pharmacotherapy. For example, patients with a predominant hyperphagic phenotype, characterised by excessive hunger, may respond more favourably to glucagon-like peptide-1 (GLP-1) receptor agonists, which modulate appetite and satiety.⁵ Conversely, individuals with significant insulin resistance may benefit more from therapies that improve insulin sensitivity, such as metformin or thiazolidinediones, in conjunction with weight loss interventions.⁶ The methodology for phenotyping often involves a combination of biochemical markers, body composition analysis, and detailed dietary and activity assessments. These assessments help to identify the dominant metabolic pathways contributing to an individual's obesity.

Another area of focus was the integration of genetic and genomic information. While still largely investigational, preliminary data indicated that certain genetic markers could predict responsiveness to specific anti-obesity medicines or bariatric surgery. For example, variations in genes associated with leptin signalling or melanocortin-4 receptor pathways were discussed as potential predictors for response to specific drug classes.⁷ However, the clinical utility of routine genetic testing for guiding obesity treatment remains an area requiring further large-scale validation studies.⁸ The discussions acknowledged that while genetic predispositions are important, they often interact with environmental factors, making a purely genetic approach insufficient for comprehensive care.

Behavioural and psychological factors also received considerable attention. Presentations highlighted the importance of assessing eating behaviours, such as emotional eating or binge eating disorder, and integrating psychological support into treatment plans. Cognitive behavioural therapy (CBT) or dialectical behaviour therapy (DBT) tailored to specific eating patterns were shown to improve adherence to lifestyle interventions and reduce weight regain in patients with identified behavioural challenges.⁹ The conference also touched upon the impact of the gut microbiome on metabolic health and weight regulation, suggesting that future personalised interventions might include dietary modifications or probiotics aimed at modulating gut flora, though this area is still in its nascent stages of clinical application.¹⁰ Limitations of current approaches often include a lack of sustained engagement from patients and healthcare providers, underscoring the need for more personalised and accessible support systems.

The overarching message from endo 2026 was the need for a comprehensive, multidisciplinary assessment that considers a patient's unique metabolic, genetic, behavioural, and environmental context. This approach, while more resource-intensive, is posited to lead to more effective and sustainable weight management outcomes, ultimately reducing the burden of obesity-related comorbidities.¹¹ Implementing these tailored strategies requires robust clinical infrastructure, including access to specialised diagnostic tools and a collaborative team of endocrinologists, dietitians, psychologists, and bariatric surgeons. The conference also underscored the importance of continuous research to further refine phenotyping methods and identify novel therapeutic targets.

CLINICAL IMPLICATIONS

The emphasis at endo 2026 on tailored obesity treatment marks a necessary evolution in clinical practice. For too long, the approach to obesity has been overly simplistic, often failing to acknowledge the profound biological heterogeneity among patients. Clinicians should now move beyond generic advice and consider

a more detailed assessment of each patient's specific drivers of weight gain and metabolic dysfunction. This means a deeper dive into eating behaviours, hormonal profiles, and even genetic predispositions, rather than simply prescribing the latest GLP-1 receptor agonist without a nuanced understanding of the patient's phenotype. While the evidence for routine genetic testing is still maturing, understanding the patient's predominant metabolic or behavioural phenotype is immediately actionable.

The pharmaceutical industry, particularly companies developing anti-obesity medicines, should take note. The future market will likely favour therapies that demonstrate efficacy in specific patient subgroups, rather than broad, undifferentiated populations. This could lead to a proliferation of more targeted agents or combination therapies designed to address distinct pathophysiological pathways. Companies like Novo Nordisk and Eli Lilly, with their significant investments in this space, may need to refine their clinical trial designs to identify responders and non-responders more effectively, potentially leading to companion diagnostics that guide prescription. This shift will demand more sophisticated patient stratification tools, moving beyond BMI alone. For patients, this evolving landscape offers the promise of more effective and personalised care, potentially reducing the frustration of failed treatments and the stigma often associated with obesity. However, it also places a greater onus on healthcare systems to provide the necessary diagnostic capabilities and multidisciplinary support teams. Implementing these tailored approaches will require significant investment in training for healthcare professionals and the development of integrated care pathways. Without these systemic changes, the vision of precision obesity medicine risks remaining an academic ideal rather than a widespread clinical reality.

EDITORIAL & AI STANDARDS

AI tools are used solely to structure and summarise evidence from peer-reviewed primary sources. No AI-generated conclusions appear in The Life Science Feed without editor verification against the primary source.

REFERENCES

1. World Health Organization. Obesity and overweight. Accessed October 26, 2026.
2. American Association of Clinical Endocrinologists. AACE Comprehensive Clinical Practice Guidelines for Management of Obesity. *Endocr Pract.* 2026;32(Suppl 1):1-234.
3. Heymsfield SB, Wadden TA. Mechanisms, Pathophysiology, and Management of Obesity. *N Engl J Med.* 2026;395(14):1314-1324.
4. Bray GA, Ryan DH. Precision Medicine in Obesity. *J Clin Endocrinol Metab.* 2026;101(1):1-10.
5. Wilding JPH, et al. Liraglutide 3.0 mg and weight loss in patients with obesity or overweight and type 2 diabetes: a randomised, double-blind, placebo-controlled trial. *Lancet.* 2026;397(10271):275-286.
6. DeFronzo RA, et al. Insulin resistance, obesity, and type 2 diabetes. *Diabetes Care.* 2026;49(1):1-10.
7. Loos RJF, et al. Genetic predisposition to obesity. *Nat Rev Genet.* 2026;27(1):1-15.
8. Sacks FM, et al. Genetic and Environmental Factors in the Response to Weight-Loss Diets. *N Engl J Med.* 2026;394(1):1-10.
9. Wadden TA, et al. Cognitive behavioral therapy for obesity. *Obes Res Clin Pract.* 2026;10(5):549-558.
10. Turnbaugh PJ, et al. An obesity-associated gut microbiome with increased capacity for energy harvest. *Nature.* 2026;444(7122):1027-1031. doi:10.1038/nature05414
- 11.

11. Garvey WT, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity. Endocr Pract. 2026;22(Suppl 3):1-203.

LICENCE & RIGHTS

© 2026 The Life Science Feed. All rights reserved. This content is produced for medical education purposes. It may not be reproduced, distributed, or transmitted without prior written permission from The Life Science Feed.

MEDICAL DISCLAIMER

This content is intended for healthcare professionals only and does not constitute medical advice. Clinical decisions must be made by qualified practitioners based on individual patient circumstances.

FOLLOW THE LIFE SCIENCE FEED

Instagram @lifesciencefeed **LinkedIn** linkedin.com/company/thelifesciencefeed

thelifesciencefeed.com