

Recommendations	Strength of advice
 Pharmacological and surgical interventions Pharmacotherapy	
Obesity management medications are indicated, in conjunction with behaviour modifications, when adequate weight-related health improvements cannot be attained through behaviour modifications alone.	Strong advice ●●●
In adults living with established atherosclerotic CVD and BMI ≥ 27 kg/m ² , consider prescribing a GLP-1 receptor agonist with proven CVD benefit (semaglutide) to reduce the risk of major adverse cardiovascular events.	Moderate advice ●●○
In adults living with heart failure with preserved ejection fraction (HFpEF) and obesity*, consider semaglutide or tirzepatide to improve symptoms and functional capacity.	Moderate advice ●●○
In adults living with type 2 diabetes and overweight or obesity, with or without CVD, consider a GLP-1 or GIP/GLP-1 receptor agonist with proven CVD benefit (semaglutide, liraglutide or tirzepatide) to reduce the risk of major adverse cardiovascular events.	Strong advice ●●●
 Pharmacological and surgical interventions Surgical interventions	
In adults living with overweight or obesity and CVD or at high risk of CVD who have not attained adequate weight-related health improvements through behaviour modifications and pharmacological interventions, consider referral to multidisciplinary specialised obesity services.	Moderate advice ●●○
In adults with CVD or at high risk of CVD with BMI ≥ 40 kg/m ² , or BMI ≥ 35 kg/m ² with at least one weight-related comorbid condition [†] , refer for consideration of metabolic bariatric surgery to reduce the risk of major adverse cardiovascular events.	Moderate advice ●●○
In adults with CVD or at high risk of CVD who have undergone metabolic bariatric surgery, offer lifelong multidisciplinary follow-up care to support long term health.	May be appropriate ●○○

Abbreviations:

GIP, glucose-dependent insulinotropic polypeptide; GLP-1, glucagon-like peptide-1.

Footnotes:

* Defined in trials as BMI ≥ 30 kg/m² and ejection fraction $\geq 50\%$ (SUMMIT, tirzepatide) or ejection fraction $\geq 45\%$ (STEP-HFpEF, semaglutide). While these medications have demonstrated benefit for heart failure symptoms and quality of life, they are not yet approved by the Therapeutic Goods Administration for management of this condition.

† Weight-related comorbid conditions include hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes or type 2 diabetes.



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Executive summary

Background

Obesity is a complex, chronic, relapsing condition arising from interacting biological, behavioural and environmental drivers. Obesity substantially increases cardiovascular risk and contributes directly to the development and progression of several cardiovascular disease (CVD) subtypes and many other chronic diseases. In Australia, approximately two thirds of adults are living with overweight or obesity,^{1,2} with excess adiposity a major contributor to CVD. Despite this, obesity remains under-recognised and under-treated in cardiovascular care. Healthcare professionals require up-to-date, practical guidance on this evolving area of medicine, including the appropriate use of obesity management medications which are rapidly changing the obesity treatment landscape.

Purpose and intended audience

The clinical consensus statement has been developed to provide healthcare professionals with practical guidance on the assessment and management of overweight and obesity in adults with established CVD or at high risk of CVD.



How the consensus statement was developed

Development of the clinical consensus statement was led by the Heart Foundation in collaboration with a multidisciplinary expert taskforce and consumers with lived experience. An independent evidence review and environmental scan informed the recommendations, with additional input received via targeted stakeholder consultation.








Scope

The clinical consensus statement provides practical guidance on the diagnosis and assessment of overweight and obesity in the context of CVD. It outlines a stepped approach to management, commencing with behaviour modifications and escalating to incretin-based pharmacotherapies and/or metabolic bariatric surgery as required to optimise weight-related health and cardiovascular outcomes. The consensus statement also offers critical guidance on long term multidisciplinary care and ongoing management of cardiovascular risk, to support weight management and improve CVD outcomes across the life course.






Evidence-based guidance

The consensus statement provides practical, evidence-based guidance on:

-  diagnosis of overweight/obesity in the context of CVD, including the role of body mass index and additional anthropometric measures such as waist-to-height ratio
-  implications of obesity for cardiovascular diagnostics and practical mitigation strategies
-  behaviour modifications, such as nutrition and physical activity, which are integral to the management of overweight/obesity and CVD
-  obesity management medications with demonstrated cardiovascular benefits, with practical considerations for initiation, titration and side effect management
-  metabolic bariatric surgery, including post-surgical considerations and long term follow-up.

The consensus statement also includes consideration of:

-  weight stigma, which can negatively impact care, and practical strategies to address this
-  high-priority populations who experience a disproportionate burden of overweight and obesity and a significantly increased risk of CVD. They include culturally and linguistically diverse communities, First Nations peoples, people living in rural and remote areas, people experiencing socioeconomic disadvantage, people living with a mental health condition and women
-  the growing clinical significance of cardiovascular-kidney-metabolic syndrome, which recognises the intersect between CVD, chronic kidney disease, type 2 diabetes and obesity.

References



1. Australian Institute of Health and Welfare. *Heart, stroke and vascular disease: Australian facts*. 2025. www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts
2. Australian Institute of Health and Welfare. *Overweight and obesity*. 2024. www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity



← Scan here for consensus statement or visit hrt.how/obesityandCVD

Summary of recommendations



Recommendations	Strength of advice
 Defining overweight and obesity	
Recognise clinical obesity as a chronic, systemic condition driven by excess adiposity.	Moderate advice ●●○
Use body mass index (BMI) as a primary screening tool for obesity, complemented by additional anthropometric assessments, such as waist circumference, waist-to-height ratio, or waist-to-hip ratio.	Strong advice ●●●
 Behaviour modifications Nutrition	
In adults living with overweight or obesity and cardiovascular disease (CVD) or at high risk of CVD, recommend a heart-healthy eating pattern, which includes a wide variety of foods from all food groups, is naturally low in unhealthy fats, salt and added sugars, and limits discretionary food/beverages to reduce cardiovascular risk.	Moderate advice ●●○
For weight loss in adults living with overweight or obesity and CVD or at high risk of CVD, recommend a heart-healthy eating pattern with reduced energy intake (at least 2000 kJ/day deficit from estimated daily energy requirements) with a goal of achieving at least 5% weight loss over six months.	Strong advice ●●●
In adults living with overweight or obesity and CVD or at high risk of CVD who require more rapid weight loss to help manage complications, recommend either a low energy diet (LED) or very low energy diet (VLED) under clinical supervision.	Strong advice ●●●
 Behaviour modifications Physical activity	
In adults living with overweight or obesity and CVD or at high risk of CVD, recommend regular physical activity across the course of the day while reducing sedentary behaviour, irrespective of impact on weight, to support cardiovascular and overall health.	Strong advice ●●●
For adults living with overweight or obesity and CVD or at high risk of CVD, recommend an exercise routine combining moderate-to-vigorous aerobic activity and resistance training, tailored to a person's goals, to support cardiovascular and overall health.	Strong advice ●●●