Heart Foundation

Obesity and cardiovascular disease

A clinical consensus statement from the National Heart Foundation of Australia 2026

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 modications 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 modications 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 ●●●

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 ●○○

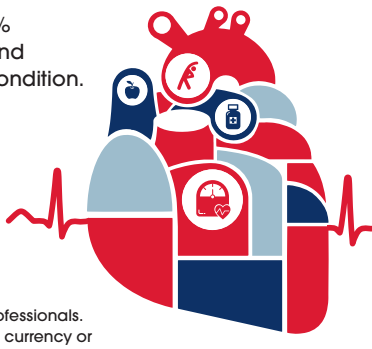
Abbreviations:

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

Footnotes:

* Defined in trials as BMI ≥ 30 kg/m^2 and ejection fraction ≥ 50% (SUMMIT, tirzepatide) or ejection fraction ≥ 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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