

WESTERN ZONE OBESITY NETWORK

NOVA SCOTIA

Guide to Obesity Care

A guide to understanding obesity

This guide will help you understand what obesity really is, why it happens, what treatments are available, and how to work with your healthcare team to improve your health. Based on the Obesity Canada Clinical Practice Guidelines.

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BEFORE YOU READ ANYTHING ELSE

If you are reading this, you are likely looking for answers about your weight and your health. You may also be carrying something harder than weight itself. Maybe you have been told for years to just eat less and move more. Maybe you have tried many times and struggled. Maybe you have felt judged by doctors, family, or friends. Or maybe you have blamed yourself for something that was never your fault.

KEY MESSAGE

Obesity is a medical condition, not a personal failure. Obesity is not your fault.

Many people with obesity also face judgment, at the doctor's office and in daily life. Research is clear that shame and blame do not help and often make things worse.

Over the past few decades, scientists have learned a great deal about why weight is so hard to manage. Your body has powerful systems that control hunger, cravings, and how it stores fat. These systems work hard to keep your weight the same, even when you are trying to lose weight. Genes, hormones, and your environment all play a role. Today's treatments work better than anything we have had before, and you do not have to do this alone.

Obesity is a chronic disease, not a choice

Medical organizations around the world now officially recognize obesity as a chronic disease. Obesity Canada defines it this way:

"Obesity is a complex chronic disease in which abnormal or excess body fat impairs health."

That definition matters because it tells us several things at once:

- **It is a disease**, like diabetes or high blood pressure.
- **It is complex**. Many things cause it, including your genes, environment, hormones, and metabolism.
- **It is chronic**. It lasts, and needs ongoing care rather than a quick fix.
- **Treating it is about improving your health**, not just changing the number on the scale.

It is not just about the number on the scale

You may have heard of BMI (Body Mass Index), a number calculated from your height and weight. It is one tool doctors use, but it does not tell the whole story. Some people with a higher BMI are healthy with few problems; some people with a "normal" BMI have health problems related to body fat. What matters most is how your weight affects your personal health and quality of life. A good doctor looks at the whole picture, not just a number.

How excess weight can affect your health

Carrying excess weight affects your health in two main ways: the physical strain of extra weight, and changes in how your body works inside.

- **Physical:** joint pain (knees, hips, back), sleep apnea, shortness of breath, acid reflux.
- **Metabolic:** type 2 diabetes or prediabetes, high blood pressure, high cholesterol, fatty liver disease, and higher risk of heart disease and stroke.

Good news

Even modest weight loss of 5 to 10% of your body weight can greatly improve many of these conditions. For someone who weighs 200 pounds, that is only 10 to 20 pounds.

Your brain's role in appetite

For most of human history, the biggest threat to survival was starvation, not too much food. To keep us alive, our bodies developed highly efficient systems to drive us toward calorie-dense food, store extra energy as fat, and strongly defend those fat stores against loss. These systems were life-saving thousands of years ago, and they still work exactly as designed. They mainly become a problem when we intentionally try to lose weight, because the body reads that loss as a threat and fights hard to defend its fat stores.

Think of your brain as a control center where three different systems work together to decide when, what, and how much you eat.

1 The "weight thermostat": the hunger system

Deep in your brain, a region called the hypothalamus acts like a thermostat for body fat. It does not use logic or reason. It responds to chemical signals called hormones, constantly checking whether you have enough energy stored.

2 The reward system: the "want food" brain

This system controls how much you want and crave food. When the hunger system senses energy is low, it turns up the reward system, making food taste even better, especially food high in sugar, fat, and salt. Many modern foods are engineered to trigger exactly this response.

3 The thinking system: the "willpower" brain

This is the conscious part of your brain that makes decisions based on long-term goals. It is powerful, but it tires easily. Chronic stress, poor sleep, and too many decisions wear it down. By the evening, willpower is often spent while hunger and reward are still strong.

A few hormones involved in weight regulation

GHRELIN

The hunger hormone

Made in the stomach. It tells the brain, "I am empty, go find food."

LEPTIN

The fullness signal

Made in fat cells. When leptin is high, it tells the brain you have enough energy stored. When it falls, the brain pushes you to eat.

GLP-1

The satiety hormone

Made in the small intestine. It signals fullness and slows digestion. It is the hormone the newest medications are based on.

Healthy eating matters, even when the scale does not move

If you have struggled with your weight, you have probably been told to "just eat less and move more." Healthy eating is worth doing, but mostly for reasons that have little to do with the number on the scale.

Eating well helps your health on its own:

- Enough protein helps you keep muscle.
- Fibre supports gut and bowel health.
- Whole foods lower your exposure to the refined, high-fat, high-sugar foods that drive weight gain and inflammation.

These benefits hold whether or not your weight changes.

Healthy eating and the number on the scale are two different things. Eat well for your health, and know that biology, not willpower, defends the number.

Why the scale is so hard to move

Your body controls your weight with powerful systems that willpower cannot easily override. When you eat less, your body does not read it as getting healthier. It reads it as a shortage and responds, burning less energy and raising hunger to defend its fat stores. This is metabolic adaptation, and it is why weight often returns after a diet even when someone does everything right. It is biology doing its job, not a personal failure.

The role of your genes

Research shows that genes explain a large share of why people's weights differ, somewhere between 40% and 70%. It works a bit like height: some people are naturally tall, some naturally short, and effort changes only so much. Genes are not destiny, but they do mean the starting point differs for everyone. This helps explain why:

- Some people stay lean with little effort while others gain weight easily.
- Weight patterns often run in families.
- An eating pattern that works well for someone else may do little for you.

Seeing weight as biology rather than a lack of discipline is the first step toward a plan that works with your body. Keep the healthy habits for what they give your health. To change weight itself, most people need more than lifestyle change alone, which is where the next chapters come in.

The three pillars of treatment

Effective treatments exist, and there are more options today than there have ever been. Modern obesity care rests on three main approaches, often called "pillars." No single one works for everyone, and most people use more than one.

PILLAR ONE

Behaviour change

Nutrition, physical activity, sleep, and stress strategies that work with your brain, not against it. There is no single "best diet"; the goal is an eating pattern you can sustain. Behaviour change improves health and makes every other treatment work better.

PILLAR TWO

Medications

Carefully studied treatments, not diet pills, that work with your body's own hormone systems to reduce hunger and improve fullness. The newest medications can help people lose 15 to 22% of their body weight.

PILLAR THREE

Bariatric surgery

For some people, this is the most effective option. Surgery is not "the easy way out." It changes how the body regulates hunger and weight, producing significant, lasting results with lifelong follow-up.

Most plans combine more than one pillar

You and your healthcare team will work together to find the right combination for you. The companion guides cover obesity medications and bariatric surgery in more detail.

How to get help: your next steps

By now you know that obesity is a disease, that your biology works against weight loss, and that effective treatments exist. The next step is an open conversation with your care team, and your family doctor or nurse practitioner is the best place to start.

Questions to ask your doctor

- How is my weight affecting my health right now?
- What is a realistic health goal for me?
- What treatment options would you recommend?
- Would I be a good candidate for medication or surgery?
- Can you refer me to the Western Zone Obesity Network?

What you can do today

- **Be kind to yourself.** You have been dealing with a serious chronic disease, often without the right support.
- **Talk to your doctor.** Bring up your concerns, and show them this guide if it helps start the conversation.
- **Pick one small change.** Not ten. Just one. Do it consistently for a week before adding anything else.
- **Focus on health, not just the scale.** Energy, sleep, and mood matter just as much as the number.
- **Build your support system.** You do not have to do this alone.

REMEMBER

Obesity is a chronic disease, and it is treatable. Your struggles with weight are not your fault. Effective treatments exist, and you are worthy of care and support.

Learn more

- [The Empowered Health Course](#): a free video course on metabolic health.
- [Guide to Obesity Medications](#)
- [Guide to Bariatric Surgery](#)

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