Obesity Facts

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From Recognition to Action: Bridging Science and Policy through the Italian Obesity Law — A Model for Europe

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Short Title: The Italian Obesity Law: Bridging Science and Policy

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Obesity is a chronic, progressive, and relapsing disease (1). It is a result of multiple complex causes (genetic, biological, social, psychological, and environmental), and, as the fifth leading cause of death worldwide and a gateway to several other conditions including cardiovascular disease, type 2 diabetes, and certain forms of cancer, it comes with heavy costs for healthcare systems. In 2022, one in eight people were living with obesity worldwide, while 2 billion people are expected to be affected by the disease within the next decade (2). In European countries, obesity prevalence deeply varies, going from 10% of adults in France to 35% in Romania (2). In Italy, 9.8% of children and 3.9% of 15 years old adolescents, and 17,81% of adults are affected by obesity (3, 4). In addition, national data from the 2022 *Health Behaviour in School Aged Children* survey, coordinated by the *Istituto Superiore di Sanità* (ISS, Italian National Institute of Health), show that unhealthy eating patterns and insufficient physical activity are common among adolescents (5). Together with findings from the *WHO European Childhood Obesity Surveillance Initiative*, which report that 44.2% of boys and 38.8% of girls aged 6–9 years in Italy are living with overweight or obesity (6), these data raise serious concern for the future. Given the strong tracking of excess weight from childhood into adulthood, a further increase in adult obesity prevalence is likely to increase in the coming years.

Growing evidence shows that addressing obesity requires coordinated, sustained, and structured collaboration among multiple stakeholders, including scientific societies, policymakers, and patient representatives (7). However, despite major advances in research and treatment, few health systems have translated this knowledge into integrated care frameworks.

Italy has emerged as a pioneer in this field with the passage of Law No. 149/2025, entitled "*Provisions for the Prevention and Care of Obesity*", approved on October 3, 2025. Originating from Legislative Act No. 1483 and its annexes, and sponsored by Hon. Roberto Pella, this new law establishes a comprehensive framework for addressing obesity (6). This legislation, specifically:

"[…] *establishes the fundamental principles for prevention and treatment, with the goal of safeguarding health and improving the quality of life of people living with obesity*" (Art. 1)
and represents the first legislative framework worldwide to treat obesity as a chronic disease within a universal healthcare system. In this perspective article, we describe the recently approved Italian Law on Obesity, along with other key national achievements in this field and the major steps that led to its development. These achievements are the result of years of coordinated interaction between advocacy, scientific engagement, and public awareness initiatives, which combined fragmented efforts into a unified national strategy (Figure 1 and Table 1) and constitute a critical precedent that may help pave the way for comparable initiatives in other countries.

Understanding the Disease

Obesity is a chronic, multifactorial disease resulting from the interaction of genetic, biological, physiological, psychological, and environmental factors (1). It is defined as an abnormal or excessive fat accumulation that can impair health. It develops when the mechanisms regulating body weight and energy balance, normally tuned to maintain stability, are disrupted, and the causes for it could be multiple (8).

Genetics can play a substantial role in determining individual susceptibility to obesity, and variation in body weight can be explained by inherited factors (9). These predispositions may cause genetically vulnerable people to gain weight more easily in obesogenic environments, where calorie-dense food is abundant and opportunities for physical activity are limited (10, 11).

At the biological level, obesity arises from a dysregulation of the balance between energy intake and expenditure. Hormones such as leptin, ghrelin, insulin, and cortisol act as messengers between peripheral organs (e.g., gut and adipose tissues), and the brain, helping to regulate hunger, satiety, and metabolism (12). When these signals are disrupted, the brain perceives a constant state of hunger even when energy stores are sufficient (13, 14), and this dysregulation can be further reinforced by chronic stress, sleep deprivation, or inflammation, which alter hormonal balance and promote fat storage. Furthermore, food can activate the brain's reward system in ways like addictive substances, releasing dopamine and reinforcing eating behaviours beyond physical need. Over time, this cycle of reward-driven eating and hormonal imbalance makes weight regulation extremely difficult, even for highly motivated individuals (12).

Psychological factors also contribute significantly to the onset and maintaining of obesity. Because of the mechanisms mentioned above, many people living with obesity has a predisposition to develop experience emotional or stress-related eating, where food becomes a coping mechanism for anxiety, sadness, or trauma (15). Moreover, early-life stressful experiences, such as exposure to stigma or emotional distress, can also disrupt normal hunger and satiety cues, shape lifelong eating patterns and stress responses, further reinforcing hormonal imbalances (16). This is because weight stigma and discrimination create a harmful feedback loop: people who are judged or blamed for their weight often experience shame, social isolation, and reduced self-esteem, which not only increases cortisol levels, leading to further appetite, but also increases the risk of anxiety, depression, and disordered eating, while discouraging engagement with healthcare systems (17).

Finally, obesity is the result of the complex interplay between biology, behavior, and context: individual characteristics are shaped by the social and environmental conditions in which people live (18, 19). Social circumstances, such as income, education, employment security and access to social protection, strongly influence whether people can eat well and stay active throughout their lives (18, 19). At the same time, today's food system supplies vast amounts of inexpensive, highly processed products that are intensively marketed, making excess calorie intake likely in many settings. These global forces combine with local living conditions to explain why obesity levels differ between countries, and why within the same country the burden often falls more heavily on disadvantaged groups (18). Patterns also differ by economic context: in poorer countries, obesity is more common among wealthier urban adults, particularly women, whereas in richer countries it affects all ages and both sexes but is concentrated in lower-income populations (18). Despite progress in public health, no country has yet turned back the obesity epidemic, highlighting the need for stronger policies that act on the environmental and commercial drivers of unhealthy diets and inactivity (19).

Barriers to Care and Recognition

Patients living with obesity experience a significant worsening of their health status which increases healthcare resources utilization, as recently confirmed by the first real-world data collection obtained in Italy (20). However, only about 30% of individuals with obesity in Italy receive a diagnosis, and just 16% are followed up, leading to an

average six-year delay before accessing appropriate care (21). Similar data were collected through the largest international survey on patients with obesity and healthcare providers, the *Awareness, Care, and Treatment in Obesity management International Observation* (ACTION-IO) study, which reported that only 54% of patients discussed about their weight with healthcare providers during the past 5 years, and such conversation was often initiated to face obesity-related complications and not obesity itself (22). According to this study, the mean time elapsed between the initial difficulty concerning body weight excess or obesity and the discussion of weight management with a healthcare professional was six years (22). During this time, obesity often progresses from a modifiable condition to a chronic and relapsing disease, with the onset of associated comorbidities such as type 2 diabetes, hypertension, and sleep apnoea (21, 22).

This diagnostic and treatment gap reflects a deeper, systemic misconception of obesity as a behavioural issue rather than a complex, relapsing disease with biological, psychological, and environmental determinants. When excess weight is viewed primarily as a matter of personal responsibility, people living with obesity may experience guilt or shame and consequently delay seeking medical advice (23). Simultaneously, healthcare professionals who internalise these societal beliefs may underestimate the need for structured interventions or fail to coordinate multidisciplinary care. Such misperceptions are further reinforced by limited training on obesity management within medical education and by the absence of consistent national care pathways. The result is a fragmented system in which patients often cycle between diet programmes and self-directed efforts rather than receiving long-term, evidence-based treatment.

This systemic under-recognition perpetuates a cycle of delayed diagnosis, inadequate treatment, and ineffective prevention. It also contributes to weight stigma, a well-documented barrier that not only reduces healthcare engagement but is itself associated with adverse mental and physical health outcomes (23). Addressing these barriers is therefore essential to translate scientific understanding into equitable, chronic-care management for people living with obesity, breaking a vicious cycle of delayed diagnosis, inadequate treatment, and ineffective prevention.

The Italian Law: A Key Legislative Milestones

To address these long-standing challenges, the Italian law introduced several transformative measures, beginning with the formal recognition of obesity:

"Obesity, associated with other socially significant diseases, is a chronic, progressive, and relapsing disease." (Art. 1)

The formal recognition of obesity as a disease is the *conditio sine qua non* for removing the structural barriers previously described. It provides the foundation for correctly identifying and managing patients within the healthcare system and for shifting the narrative surrounding obesity. This change is essential not only in clinical practice but also across the broader social context.

Among the most significant actions is the formal inclusion of obesity within both the Essential Levels of Assistance (LEA) and the National Chronicity Plan (PNC), marking a pivotal shift toward recognizing obesity as a chronic disease and ensuring it is managed accordingly within the Italian National Healthcare Service (SSN):

"In order to ensure equity and access to care, individuals affected by obesity are entitled to the services included in the Essential Levels of Care provided by the National Health Service." (Art. 2)

Inclusion of obesity in the LEA represents a *statutory guarantee*, establishing an enforceable right to essential diagnostic and therapeutic services across the national territory. This provision ensures SSN coverage and financial protection for patients, thereby reducing direct healthcare costs and removing access barriers.

By contrast, inclusion in the PNC constitutes a *strategic and organizational mandate*. The PNC obliges regions to implement structured *Diagnostic Therapeutic Care Pathway* and to adopt integrated, multidisciplinary care models. While the LEA secures entitlement and funding, the PNC governs the *quality, continuity, and system-level coordination* of care—transforming obesity management from episodic treatment into a fully recognized chronic care priority.

Extending the PNC to obesity aligns the condition with established chronic diseases such as diabetes and heart failure, marking a shift from approaches based on individual responsibility to models rooted in structured, socially supported, and system-wide care. This framework enables long-term, integrated management rather than isolated or fragmented interventions.

The PNC's overarching objectives include:

- ensuring continuity of care,
- promoting multidisciplinary management,

- guaranteeing equitable service access,
- standardizing quality of care across all regions.

Recognizing obesity as a chronic disease also requires parallel reforms in professional education and clinical governance. Accordingly, the law mandates:

a) Ongoing education and training for healthcare professionals: dedicated funding will support structured programs for medical students, general practitioners, paediatricians, and other ISS personnel involved in prevention, diagnosis, and treatment, in order to bridge the gap between scientific knowledge and clinical practice by embedding obesity care within standard curricula and continuing medical education (Art. 3(2)(f)).

b) Development of clear, nationally endorsed clinical guidelines: in September 2025, the Italian National Institute of Health approved new national guidelines on obesity management, developed by a consortium of scientific societies led by the Italian Society of Obesity (SIO) (24, 25). These guidelines establish diagnostic criteria, multidisciplinary care pathways, and standards for follow-up and rehabilitation, laying the foundation for consistent, high-quality care nationwide.

The law also establishes a structured system for obesity prevention, addressing the environmental and behavioural factors that contribute to its onset and persistence. Special emphasis is placed on early prevention during childhood and adolescence, when timely action can have the greatest impact. The main areas of prevention include:

- Promotion of breastfeeding as recommended by *World Health Organization*, including workplace and childcare support.
- Parental education on healthy nutrition and limiting high-calorie, low-nutrient foods.
- Inclusion of people with obesity in school, work, and recreational activities.
- Promotion of physical activity and nutrition education in schools.
- Extracurricular initiatives to encourage active lifestyles.
- Public awareness campaigns through media and healthcare professionals.
- Education on obesity prevention and early management.
- Enhanced awareness of specialized obesity and eating disorder centres to facilitate access to care.

Although the current legislation does not yet fully incorporate the set of interventions recommended by the *World Health Organization* for the prevention of non-communicable diseases, these international guidelines represent an essential reference point for future policy developments aimed at strengthening obesity prevention in Italy.

Importantly, the new law stipulates dedicated funding for its implementation and provides for the establishment of the *Observatory for the Study of Obesity* (OSO). The OSO, established under the new national law, serves as a strategic body within the Ministry of Health. OSO's primary functions are to monitor the prevalence and incidence of obesity in Italy by collecting epidemiological data. It also plays a key role in supporting the national obesity program, tracking its implementation, and evaluating the results derived from the new law. Finally, it is tasked with promoting scientific knowledge and healthy lifestyles through studies and public awareness campaigns.

From a National Law to a European Model for Change

The new Italian law is the culmination of a coordinated interaction between advocacy, scientific engagement, and public awareness initiatives, which combined fragmented efforts into a unified national strategy (Figure 1 and Table 1). A sustained dialogue between experts from the Italian Society of Obesity (SIO), members of the Italian Parliament, ministries and patient representatives allowed to translate scientific evidence and lived experiences into a rethinking and reframing of the causes and consequences of living with obesity, reshaping public health priorities around it into a legal change for the benefit of all people. This all culminates in the official recognition of obesity as a chronic, progressive, and relapsing disease, as declared by Article 1 of the new law.

The Italian experience represents a global milestone, showing that coordinated, evidence-based policymaking can overcome stigma, enhance care, and promote prevention, offering a replicable model for countries who still need to recognise obesity as a complex, multifactorial, and chronic disease. Ultimately, translating the imperative to address obesity into legal action powerfully reframes health as a collective responsibility. It shifts the focus away from individual blame and toward a societal obligation to promote integrated health for all.

This approach was highlighted during the launch of the Special Interest Group on Obesity at the *MEPs for Action on Obesity* event in the European Parliament (Brussels, November 2025). The Italian example was commended as a model for other EU nations seeking to strengthen their response to the obesity pandemic and promotion of

public health, proposing a breakthrough example of how collaboration between science, policy, and advocacy can set in motion a virtuous cycle, transforming awareness into public action, and paving the way for a healthier future across Europe.

Conclusion

The Italian Obesity Law represents a turning point in the global response to obesity, demonstrating that recognition, when paired with coordinated action, can lead to meaningful reform. By integrating prevention, treatment, education, and anti-stigma measures within a single legislative framework, Italy has provided a concrete example of how science can inform policy to create lasting public health impact. This experience underscores that addressing obesity is not merely a medical challenge but a societal responsibility requiring sustained collaboration among researchers, clinicians, policymakers, and people living with obesity. Moving forward, systematic evaluation of the law's implementation and outcomes will be essential to ensure its success and to guide adaptation in other contexts. The Italian model offers a blueprint for Europe and beyond, showing that when evidence, empathy, and policy converge, progress toward equitable and effective obesity care becomes achievable.

Statements

Conflict of Interest Statement

Dr. Georgia Colleluori was a member of the journal's Editorial Board at the time of submission. The authors have no conflicts of interest to declare.

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Author Contributions

GC: Ideation and first draft of manuscript, timeline, and table; ER: reviewed the first draft and provided substantial additional contributions to the manuscript; SB, LB: provided essential information and documentation used to define and validate the event timeline; FS, IZ, MM, SB, PS, LB: provided updated epidemiological data and key socio-health information on the current obesity situation in Italy. All authors revised and approved the last version of the manuscript.

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Figure Legend

Figure 1. Obesity: A Timeline of Progress and Action in Italy

This timeline summarizes major milestones in Italy's response to obesity, including legislative and political actions, scientific initiatives, and public awareness efforts led by scientific societies, patient associations, and national institutions. Events are placed by year; spacing does not reflect exact dates. Acronyms: ISS, *Istituto Superiore di Sanità* (Italian National Institute of Health); LEA: Essential Levels of Assistance; DDL, *Disegno di Legge* (Bill).

Obesity: A Timeline of Progress and Action in Italy

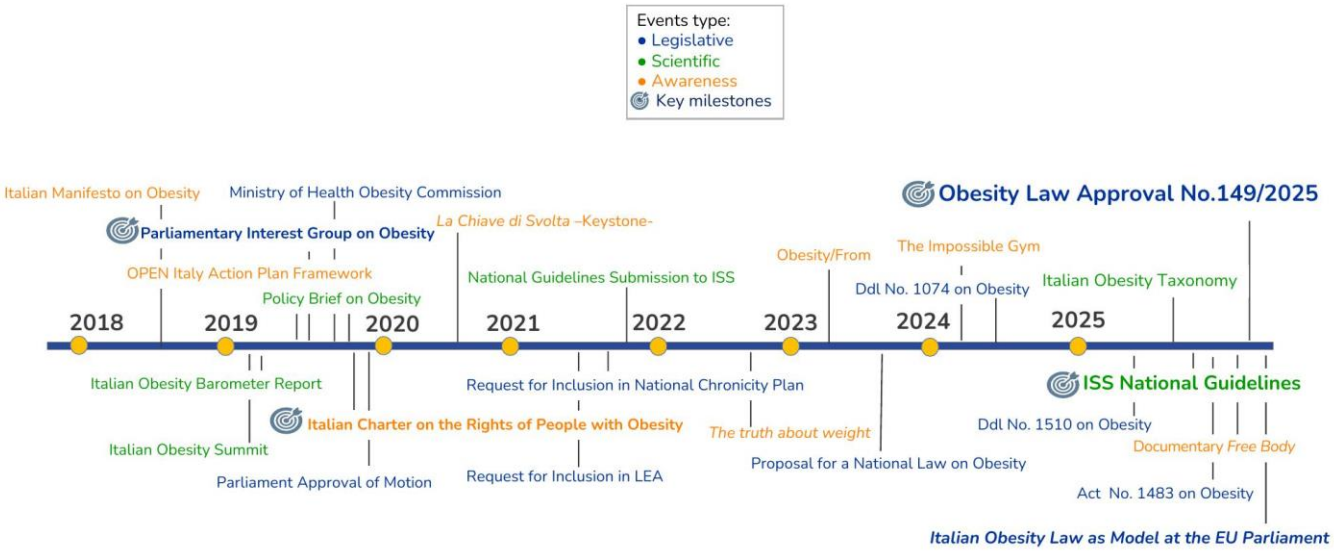

Table 1. Events Driving National Awareness and Policy Development on Obesity in Italy

EVENT	TYPE	DESCRIPTION & OBJECTIVE	ORGANIZERS	DATE
ITALIAN MANIFESTO ON OBESITY	Policy & Advocacy Document	Declaration advocating recognition of obesity as a chronic disease.	Scientific Societies, Patients' Associations	2018
POLICY BRIEF ON OBESITY	Evidenced based document	Evidence-based policy recommendations outlining policy needs.	Research Institutions, Advocacy Groups	2019
ITALIAN OBESITY SUMMIT	Scientific–Policy Summit	National meeting gathering experts and institutions.	Patients' Associations, Scientific Societies	2019
ITALIAN OBESITY BAROMETER REPORT	Monitoring & Data Report	National report assessing obesity prevalence and unmet needs.	Patients' Associations, ISTAT	2019
OPEN ITALY ACTION PLAN FRAMEWORK	Policy Framework	Strategic proposal defining multisectoral actions for obesity.	OPEN Italy	2019
PARLIAMENTARY INTEREST GROUP ON OBESITY	Political Advocacy Group	Cross-party group promoting obesity policy development.	Members of Parliament	2019
MINISTRY OF HEALTH OBESITY COMMISSION	Government Commission	Expert group formulating recommendations for national strategy.	Italian Ministry of Health	2019
OPEN ITALY MEETING IN PARLIAMENT	Policy Meeting	Presentation of the Open Italy plan to Parliament.	Italian Obesity Network, MPs	2019
POLICY PROOF ON OPEN ITALY ACTION PLAN	Policy Analysis	Validation and refinement of Open Italy strategic plan.	Policy Analysts, Experts	2019
ITALIAN CHARTER ON THE RIGHTS OF PEOPLE LIVING WITH OBESITY	Rights Charter	Document defining ethical and legal rights of individuals with obesity.	Patients' Associations, Scientific Societies	2019
I BELIEVE IT CAMPAIGN	Public Awareness Campaign	Campaign reducing stigma and promoting obesity as a disease.	Advocacy Groups, Patients' Associations	2019
PARLIAMENT APPROVAL OF MOTION	Legislative Approval	Vote approving the obesity motion.	Parliament of Italy	2019
LA CHIAVE DI SVOLTA THE KEYSTONE INITIATIVE	Public Awareness Campaign	Photographic exhibition to change the narrative around obesity and giving a voice to people living with the condition	Patients' Associations	2020

REQUEST FOR INCLUSION IN LEVEL OF ESSENTIAL CARE	Policy Request	Proposal to include obesity treatments among essential services.	Scientific Societies	2021
REQUEST FOR INCLUSION IN THE NATIONAL CHRONICITY PLAN	Policy Request	Request for integrating obesity into chronic disease plan.	Scientific Societies, Patients' Associations	2021
NATIONAL GUIDELINES SUBMISSION	Clinical Guidelines	Submission of guidelines for obesity care.	Scientific Societies upon request of ISS	2021
THE TRUTH ABOUT WEIGHT	Awareness initiative	Campaign reducing stigma and promoting obesity as a disease.	Patients' Associations	2022
PROPOSAL FOR A NATIONAL LAW ON OBESITY	Legislative Proposal	Draft of a law regulating national obesity care.	Members of Parliament	2023
OBESITY/FROM	Awareness initiative	Theatre-based initiative where a woman living with obesity shares her real-life journey from childhood to adulthood. Winner of the World Obesity Day Europe Award for Best Patient Engagement Programme	Patients' Association	2023
THE IMPOSSIBLE GYM	Awareness Campaign	Symbolic gym installation to illustrate the daily struggles of people with obesity	Patients' Associations	2025
CITY PEER SUPPORT GROUPS	Community Support Initiative	Local support groups helping individuals living with obesity.	Patients' Associations	2025
ITALIAN OBESITY TAXONOMY	Classification Framework	Standardized national obesity classification model.	Scientific Societies, Patients' Associations	2025
ISS NATIONAL GUIDELINES	National Clinical Guidelines	Final national guidelines for obesity management.	Scientific Societies, Patients' Associations	2025
LEGISLATIVE ACT N. 1483	Legislative Action	Parliamentary act advancing legal recognition.	Parliament of Italy	2022
OBESITY LAW APPROVAL NO. 149/2025	Legislative Approval	Final approval of the national obesity law.	Parliament of Italy	2025

ITALY AS A MODEL AT THE *MEPS FOR ACTION ON OBESITY*† LAUNCH EVENT, EUROPEAN PARLIAMENT	Political Advocacy Group	Launch of the Special Interest Group on Obesity to define multisectoral actions for obesity at European Level	European Parliament	2025

LIST OF GROUPS ORGANIZING THE EVENTS OR DEVELOPING REPORTS: *AMICI OBESI* ONLUS; OPEN ITALY: OBESITY POLICY ENGAGEMENT NETWORK; IO-NET: ITALIAN OBESITY NETWORK; SIO: SOCIETÀ ITALIANA DELL'OBESITÀ; INTERGRUPPO PARLAMENTARE DIABETE E OBESITÀ; ISTAT: NATIONAL INSTITUTE OF STATISTICS; ISS: ITALIAN NATIONAL INSTITUTE OF HEALTH; IBDO: ITALIAN BAROMETER DIABETES OBSERVATORY FOUNDATION; MEPS: MEMBERS OF THE EUROPEAN PARLIAMENT; EASO: EUROPEAN ASSOCIATION FOR THE STUDY OF OBESITY; EASO ECN: EASO EARLY CAREER NETWORK. †HTTPS://MEPACTIONOBESITY.EU/