



# The Value of a Multidisciplinary Team (MDT) in Obesity Care

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## Why a multidisciplinary approach matters

A patient-centred approach, supported by a multidisciplinary team, enhances satisfaction and outcomes.<sup>1</sup>

Studies have shown that a team-based approach improves patient outcomes, reduces complications, and enhances long-term weight loss maintenance.<sup>2</sup>

Patients who receive care from a multidisciplinary team are more likely to adhere to post-procedure dietary and lifestyle recommendations, leading to better weight loss outcomes.<sup>3</sup>

Coordinating care across disciplines, including nutritionists, psychologists, and exercise physiologists, ensures comprehensive support from initial consultation to long-term follow-up.<sup>4</sup>





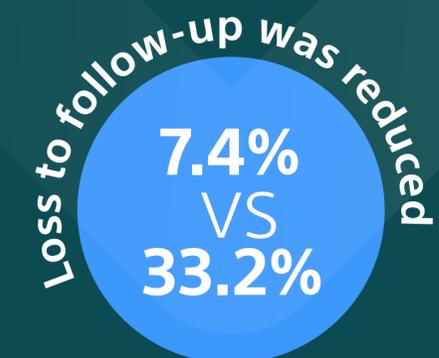
## Quantitative evidence

(comparative studies: MDT vs non-MDT/usual care)

A pre-operative multidisciplinary programme was associated **with a shorter hospital stay (4.1±0.3 vs 6.2±2.4 days)** compared with the non-MDT group.<sup>5</sup>



In addition, loss to follow-up at 18 months **was lower** in the MDT programme group **(7.4% vs 33.2%)**, as was the rate of **post-surgical weight-loss failure (8.5% vs 20.3%)**.<sup>5</sup>



An interdisciplinary approach resulted in greater body-weight reduction at 12 months (−7.4 kg vs −1.5 kg) and at 24 months (−11.3 kg vs −2.3 kg).<sup>6</sup>



A multidisciplinary Metabolic Rehabilitation Programme achieved greater weight loss at 12 months (−7.65±1.74 kg vs −1.76±2.60 kg) and 30 months (−9.70±2.13 kg vs −0.98±2.65 kg).<sup>7</sup>





# Evidence comparing MDT vs non-MDT in obesity management

(selected studies)

| Study                                  | Design / population  | Patients (MDT vs comparator) | Outcome                     | MDT          | Non-MDT      |
|--|--|------------------------------|-----------------------------|--------------|--------------|
| Chaim EA et al. Arq Gastroenterol 2017 | Retrospective comparative cohort; bariatric surgery candidates | 176 vs 226                   | Hospital stay (days)        | 4.1 ± 0.3    | 6.2 ± 2.4    |
|  |  |                              | Weight-loss failure         | 8.5%         | 20.3%        |
|  |  |                              | Loss to follow-up (18 mo)   | 7.4%         | 33.2%        |
| Murfet GO et al. Clin Obes 2024        | Pragmatic RCT; obesity + T2D                                   | 113 vs 111                   | Weight change at 12 mo (kg) | -7.4         | -1.5         |
|  |  |                              | Weight change at 24 mo (kg) | -11.3        | -2.3         |
| Lih A et al. J Diabetes Res 2015       | Retrospective matched cohort; obese T2D patients               | 40 vs 40                     | Weight change at 12 mo (kg) | -7.65 ± 1.74 | -1.76 ± 2.60 |
|  |  |                              | Weight change at 30 mo (kg) | -9.70 ± 2.13 | -0.98 ± 2.65 |





## REFERENCES

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