

Italy passes obesity law: an opportunity to prevent cardiovascular disease across Europe[†]

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[†]Message to promote submission on X

Italy has become the first country worldwide to legally recognize obesity as a chronic, relapsing disease: a strategic opportunity to prevent cardiovascular disease across Europe. #CardioPrevention #Obesity #GLP1 #PublicHealth

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Graphical abstract

Italy passes obesity law: an opportunity to prevent cardiovascular disease across Europe

EUROPE POLICY RECOGNITION



Europe formally defined obesity as a chronic relapsing disease

ITALIAN LAW – OCTOBER 2025 3rd



Italy is the first country to recognize obesity by law (No. 149/2025)

Cost of cardiovascular disease in Europe:

€282 Billion

Annual economic burden driven primarily by:

#1

Modifiable Driver



Modifiable factors

- Obesity
- Lifestyle
- Smoking



Non-modifiable risk factors

- Aging
- Genetics

Key anthropometric measures for the diagnosis of obesity

1. BMI (Body Mass Index)

$$BMI = \frac{\text{Weight (kg)}}{\text{Height}^2 \text{ (m}^2\text{)}}$$

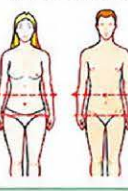


2. Central adiposity measures (integrated with BMI)

WC (Waist Circumference)

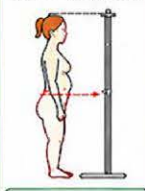


WHR (Waist-to-Hip Ratio)



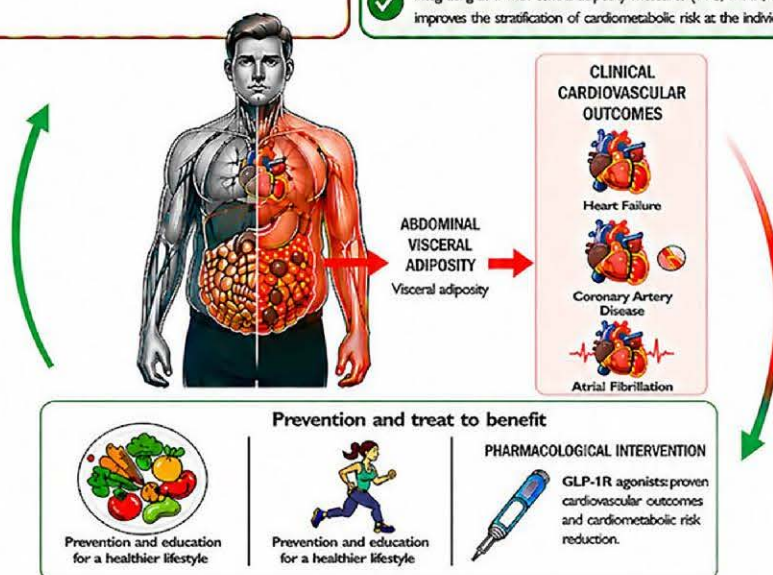
$$WHR = \frac{\text{Waist circumference (cm)}}{\text{Hip circumference (cm)}}$$

WHtR (Waist-to-Height Ratio)



$$WHtR = \frac{\text{Waist circumference (cm)}}{\text{Height (cm)}}$$

Integrating BMI with central adiposity measures (WC, WHR, WHtR) improves the stratification of cardiometabolic risk at the individual level.



Keywords

Obesity • Central adiposity • Cardiovascular disease • Italy • Public health • GLP-1 receptor agonists

Table 1 Italy's Law No. 149/2025: a paradigm shift in obesity management as a chronic and relapsing disease

Domain	Legal provision	Operational meaning	Clinical and system impact
Disease recognition	Article 1	Obesity is formally defined as a 'chronic, progressive, and relapsing disease'.	Shifts the paradigm from a lifestyle/behavioural issue to a medical condition; essential for removing structural barriers.
Right to care	Article 2	Provides the legal basis to support inclusion of obesity-related services within the 'Essential Levels of Care' (LEA), subject to implementation through national/regional pathways.	Establishes the framework for future National Health Service coverage and specialized reimbursement criteria once implementing decrees are finalized.
Chronic care framework	Article 2	Integration of obesity into the National Chronicity Plan.	Mandates regions to implement structured Diagnostic Therapeutic Care Pathways and multidisciplinary care models.
Professional education	Article 3	Dedicated funding for ongoing education of healthcare professionals.	Bridges the gap between science and practice by embedding obesity care in medical curricula and continuing education.
Clinical governance	Law No. 149/2025 (implementation and governance framework)	Enables the development and adoption of nationally aligned, evidence-based guidelines and structured care pathways for obesity management.	Supports standardization of diagnostic criteria and multidisciplinary care models across the healthcare system as implementation proceeds.
Prevention and society	Various articles	Structured system for prevention (i.e. parental education, promotion of physical activity in schools, public awareness campaigns).	Targets environmental and commercial drivers of obesity while addressing weight stigma and discrimination.
Monitoring and evaluation	Article 4	Establishment of the Observatory for the Study of Obesity within the Ministry of Health.	Enables continuous epidemiological surveillance and evaluation of the law's long-term impact on public health.

Overview of the Italian law on obesity (No. 149/2025). The table illustrates the shift from considering obesity as a behavioural problem to its formal recognition as a chronic, progressive, and relapsing disease. It highlights the main legislative provisions, including integration into the Essential Levels of Care and the National Chronicity Plan, alongside a comprehensive prevention framework targeting early childhood and school environments. These measures aim to ensure equitable access to multidisciplinary care, standardized treatment pathways, and the reduction of environmental drivers of the disease.

The growing institutional recognition of obesity as a chronic and relapsing disease at the European level, alongside recent landmark legislative acknowledgments such as that by the Italian Parliament, marks a fundamental shift in cardiovascular prevention.¹⁻³ On 3 October 2025, Italy became the first country worldwide to officially recognize obesity by law as a chronic and relapsing disease, moving beyond its historical perception as a mere lifestyle-related risk factor to a distinct pathology, marked by an abnormal and/or excessive accumulation of body fat, requiring priority clinical intervention (Law No. 149/2025, [Table 1](#)).^{1,2} Article 1 ([Table 1](#)) of this law defines obesity not just as a precursor to other illnesses, but as a true priority for clinical interventions and public health strategies, reflecting a paradigm shift framing obesity as a complex, multifactorial condition acting as a gateway to multiple non-communicable diseases.^{2,3}

This legislation positions Italy as a leader in European public health, aiming to reduce the long-term, high costs, and burden of cardiovascular diseases (CVDs) on the national healthcare system.

Specifically, the law provides the legal basis to support the future integration of obesity-related services within the Essential Levels of Care (LEA); however, this integration remains pending implementation through national and regional pathways as well as formal reimbursement decisions, which are required to ultimately facilitate subsidized access for high-risk populations.^{3,4}

This milestone aligns with the broader objectives of the European Cardiovascular Health Plan, which advocates for a multi-sectoral approach to combat the rising burden of non-communicable diseases.⁴

The urgency of this shift is underscored by the scale of the problem: recent European Union estimates place the annual economic burden of CV diseases at approximately €282 billion in Europe and €42 billion in Italy alone.⁵ While these expenditures are multifactorial, driven also by ageing, genetics, and various lifestyle factors, obesity represents a significant and modifiable upstream driver of these costs.⁶ Its impact extends far beyond direct medical expenditures to include lost productivity, absenteeism, and premature mortality.⁶ This legislative milestone provides a unique opportunity to address one of the principal upstream drivers of cardiovascular morbidity and mortality through improved risk stratification, prevention, diagnosis, and integration of evidence-based pharmacological strategies into standard care.^{2,3}

Early cardiovascular conceptualizations framed obesity primarily as a contributor to intermediary risk factors such as hyperglycaemia, insulin resistance, dyslipidaemia, and hypertension. However, modern mechanistic data increasingly demonstrate that excessive accumulation of body fat, particularly in its visceral and ectopic depots, drives systemic and local inflammation, which in turn exerts direct pathophysiological effects on vascular biology, cardiac structure, and function.⁷ Obesity is

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