



June 2026 Grand Rounds: Integrating Mental Health into Obesity Care: Practical Strategies for Real-World Settings

Credit for this course may not exceed 1 credit when both the live and enduring material activity format credits are combined.

Live Course Accreditation

The Obesity Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Obesity Society designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

On-Demand Course Accreditation

The Obesity Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Obesity Society designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Important Dates for On-Demand Course (Enduring Material)

Date of Release: July 15, 2026

Date of Termination: December 31, 2028

Learning Objectives

At the conclusion of this activity, participants should be able to:

1. Explain how trauma, chronic stress, and weight stigma influence obesity risk, treatment engagement, and patient outcomes.
2. Identify clinical opportunities to recognize and address psychological and social factors that may affect obesity care and behavior change.
3. Implement brief, trauma-informed communication and care strategies to enhance patient engagement, trust, and treatment effectiveness in routine obesity medicine practice.
4. Consult with or refer appropriate patients to mental health specialists

Commercial Support

No commercial support was received for this activity.

Faculty and Planning Committee Disclosure Information

The Obesity Society adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CE activity, including faculty, planners, reviewers or others are required to disclose all relevant financial relationships with ineligible entities¹ (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

The Obesity Society asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relevant relationships with ineligible companies. This information is disclosed to CME activity participants. The Obesity Society has procedures to mitigate all conflicts of interest. In addition, faculty members are asked to disclose when any unapproved use of pharmaceuticals or devices is being discussed. In the list below, the nature of the relationship and company are followed by the industry of that company.

Chairs:

At TOS activities, course/session chairs are responsible for timekeeping, introductions, housekeeping announcements, and presenting audience questions to speakers. TOS has determined that chairs do not have the ability to influence content. Accordingly, TOS does not collect, mitigate, or disclose relevant financial relationships of chairs (unless they have a dual role as a planner or speaker).

Panelists and Speakers:

¹ An ineligible company as defined by the ACCME is one that is not eligible for ACCME accreditation, in other words those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include: 1) Advertising, marketing, or communication firms whose clients are ineligible companies, 2) Bio-medical startups that have begun a governmental regulatory approval process, 3) Compounding pharmacies that manufacture proprietary compound, 4) Device manufacturers or distributors, 5) Diagnostic labs that sell proprietary products, 6) Growers, distributors, manufacturers or sellers of medical foods and dietary supplements, 7) Manufacturers of health-related wearable products, 8) Pharmaceutical companies or distributors, 9) Pharmacy benefit managers, 10) Reagent manufacturers or sellers. Reference: <https://accme.org/faq/what-accmes-definition-ineligible-company>

Panelists are speakers who speak without presenting slides in a portion of a session or course. As speakers, they are required to disclose, and their relevant financial relationships are listed below. All speakers - with or without relevant financial relationships, with or without slides - are advised, and subsequently attest that “The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest or a commercial interest (including ACCME-defined ineligible companies). Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.”

Speaker Disclosures:

Robyn Pashby, PhD		Speaker relationship with Kailera (Pharmaceuticals), Speaker relationship with Fractyl (Biomedical)
-------------------	--	---

Planner Disclosures:

Sriram Machenini, MD	Advisor relationship with Abbie Inc. (Pharmaceuticals), Eli Lilly (Pharmaceuticals) and NeurogastriX (Pharmaceuticals) Consultant relationship with Rhythm (Pharmaceuticals)
Angela Golden, DNP	Advisor relationship with Acella (Pharmaceuticals), Boehringer Ingelheim (Pharmaceuticals), Currax (Pharmaceuticals), Eli Lilly (Pharmaceuticals) and Novo Nordisk (Pharmaceuticals). Speaker relationship with Acella (Pharmaceuticals), Currax (Pharmaceuticals), Eli Lilly (Pharmaceuticals) and Novo Nordisk (Pharmaceuticals)
Stacy Schmidt, PhD	No relevant financial relationships

Reviewer Disclosures: No members of the TOS CME Oversight Committee, charged with the resolution of all relevant conflicts of interest, had any relevant financial relationships while serving on the committee.

Bibliography

1. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Food and Nutrition Board; Roundtable on Obesity Solutions; Berhaupt A, editor. Exploring the Science on Measures of Body Composition, Body Fat Distribution, and Obesity: Proceedings of a Workshop Series. Washington (DC): National Academies Press (US); 2024 Mar 20. 7, Innovations in Communicating About Body Weight in the Clinic and Beyond. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK603311/>
2. Danese A, Tan M. Childhood maltreatment and obesity: systematic review and meta-analysis. *Mol Psychiatry*. 2014 May;19(5):544-54. doi: 10.1038/mp.2013.54. Epub 2013 May 21. PMID: 23689533.
3. Rebecca M. Puhl, Weight Stigma and Barriers to Effective Obesity Care, *Gastroenterology Clinics of North America*, Volume 52, Issue 2, 2023, Pages 417-428, <https://doi.org/10.1016/j.gtc.2023.02.002>.
4. Yau YH, Potenza MN. Stress and eating behaviors. *Minerva Endocrinol*. 2013 Sep;38(3):255-67. PMID: 24126546; PMCID: PMC4214609.

Disclaimer

These materials and all other materials provided in conjunction with continuing medical education activities are intended solely for the purposes of supplementing continuing medical education programs for qualified health care professionals. Anyone using the materials assumes full responsibility and all risk for their appropriate use. The Obesity Society makes no warranties or representations whatsoever regarding the accuracy, completeness, currentness, noninfringement, merchantability or fitness for a particular purpose of the materials. In no event will The Obesity Society be liable to anyone for any decision made or action taken in reliance on the materials. In no event should the information in the materials be used as a substitute for professional care.

This document was last updated June 10, 2026