

**In Reply:** We thank Dr. Modesto-Lowe and colleagues for their comments. We agree that primary care providers need to increase their efforts to diagnose patients with obesity and adiposity-related comor-bidities and to discuss with patients the therapeutic options including behavioral, pharmacotherapy,

and possibly bariatric surgery. Pharmacotherapy should not be considered a last resort as antiobesity agents are safe and effective and should be offered for patients with a body mass index of 30 kg/m<sup>2</sup> or greater and with a body mass index over 27 kg/m<sup>2</sup> in the presence of obesity-related comorbidity. Though we also recognize that the cost of antiobesity medications and the lack of insurance coverage for them continue to be major barriers to the regular use of these agents.

In general, primary care doctors need to become more comfortable discussing obesity as a medical problem that requires treatment like all other medical problems.

Yael Mauer, MD, MPH  
Department of Internal Medicine and Geriatrics  
Cleveland Clinic  
Cleveland, OH

Marcie Parker, PharmD, BCACP  
Ambulatory Care Clinical Specialist  
Department of Pharmacy  
Cleveland Clinic  
Beachwood, OH  
  
Sangeeta Kashyap MD  
Professor of Medicine, Cleveland Clinic  
Lerner College of Medicine of Case  
Western Reserve University;  
Associate Program Director, Endocrinology,  
Diabetes, and Metabolism Fellowship  
Cleveland Clinic  
Cleveland, OH  
Associate Editor, *Journal of Clinical  
Endocrinology and Metabolism*

doi:10.3949/ccjm.88c.12004