How to treat Lipedema?

The International Consensus

Lipoedema: a paradigm shift and consensus

Gabriele Erbacher

Foeldiclinic Hinterzarten, Germany
European Center of Lymphology
Definition: Lipedema

Main Criteria

Disproportionate increase in adipose tissue

Pain or/and tender to touch skin in this adipose tissue

European Lipoedema Forum
March 2019
2nd European Lipoedema Forum, March 2019
Lipoedema: a paradigm shift and consensus

...lipoedema neither includes oedema, nor is there any scientific evidence for lymphatic insufficiency.
Lip edema?
Lip
Causes of the Lipedema Pain

Adipokines

Low Grade Inflammation

Hypoxia

Pain

© Dr. T. Bertsch
Dipl.-Psych. G. Erbacher
Causes of the Lipedema Pain

Adipokines

Low Grade Inflammation

Hypoxia

Chronic Stress

Anxiety

Depression

Pain
Lipoedema: a paradigm shift and consensus
Therapeutic Approach

- Physio/Movement therapy
- Compression therapy
- Psychosocial therapy
- Weight management
- Lipo-suction
- Self-management

International Consensus
Weight-management
Compression-therapy
Psycho-social therapy
Liposuction
Self-management

Physio/Movement-therapy

International Consensus

Therapeutic Approach
Aktiv werden

Physiotherapie bei Lipodystrophie

Lipedema – movement concept focuses on 

Fitness

Embodiment
Lipedema - Embodiment

→ Conscious movement
→ Mindfulness
→ Reconnection to the body
→ Expression versus Depression
→ Experience physical movement as a support

Dance
Yoga
Tai Chi
Meditation
Embodiment-Training
Qigong...
PHYSICAL ACTIVITY CAN HAVE A POSITIVE IMPACT ON MENTAL HEALTH

- Reduces stress and improves mood
- Slows dementia and cognitive decline
- Lifts self-esteem
- Lowers risk of depression and anxiety

Source: Mind.org.uk
Sport-for-Development Interventions: Whom Do They Reach and What Is Their Potential for Impact on Physical and Mental Health in Low-Income Countries?

Introduction

Subjects and Intervention

Selling and Loan Context

How did the intervention Reach?

For more information, please contact the authors at:

Justin Michie, PhD, Centre for Sport and Exercise Science, University of Northumbria, Newcastle Upon Tyne, NE1 8ST, UK.

Charlie Hunter, MSc, Centre for Sport and Exercise Science, University of Northumbria, Newcastle Upon Tyne, NE1 8ST, UK.

Additional information can be found in the original publication:

Original Publication

The Role of Physical Activity and Sport in Mental Health

A Faculty of Sport and Exercise Medicine UK Joint Position Statement with the Sports and Exercise Psychology Special Interest Group of the Royal College of Psychiatrists

Introduction

The role of physical activity and sport in mental health has been widely studied and recognized. The Royal College of Psychiatrists recognizes the importance of exercise in mental health, and they have developed a joint position statement with the Faculty of Sport and Exercise Medicine in the UK. This position statement highlights the benefits of physical activity and sport in promoting mental health. It also addresses the challenges and considerations associated with promoting physical activity and sport in mental health settings. The statement recommends strategies for healthcare professionals to incorporate physical activity and sport into mental health care.
Therapeutic Approach

- Physio/Movement-therapy
- Compression-therapy
- Psycho-social therapy
- Weight-management
- Liposuction
- Self-management
Inflammation and Compression: The State of Art

Inflammatory cytokine levels in chronic venous insufficiency ulcer tissue before and after compression therapy

Stephania K. Becker, MD, Giselle D. Douillet, PhD, [...], and William A. Marston, MD

Abstract

Objective

Elevated inflammatory cytokine levels have been implicated in the pathogenesis of non3 healing chronic venous insufficiency (CVI) ulcers. The goal of this study was to determine the protein levels of a...
LACK OF DATA
Therapeutic Approach

- Physio/Movement therapy
- Compression therapy
- Psychosocial therapy
- Weight management
- Lipo suction
- Self management
Personal pdf file for
Gabriele Erbacher, Tobias Bertsch

80%

display

severe
Mental Stress

G. Erbacher, T. Bertsch 2020
...but it started BEFORE the lipedema pain!
Causes of the Lipedema Pain

- Chronic Stress
- Anxiety
- Depression

Hormones ➔ Low Grade Inflammation ➔ Pain

Hypoxia ➔ Pain
THE WAY OF LIPEDEMA
Misinformation

Fear

Pain
Information from a doctor about the pathophysiology of the lipoedema pain already lowered the pain level by 1-2 points (VAS 0-10).

G. Erbacher, T. Bertsch 2020
Lipoedema

You have been diagnosed with lipoedema and you are seeking reliable information, encouragement and support. Experts from the European Consensus Group on lipoedema have summarized the most important information to support your journey with lipoedema in the best possible way.

What Lipoedema is:

- The major symptoms of lipoedema are uneven fat distribution and pain in the legs. In some cases, the upper arms can be involved too.
- The tissue is extremely sensitive to pressure.
- The vast majority of women with lipoedema also suffer from obesity.
- Lipoedema can affect your daily work and social life, your relationships, your self-esteem and your overall well-being.

What lipoedema does NOT:

- Induce fluid or the tissue of the legs or upper arms.
- Cause kidney disorders.
- Cause inadequate mobility.

How to empower yourself treating your lipoedema successfully:

- It's essential to understand all aspects of your lipoedema: exercising the lifestyle and the treatment.
- A holistic therapeutic approach is important: balance both physically and psychologically with this.
- Restric and achievable expectations and your setting are important: treat the symptoms and to help you reach the success you're looking for.
- Seek support with regards to psychological issues: learning to cope with stress and anxiety and managing your well-being is important.
- Stay physically active: it is beneficial for your health and wellbeing: improving your feeling of self-worth and managing your weight.
- Lipoedema benefits from keeping your weight as stable as possible: reducing the risk of relapsing weight in the long term.
- Pursuing a comprehensive treatment plan will help for prevention: to avoid the weight gain and to improve your mobility. Fat and protein are preferences.
- Liposuction can be considered, but only under certain circumstances.

Our advice:

- Take the lead in managing your lipoedema.
- You are the most important part in this journey.
- It's in your hands to cope with the physical and psychological aspects of your lipoedema.

And at the same time:

Know when and where to ask for help and professional supports: a team of skills: healthcare professional, dietitian, podiatrist, physiotherapist, endocrinologist, dermatologist, psychologist, and psychiatrist will help you on your journey.
Therapeutic Approach

Physio/Movement-therapy
Compression-therapy
Psychosocial therapy
Weight-management
Liposuction
Self-management
Instead of

“Diet and exercise”

focus on

stabilize and exercise
of all dieters will regain their lost weight in 1-3 years
The Results of Treatment for Obesity
A Review of the Literature and Report of a Series
ALBERT STUNKARD, M.D.; MAVIS McLAREN-HUME, M.S.

Dietary Treatments of Obesity
WILLIAM BENNETT

Outcomes of weight-loss Programms
Jeanine Cogan and Esther Rothblum
Genetic, Social and General Psychology
Monographs 118 no 4 1993

Success and failure in the treatment of obesity: Where do we go from here?
Medicine, Exercise, Nutrition, and Health, 4, 255-272

A prospective study of weight maintenance in obese subjects reduced to normal body weight without weight-loss training.
Hensrud, DD, Weinsier, RL

Medicare's search for effective obesity treatments: diets are not the answer.
Mann, T, Tomiyama A.J, Westling E

Nordmann, A. Jl Briel. M Bucher H
Arch Internal Med 2006 166 (8)

Probability of an Obese Person Attaining Normal Body Weight:
Fildes A, Charlton, J.
American Journal of Public Health 2015
Nutrition for patients with lipedema
- an overview -

Reduce *proinflammatory* ingredients and substances, as found in:

Increase *antiinflammatory* ingredients and substances, as found in:

Gabriele Müller, dietician
Image source: iStock
Nutrition for patients with lipedema
- an overview -

Avoid snacks
Eat 3 meals
Eat mindfully and with pleasure

Gabriele Müller, dietician
Image source: iStock
are obese
(BMI ≥ 30)

≈ 85 %

Child A et al 2010
Bosman J et al 2011
Dudek JE et al 2018
Erbacher G et al 2020
Fink J et al 2020
Angst F et al 2021
are obese (BMI > 30)

Child A et al  2010
Bosman J et al 2011
Dudek JE et al 2018
Erbacher G et al 2020
Fink J et al 2020
Angst F et al 2021

Lipedema
plus
Obesity
are severe obese
(BMI ≥ 40)

≈ 50 %

Child A et al 2010
Erbacher G et al 2020
Fink J et al 2020
Lipedema plus Obesity
Leg Volume in Patients with Lipoedema following Bariatric Surgery

Introduction: Lipoedema is the most common cause of obesity-related leg volume increase. This study aimed to assess the effect of bariatric surgery on leg volume reduction in patients with lipoedema.

Methods: Patients with lipoedema and obesity were assessed before and after bariatric surgery. Leg volume was measured using ultrasound at baseline and at 1 and 2 years post-surgery. Changes in leg volume were compared between the lipoedema and control groups.

Results: Significant reductions in leg volume were observed in the lipoedema group compared to the control group at both 1 and 2 years post-surgery.

Conclusions: Bariatric surgery significantly reduces leg volume in patients with lipoedema, providing a promising treatment option for this condition.

Graph showing leg volume changes over time for lipoedema and control groups.
Therapeutic Approach

- Physio/Movement-therapy
- Compression-therapy
- Psychosocial therapy
- Weight-management
- Liposuction
- Self-management
"Following suction lipectomy body fat was restored and redistributed from the thigh to the abdomen."
„With Liposuction, the Belly Finds What the Thighs Lose“
Liposuction for chronic lipoedema

Interventional procedures guidance [IPG721]  Published: 29 March 2022
1.1 Evidence on the safety of liposuction for chronic lipoedema is inadequate but raises concerns of major adverse events such as fluid imbalance, fat embolism, deep vein thrombosis, and toxicity from local anaesthetic agents. Evidence on the efficacy is also inadequate, based mainly on retrospective studies with methodological limitations. Therefore, this procedure should only be used in the context of research. Find out what only in research means on the NICE interventional procedures guidance page.

1.2 Further research should report:

- patient selection, including age, effects of hormonal changes (which should include effects seen during puberty and menopause) and the severity and site of disease;
- details of the number and duration of procedures, the liposuction technique used (including the type of anaesthesia and fluid balance during the procedure), and any procedure-related complications;
- long-term outcomes, including weight and body mass index changes;
- patient-reported outcomes, including quality of life.

1.3 Patient selection should be done by a multidisciplinary team, including clinicians with expertise in managing lipoedema.

1.4 The procedure should only be done in specialist centres by surgeons experienced in this procedure.
Patient selection is crucial
Liposuction is no method to treat obesity !!!
Therapeutic Approach

- Physio/Movement-therapy
- Compression-therapy
- Psychosocial therapy
- Weight-management
- Liposuction
- Self-management
Physicians and Therapists play a **key role** in supporting self-management.
Therapeutic Approach

- Physio/Movement therapy
- Compression therapy
- Psychosocial therapy
- Weight management
- Lipo-suction
- Self-management

International Consensus
SF-36: P with lipedema and severe mental symptoms

- Physical Functioning: 70
- Physical Role Functioning: 50
- (Functioning despite) Body Pain: 41
- General Health Perceptions: 25
- Vitality: 5
- Social Role Functioning: 25
- Emotional Role Functioning: 0
- Mental Health: 24
SF-36: P with lipedema and severe mental symptoms
„Now I can live a full life!“