

What is Hypothalamic Obesity?

Hypothalamic obesity (HO) is a rare health problem that happens when part of the brain called the **hypothalamus** gets injured or does not work the right way.

The hypothalamus helps control hunger/satiety (feeling full) and how your body uses energy. If it is damaged:

- You may feel hungry all the time.
- Your body may not burn calories well.
- You may gain weight quickly, even if you don't eat more than usual.

Because of this, it is very hard for people with HO to lose weight with diet and exercise alone.

What Causes Hypothalamic Obesity?

- **Brain Tumors:** Tumors located near the hypothalamus, most common being a craniopharyngioma, can press and cause damage to the hypothalamus, preventing it from working normally.
- **Brain surgery or radiation:** Treatment of brain tumors, including craniopharyngiomas, can damage the hypothalamus.
- **Other causes:** Physical trauma, some genetic conditions, or abnormal brain development before birth can also lead to HO.

How Does Your Provider Know if You Have Hypothalamic Obesity?

Diagnosis of HO involves a physical exam along with imaging studies and blood tests. Initially your doctor will ask questions about your past health, medications you are taking, and perform a physical exam assessing for rapid weight gain, especially within the first year after hypothalamic damage. Pictures of the brain, including MRI or CT scans, may be done to identify hypothalamic damage or tumors. Often, other associated health issues like diabetes mellitus or high cholesterol are tested through blood tests.

How is Hypothalamic Obesity Treated?

HO can be tough to manage. Your doctor may offer the following options:

- **Healthy eating:** Eating fewer calories and cutting back on processed foods may help. A dietitian can help make a food plan that works for you.
- **Exercise:** Aim for 45–60 minutes of activity, 4–5 days a week. This could be walking, swimming, biking, or other fun activities.
- **Medicines:** Some medicines can help with weight and appetite control, including stimulant medications and GLP-1 receptor agonists. Newer medications are under clinical trials and may become available for the management of HO.
- **Surgery:** In some cases, weight loss surgery may be an option.
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