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**Trends in Comprehensive Obesity Care for Women as They Age**  
*Applications from the [GSA KAER toolkit on the Management of Obesity in Older Adults](#)*  
Momentum Discussions Podcast from the Gerontological Society of America  
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**Announcer:**

Welcome to the Gerontological Society of America's Momentum Discussion, where we explore groundbreaking topics in the field of aging.

**Jen Pettis**

Welcome to this GSA Momentum Discussions podcast episode titled *Trends in Comprehensive Obesity Care for Women as They Age*. We're grateful to Novo Nordisk and Haleon for their support of The GSA KAER Toolkit for the Management of Obesity in Older Adults and this podcast episode. My name is Jen Pettis, and I'm the Director of Strategic Alliances at GSA. I'm pleased to serve as host for today's Momentum Discussion. Today's conversation focuses on the chronic disease of obesity.

Obesity in and of itself has broad health implications, but when paired with age, related changes, and other conditions, it adds layers of complexity, especially for women. I'm delighted to have the opportunity to discuss today with Dr. Anna Pendry. Dr. Pendry is an assistant professor at Indiana University School of Medicine and a distinguished family medicine doctor and geriatrician whose dedication to the health and well-being of older adults has made her a respected figure in the medical community. With her experience, Dr. Pendry's commitment to geriatric care is reflected in her compassionate approach and her advocacy for improved healthcare services for older adults. Dr. Pendry, welcome.

**Anna Pendrey**

Thank you, Jen. Thank you to GSA and all the sponsors for the opportunity to be here. It's always a pleasure to talk about something I deeply care about, obesity, especially in women. It's important to understand how body composition shifts in women as we age and what metabolic changes can occur.

**Jen Pettis**

What are some of the changes in body composition and metabolism as women age with obesity?

**Anna Pendrey**

As we age, we can experience loss of muscle mass, decreased bone density, and metabolic changes that make weight management more challenging. After menopause, estrogen levels decline and fat distribution shifts from a gynoid to an android pattern, meaning fat moves from the hips and thighs to the abdomen around vital organs, increasing metabolic risk. Lean muscle mass also decreases, which is significant because we lose muscle, and it becomes more challenging to preserve.

Obesity treatments and anti-obesity medications, including incretin mimetics, are advancing quickly, and we'll touch on their impact later. Estrogen decline contributes to reduced basal metabolic rate, making weight loss harder and muscle preservation more challenging. Bone health is also essential; women need adequate calcium and vitamin D intake, as well as weight-bearing activities, because bone mass decreases with age. Appetite regulation and energy expenditure also change. Hormonal shifts increase insulin resistance, and hormones like ghrelin influence appetite, hunger, and satiety.

**Jen Pettis**

What are some key assessment principles you consider when assessing older or aging women with obesity?

**Anna Pendrey**

Every woman who comes to the clinic with chronic conditions, including the complex chronic condition of obesity, requires tailored interventions. First, we assess which chronic conditions are present, cardiometabolic diseases such as heart disease, type 2 diabetes, dyslipidemias, and others. We also look at functionality: independence in activities of daily living and instrumental activities of daily living – what is their function and what support is needed? We evaluate social determinants of health, diet, physical activity, medications that may contribute to weight gain, and what interprofessional interventions may be needed. We must look beyond BMI and consider the patient's whole context.

**Jen Pettis**

How do you set their goals of care? You and I have talked in the past about the four Ms. How do you start those conversations?

**Anna Pendrey**

We start with what is most important or what matters most to the patient, and, almost always, they say their health, functionality, independence, and quality of life. We use a framework that looks at mentation (depression, anxiety, cognition), as well as medications, mobility, and multi-complexity. Many patients have multiple chronic conditions associated with obesity, so reviewing their medication list is crucial.

**Jen Pettis**

You mentioned earlier interprofessional intervention. Why is an interprofessional approach so important in managing obesity for women as they age?

**Anna Pendrey**

Obesity is a complex chronic disease requiring multiple interventions. We need nutritionists to help patients access protein-rich foods to preserve muscle mass and ensure adequate intake of calcium and vitamin D. Physical and occupational therapy are essential to maintain functionality and independence, helping patients exercise safely despite mobility and functional limitations. Pharmacists help identify medications that may contribute to obesity, de-prescribe safely, and assist with access to anti-obesity medications.

**Jen Pettis**

Often, we see clinical guidelines and research based on younger people. What adjustments does the interdisciplinary team need to make to adapt guidelines for women as we age and older women?

**Anna Pendrey**

Research and guidelines need to focus specifically on women as they age. While some studies include older adults, we need research centered on women entering menopause, in perimenopause, and after menopause. We must understand changes in functionality, mobility, mood, and social support. Women often face societal pressures and stress from caring for homes, parents, children, and working stress that affects their health. We need to develop approaches that support women's health and safety and help them care for themselves while caring for everyone else. Sometimes we forget that the patient is the most important person in the room.

**Jen Pettis**

As we wrap up, what's on the horizon? What innovations, resources, or therapies are you most excited about in obesity care for aging women?

**Anna Pendrey**

The horizon is very promising. There is great potential for further research on older adults, especially aging women. With the rapid growth of incretin mimetic treatments, we need more research to understand their effects on muscle mass, bone loss, and function in older women. We must learn how to help women preserve muscle and bone and maintain mobility and quality of life. I also foresee more opportunities for women to empower one another through group and social activities that support brain health. Through the Gerontological Society of America, the KAER toolkit for obesity and the KAER toolkit for cognitive impairment provide a strong framework for patient-centered, comprehensive care. These toolkits offer guidance on nutrition, exercise, expectations for anti-obesity medications, safe rates of weight loss, and how to preserve muscle, bone, and functional mobility while maintaining quality of life.

**Jen Pettis**

This has been a lovely discussion, Dr. Pendry. It's always a joy to spend time with you. You have such passion and commitment for improving care for older adults, and we're so pleased to have you among our GSA membership and for the great work you've done implementing the KAER toolkits in Indiana. Thank you so much for joining me today.

**Announcer:**

Check out [GSA Enrich](#) for engaging learning resources, including toolkits, publications, webinars, podcasts, and more.

