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**Abstract**

Paradigm shift in Lipoedema and  
New International Consensus Document on Lipoedema

Lipedema is associated with numerous myths!

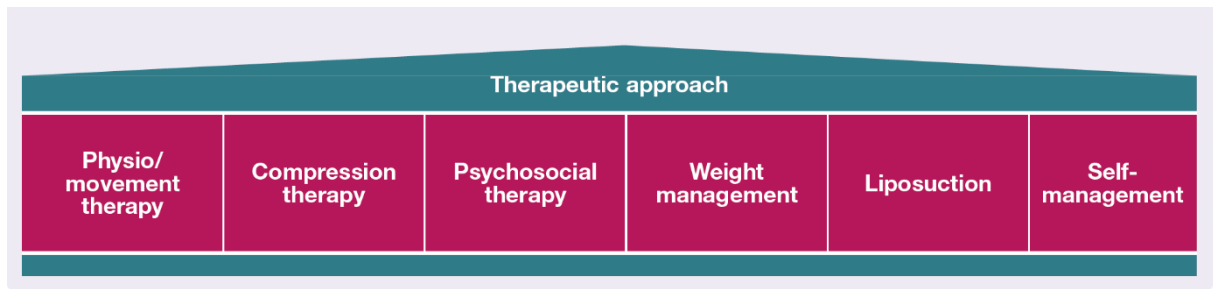
Myths that found their way into scientific publications decades ago, and which have been accepted and repeated since then without criticism; myths which have become widely accepted facts among health professionals and as a consequence also among lipedema patients.

Many of these myths have been debunked in recent years. For instance, we now know that lipedema is not an "edema disease". We also know that pure lipedema is not a disease of the lymphatic vessels. This paradigm shift also has consequences for the treatment of our patients. If no edema can be detected in lipedema, decongestion also makes no sense. Instead, we should focus on the actual suffering of our patients.

Patients diagnosed with lipedema mainly suffer from pain in the adipose tissue. However, the perception of pain depends heavily on the psychological situation of the women. Many patients suffer from psychological stress and mental disorders, which already existed before the onset of lipedema and which in turn increase the sensation of pain. The vast majority of patients also suffer from weight gain, which is certainly not caused by lipedema but by obesity. And finally, women diagnosed with lipedema suffer from a lack of self-acceptance - not least due to the current ideal of beauty, which favors thin legs.

This paradigm shift led to an 'International Consensus on Lipedema', which was drawn up by renowned experts from seven European countries and published in 2020. This consensus is now supported and disseminated by opinion leaders from 14 European countries and well-known experts from the USA, Canada and Australia.

The therapy concept recommended in the International Consensus Document affects all aspects described and is presented in the lecture together with the scientific principles.



### **Physiotherapists are the key stakeholders in lipedema!**

Compression and exercise therapy are central points of this therapeutic approach. In addition, physiotherapists should educate lipedema patients: explain the connection between weight gain and worsening lipedema and the connection between psychological state and pain perception.

Morbidly obese patients often also suffer from obesity-associated lymphedema (in addition to lipedema). Manual lymphatic drainage is essential for this group of patients.

In addition, physical therapists should also network with obesity experts and psychologists.

Only if all aspects of our patients' suffering are taken into account we can offer them a long-term successful therapy.