

**SARDINHA PROTOCOL® – CARDIOMETABOLIC WEIGHT OPTIMIZATION:
INTEGRATED CLINICAL PROTOCOL FOR SUSTAINABLE WEIGHT LOSS AND
METABOLIC HEALTH**

**SARDINHA PROTOCOL® – CARDIOMETABOLIC WEIGHT OPTIMIZATION:
PROTOCOLO CLÍNICO INTEGRADO PARA EMAGRECIMENTO SUSTENTÁVEL
E SAÚDE METABÓLICA**

**SARDINHA PROTOCOL® – OPTIMIZACIÓN CARDIOMETABÓLICA DEL PESO:
PROTOCOLO CLÍNICO INTEGRADO PARA LA PÉRDIDA DE PESO
SOSTENIBLE Y LA SALUD METABÓLICA**



<https://doi.org/10.56238/sevened2026.009-042>

Samy Sousa Sardinha¹

ABSTRACT

Sardinha Protocol® Cardiometabolic Weight Optimization is an integrated clinical protocol aimed at sustainable weight loss and metabolic reorganization, structured upon systematized medical practice and clinical observation of more than two thousand patients; the method is based on the understanding of obesity as a chronic and multifactorial condition involving metabolic, hormonal, behavioral, emotional, and social interactions, therefore requiring an equally integrated therapeutic approach; unlike fragmented models, the protocol integrates structured and anti-inflammatory nutrition, sleep regulation, consistent physical activity, strategic hydration, behavioral support, and continuous clinical follow-up; it is organized into four progressive phases — Metabolic Reset, Adaptation, Consolidation, and Maintenance — which respect the patient’s biological and psychological timing, prioritizing not only initial weight loss but also medium- and long-term maintenance; the method establishes measurable clinical objectives including weight reduction, improvement of metabolic parameters, preservation of lean mass, and strengthening of behavioral autonomy; when indicated, pharmacotherapy is incorporated as an adjunctive resource subordinated to structural lifestyle change; its main contribution lies in the coherent and replicable integration of therapeutic components with a focus on adherence and prevention of weight regain; by treating maintenance as an active stage of treatment, the Sardinha Protocol® proposes a sustainable clinical model applicable across different sociocultural contexts and aligned with contemporary obesity management guidelines.

Keywords: Method. Integrated Clinical Protocol. Metabolic Interactions.

RESUMO

O Sardinha Protocol® Cardiometabolic Weight Optimization constitui um protocolo clínico integrado voltado ao emagrecimento sustentável e à reorganização metabólica, estruturado a partir da prática médica sistematizada e da observação clínica de mais de dois mil

¹ Escola Superior de Ciências da Saúde (ESCS). Goiânia, Brazil. E-mail: sammy_sardinha@hotmail.com
Orcid: <https://orcid.org/0009-0003-2967-4770>

pacientes. O método parte da compreensão da obesidade como condição crônica e multifatorial, envolvendo interações metabólicas, hormonais, comportamentais, emocionais e sociais, o que exige abordagem terapêutica igualmente integrada. Diferentemente de modelos fragmentados, o protocolo articula alimentação estruturada e anti-inflamatória, regulação do sono, movimento físico consistente, hidratação estratégica, suporte comportamental e acompanhamento clínico contínuo. Organiza-se em quatro fases progressivas Reset Metabólico, Adaptação, Consolidação e Sustentação que respeitam os tempos biológicos e psicológicos do paciente, priorizando não apenas a perda ponderal inicial, mas a manutenção a médio e longo prazo. O método estabelece objetivos clínicos mensuráveis, incluindo redução de peso, melhora de parâmetros metabólicos, preservação de massa magra e fortalecimento da autonomia comportamental. Quando indicado, incorpora farmacoterapia como recurso adjuvante, subordinado à mudança estrutural do estilo de vida. Sua principal contribuição reside na integração coerente e replicável dos componentes terapêuticos, com foco na adesão e na prevenção do reganho de peso. Ao tratar a manutenção como etapa ativa do tratamento, o Sardinha Protocol® propõe modelo clínico sustentável, aplicável em diferentes contextos socioculturais e alinhado às diretrizes contemporâneas de manejo da obesidade.

Palavras-chave: Método. Protocolo Clínico Integrado. Interações Metabólicas.

RESUMEN

El Sardinha Protocol® Cardiometabolic Weight Optimization constituye un protocolo clínico integrado orientado a la pérdida de peso sostenible y a la reorganización metabólica, estructurado a partir de la práctica médica sistematizada y la observación clínica de más de dos mil pacientes; el método parte de la comprensión de la obesidad como una condición crónica y multifactorial que involucra interacciones metabólicas, hormonales, conductuales, emocionales y sociales, lo que exige un abordaje terapéutico igualmente integrado; a diferencia de los modelos fragmentados, el protocolo integra alimentación estructurada y antiinflamatoria, regulación del sueño, actividad física constante, hidratación estratégica, apoyo conductual y seguimiento clínico continuo; se organiza en cuatro fases progresivas — Reset Metabólico, Adaptación, Consolidación y Sostenimiento — que respetan los tiempos biológicos y psicológicos del paciente, priorizando no solo la pérdida ponderal inicial sino también su mantenimiento a mediano y largo plazo; el método establece objetivos clínicos medibles incluyendo reducción de peso, mejora de parámetros metabólicos, preservación de masa magra y fortalecimiento de la autonomía conductual; cuando está indicado, incorpora farmacoterapia como recurso adyuvante subordinado al cambio estructural del estilo de vida; su principal contribución radica en la integración coherente y replicable de los componentes terapéuticos con énfasis en la adherencia y la prevención del aumento de peso; al tratar el mantenimiento como una etapa activa del tratamiento, el Sardinha Protocol® propone un modelo clínico sostenible aplicable en diferentes contextos socioculturales y alineado con las directrices contemporáneas para el manejo de la obesidad.

Palabras clave: Método. Protocolo Clínico Integrado. Interacciones Metabólicas.

1 INTRODUCTION

Obesity is currently one of the most complex and challenging clinical conditions in global public health, and its high prevalence, associated with the increase in metabolic, cardiovascular, and psychosocial comorbidities, highlights the limits of traditional treatment models based exclusively on restrictive diets, isolated exercises, or pharmacological interventions disconnected from structural changes in lifestyle.

In this context, the Sardinha Protocol® emerges, an integrated clinical protocol for weight loss and lifestyle reorganization, developed from systematized medical practice and continuous clinical observation in a wide population of patients. The method was designed with the aim of promoting not only weight reduction, but above all the restoration of metabolic balance, the reconstruction of habits and the consolidation of sustainable results over time.

Figure 1

The failure cycle



Source: author (2026).

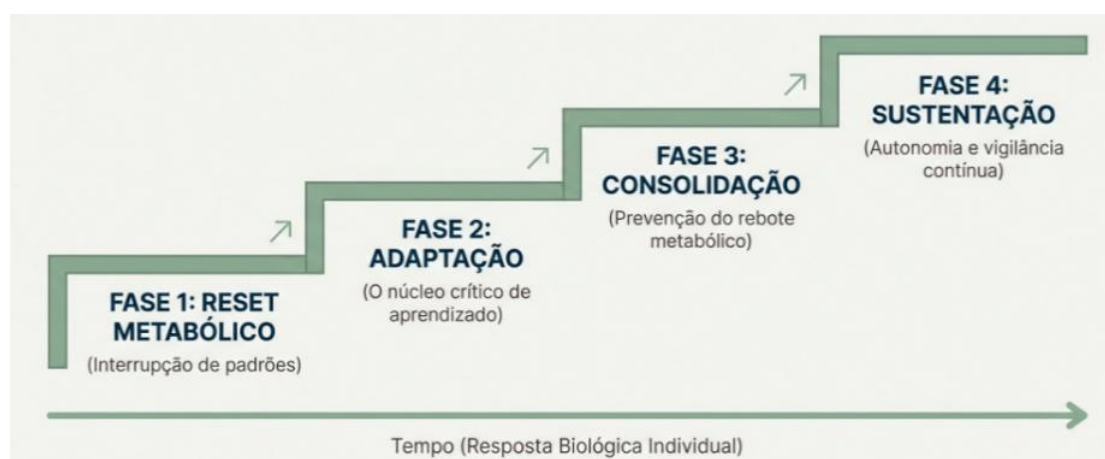
Unlike fragmented approaches, the Sardinha Protocol® is based on the understanding of obesity as a multifactorial condition, resulting from the interaction between metabolic, hormonal, behavioral, emotional, environmental, and social factors. Thus, effective treatment requires an equally integrated strategy, capable of acting simultaneously on these multiple dimensions.

This chapter presents, in a systematized way, the foundations, objectives, principles, phases and pillars of the Sardinha Protocol®, preserving its original structure, but reorganized in cohesive academic language, appropriate to the format of a scientific-clinical book.

The conceptual basis of the Sardinha Protocol® is anchored in contemporary scientific guidelines that recognize obesity as a chronic and multifactorial condition, as the gain and maintenance of body weight do not depend exclusively on caloric balance, but on complex physiological mechanisms that involve hormonal regulation, inflammatory response, brain reward system, sleep patterns, physical activity levels, and eating behavior. In this sense, therapeutic approaches centered on only one of these factors tend to have low efficacy in the medium and long term, often culminating in the phenomenon of weight regain. The Sardinha Protocol® emerges as a response to this limitation, proposing an integrated clinical system, in which each component of the treatment is interdependent and complementary.

Figure 2

Individual biological response time



Source: author (2026).

The protocol was designed with a fixed and replicable structure, an unusual characteristic in weight loss programs, allowing its application in different cultural, social and economic contexts, without compromising safety or therapeutic logic. This fixed structure does not exclude clinical individualization, but clearly delimits which elements are universal and which allow fine adjustments according to the patient's metabolic and behavioral profile.

Another central aspect of the method's rationale lies in the valorization of therapeutic adherence as the main predictor of success, as programs with low support and intermittent follow-up have high dropout rates. In contrast, the Sardinha Protocol® incorporates strategies for continuous monitoring and daily support, which act as accountability mechanisms and early prevention of relapses.

The Sardinha Protocol® was developed with clear, measurable clinical objectives aligned with the real needs of patients with obesity and associated metabolic disorders. Its central purpose transcends simple weight loss, seeking to promote a structural and lasting

transformation in lifestyle. The general objective of the protocol is to promote clinically significant and sustainable weight reduction, associated with metabolic improvement, emotional balance, and increased quality of life, through a structured, continuous, and evidence-based system.

Several specific objectives unfold from this central objective, among which the reduction of body weight with an expressive observational average stands out; the improvement of metabolic parameters, such as insulin resistance, blood glucose, lipid profile, and inflammatory markers; the reduction of associated conditions, including binge eating, anxiety, mild to moderate depression, lipedema, and sarcopenia.

Additionally, the method seeks to develop dietary autonomy, reorganize sleep, movement, and hydration routines, preserve and increase lean mass, and offer continuous medical follow-up. When clinically indicated, the use of medication is incorporated as an adjuvant tool, always subordinated to the change of habits and to the ethical and scientific guidelines in force. Finally, the protocol's structural goal is to consolidate a safe, replicable, and applicable therapeutic model in different health systems, capable of forming metabolically stable and behaviorally autonomous patients, consistently reducing the risk of relapse and the yo-yo effect.

The Sardinha Protocol® was designed to serve a large and heterogeneous population, respecting individual differences without compromising the central structure of the protocol. Before starting treatment, all patients undergo a detailed clinical evaluation, which includes in-depth anamnesis, weight history, dietary patterns, sleep quality, work routine, level of physical activity, emotional and social factors, as well as evaluation of comorbidities and medications in use.

2 REAL CASES INCORPORATED INTO THE OBSERVATIONAL MEAN

Table 1

<p>Rafael Santini: – 60 kg eliminated in 10 months; – treated obesity, sarcopenia and a soccer player who after the injury gained weight.</p>	<p>Janaína Kariny Sombra Melo: – 40 kg eliminated in 1 year; – treated anxiety, depression, obesity and binge eating.</p>
<p>Andressa Alves Sardinha (32 years old): – 20 kg eliminated in 1 year; – treated obesity, lipedema, anxiety and binge eating.</p>	

Source: author (2026).

Figure 3

Patients incorporated into the observational mean



Source: author (2026).

These cases are part of the impact analysis, which, added to the universe of more than 2,000 patients, allowed us to establish a reliable average of the method's progress and effectiveness.

The application of the protocol is indicated primarily for adults with obesity, defined by a body mass index equal to or greater than 30 kg/m², as well as for individuals with a BMI of 27 kg/m² or more associated with metabolic comorbidities, such as type 2 diabetes, insulin resistance, hypertension, dyslipidemias, sleep apnea, and metabolic syndrome. The method also includes patients with obesity associated with emotional and behavioral disorders, including binge eating, anxiety, and mild to moderate depression.

In addition, the protocol has applicability in specific cases, such as patients with lipedema in early stages, individuals with sarcopenia, including those in the process of post-injury rehabilitation, and people who, regardless of the presence of comorbidities, seek weight loss associated with sustainable lifestyle reorganization. Even with a fixed structure, the method allows individualized fine adjustments, carried out from the initial clinical evaluation and continuous follow-up, ensuring safety, efficacy and therapeutic personalization.

The robustness of the Sardinha Protocol® is based not only on scientific guidelines, but also on an extensive observational body built from the standardized application of the protocol in more than two thousand patients. This set of clinical data allowed us to establish a reliable average of results, in addition to identifying patterns of therapeutic response and factors associated with greater adherence and sustainability of weight loss.

Among the clinical cases incorporated into the observational analysis, patients who presented significant weight losses in different clinical contexts stand out. There are records of individuals who have lost large volumes of weight over prolonged periods, associated with functional improvement, recovery of lean mass, and behavioral reorganization. Other cases involve patients who faced obesity associated with anxiety, mild depression, and binge eating, with a significant reduction in these symptoms over the course of the protocol.

These reports are not treated as exceptions, but as representative examples of a recurrent clinical pattern, observed when the structure of the method is followed consistently. The consolidation of this observational base allowed us to define mean parameters of weight evolution, identify critical phases of treatment, and improve relapse prevention strategies. The analysis of the cases reinforces the central premise of the method: sustainable results do not result from isolated interventions, but from the continuous integration between structure, follow-up, and active patient engagement.

The Sardinha Protocol® is guided by structuring principles that give coherence, replicability, and clinical efficacy to the protocol, and the first of these principles is universality, according to which the basis of the method can be applied in different countries, food cultures, and socioeconomic realities, without depending on specific resources, expensive food, or complex infrastructure. The second principle refers to the inflexible structure associated with fine-tuning, in which the core architecture of the protocol, consisting of structured feeding, sleep regulation, daily movement, adequate hydration, behavioral routine, and continuous monitoring, remains unchanged. What is adapted are the clinical details, adjusted according to comorbidities, metabolic profile and individual needs of the patient.

The third principle, called structured simplicity, seeks to ensure high therapeutic adherence and the guidelines are organized in a clear, objective and operationally feasible way, reducing the decision-making overload and facilitating the incorporation of changes in daily life. Simple goals, well-defined routines, and frequent follow-up act as mechanisms to support healthy behavior. These principles reflect the understanding that the human organism responds best to gradual, consistent, and sustainable interventions. Thus, the method rejects extreme or abrupt approaches, prioritizing the progressive construction of habits that can be maintained throughout life.

The Sardinha Protocol® is organized into four progressive phases, designed from human physiology, behavioral psychology and contemporary guidelines for sustainable weight loss. This phased structure allows the patient to advance gradually, respecting the biological and emotional times necessary to consolidate the proposed changes.

The Metabolic Reset, Adaptation, Consolidation and Sustainment phases do not represent isolated stages, but interdependent parts of a continuous process and each phase has specific objectives, its own interventions and expected results, while preserving the structural basis of the method. The progression between them occurs according to the patient's clinical response, and not by rigid time criteria.

This phased organization responds to a frequent limitation of traditional programs, which focus efforts only on initial weight loss, neglecting the maintenance and prevention of weight regain. In the Sardinha Protocol®, maintenance is understood as an active part of the treatment from the beginning.

Phase 1: Metabolic Reset

The first phase of the protocol, called Metabolic Reset, corresponds to the initial weeks of treatment and has as its main objective to interrupt physiological and behavioral patterns associated with weight gain and lack of control. It is a period of global reorganization, in which the body begins to respond to more stable and predictable stimuli.

Interventions in this phase prioritize the reduction of systemic inflammation, the stabilization of caloric intake, the reorganization of meal times, the improvement of hydration, and the progressive correction of sleep. At the same time, light and consistent physical movement is introduced, with a focus on daily walks and reduction of sedentary lifestyle. From a behavioral point of view, this phase is marked by the identification of emotional triggers, the introduction of morning and evening routines, and the elimination of ultra-processed foods, sugar, and alcohol. When clinically indicated, there is an evaluation for the initiation of adjuvant medication, always associated with lifestyle changes.

The expected results of the Metabolic Reset include initial weight reduction, decreased water retention, improved mood, sleep regulation, and onset of the feeling of eating self-control. More than the magnitude of weight loss, this phase establishes the physiological and behavioral bases for the following stages.

Phase 2: Adaptation

The Adaptation Phase is considered the critical core of the therapeutic process, as it corresponds to the period in which the body and mind learn to operate under the new food, metabolic and behavioral pattern. It is also the phase in which greater internal resistance, attempts to return to old habits and hormonal fluctuations related to hunger and satiety arise. At this stage, the protocol deepens the food structure, with menus organized into main meals and optional snacks, prioritizing protein, strategic carbohydrate control, systematic inclusion of vegetables and adequacy of fats. Physical movement becomes more structured, with the progressive introduction of weight training associated with the maintenance of daily walks.

From a behavioral point of view, self-monitoring tools are intensified, such as recording triggers, distinguishing between physiological and emotional hunger, and monitoring mood and energy. Medication adjustments, when in use, are carried out gradually and supervised. The expected results of this phase include additional weight loss, beginning of the increase or preservation of lean mass, greater stability of hunger patterns, reduction of binge eating and increased physical and mental disposition. The Adaptation Phase consolidates the perception that weight loss is a consequence of an organized system, and not of punctual effort.

Phase 3: Consolidation

The Consolidation Phase corresponds to the period in which the changes implemented in the previous stages are incorporated more automatically and stably by the patient's body and behavior. This is a decisive phase for the prevention of weight regain, since, after the initial weight loss, the body tends to reduce energy expenditure and activate mechanisms to regain the weight lost.

In the Sardinha Protocol®, the Consolidation has as its central objective to ensure that weight loss is not only maintained, but biologically sustained, for this, the protocol promotes gradual adjustments in food, expanding the patient's autonomy, allowing greater food variety and strategic introduction of carbohydrates, without loss of the basic structure.

Physical training becomes more directed to the preservation and increase of lean mass, with emphasis on strength exercises, which are fundamental for the maintenance of basal metabolism. At the same time, behavioral work deepens the patient's relationship with food, reducing the need for constant vigilance and strengthening self-regulation. The

expected results include moderate additional weight loss, weight stabilization, improved body composition, greater muscle firmness, mood and sleep balance, and a significant reduction in binge eating. More than losing weight, the patient develops the ability to remain metabolically stable.

The Sustaining Phase represents the transition from active treatment to metabolic and behavioral autonomy. At this stage, the protocol ceases to focus mainly on weight loss and starts to prioritize the maintenance of the results obtained, recognizing that obesity is a chronic condition that requires continuous surveillance.

The food plan becomes more flexible, but without losing its structural organization and the patient learns to deal with social events, routine variations and punctual food choices without compromising metabolic balance. Physical exercise is permanent, with the maintenance of strength training and light to moderate aerobic activities.

Monitoring starts to occur periodically, with regular checks of weight, body composition and metabolic parameters and when medication is used, withdrawal occurs gradually and supervised, reducing the risk of abrupt return of hunger and lack of food control. The expected results of this phase include maintenance of the weight lost, metabolic stability, a sense of self-control, prevention of relapses and consolidation of a new lifestyle. The patient stops "being on a diet" and starts to live under a sustainable eating and behavioral pattern.

The prevention of weight regain is one of the central axes of the Sardinha Protocol®. Clinical evidence shows that the interruption of interventions without a maintenance strategy favors the partial or total recovery of the lost weight, characterizing the yo-yo effect. For this reason, the method treats maintenance as an active and planned phase of treatment.

Among the strategies adopted, supervised weaning from medications, continuity of structured feeding, mandatory physical exercise as a permanent pillar, and strengthening of behavioral self-control stand out. The protocol also provides for continuous monitoring, with early correction of small deviations, avoiding significant relapses. Another fundamental element is the consolidation of the healthy life identity, and the patient is trained to recognize initial signs of disorganization, adjust routines and quickly resume the structure when necessary. In this way, the success of the protocol is measured not only by weight loss, but by the ability to sustain the new standard of living over time.

3 FIVE CENTRAL PILLARS

The Sardinha Protocol® is structured on five central pillars that support the entire clinical protocol, and these pillars are considered universal, applicable to all patients, regardless of age, socioeconomic condition or cultural context, only admitting fine

adjustments according to specific clinical needs. The function of these pillars is to ensure therapeutic coherence, metabolic stability, and sustaining results over time.

The five pillars that make up the basis of the method are: structured and anti-inflammatory diet; emotional behavior and routine; consistent physical movement; regulated and restorative sleep; and strategic hydration. The simultaneous action of these elements reflects the understanding that sustainable weight loss depends on multiple integrated factors, and not on isolated interventions.

Each pillar plays a specific, but interdependent role, contributing to hormonal regulation, hunger control, preservation of lean mass, reduction of inflammation, and consolidation of healthy habits. Below, these pillars are presented in a systematized way.

4 FEEDING PILLAR AND BEHAVIOR PILLAR

Diet is the basis of the metabolic transformation in the Sardinha Protocol®, which adopts a non-restrictive, anti-inflammatory and high nutritional density dietary model, structured to ensure satiety, glycemic control and preservation of lean mass. Protein plays a central role in the organization of meals, associated with the regular consumption of fiber, vegetables, good quality fats and strategically modulated carbohydrates. The method prioritizes natural and minimally processed foods, reducing ultra-processed foods, sugars and alcoholic beverages, especially in the initial phases and meals follow organized schedules, with a limited number of daily food decisions, reducing cognitive overload and favoring adherence.

The behavior pillar acts as the psychological core of the protocol. Recognizing that a large part of eating uncontrolled is associated with emotional factors, the method incorporates structured routines, identification of triggers, self-monitoring, and simple impulse interruption strategies. The distinction between physiological and emotional hunger is worked on continuously, strengthening the patient's autonomy. Morning and evening routines are used as tools for emotional and metabolic regulation, promoting behavioral predictability, reducing compulsion, and improving the relationship with food.

5 MOVEMENT PILLAR

The movement pillar is responsible for preserving and increasing lean mass, accelerating metabolism and reducing the risk of sarcopenia, especially in weight loss processes associated with calorie reduction or the use of adjuvant medication. The Sardinha Protocol® adopts the principle of constancy, prioritizing viable and progressive activities over exhaustive exercises.

The basis of daily movement includes regular walks, which contribute to increased energy expenditure, improved mood and reduced anxiety, associated with this, the protocol encourages the practice of strength exercises, with simple, accessible workouts aimed at the main muscle groups. The method also values spontaneous movement throughout the day, such as active breaks and reduced sedentary time, this sum of physical stimuli contributes to the improvement of insulin sensitivity, cardiovascular health and overall metabolic balance. By integrating movement as a structural part of the routine, the protocol reinforces the idea that physical activity is not a temporary resource to lose weight, but a permanent component of a healthy lifestyle.

6 SLEEP PILLAR AND HYDRATION PILLAR

Sleep is one of the most determinant pillars of metabolic and hormonal regulation in the Sardinha Protocol®, and sleep deprivation or irregularity is associated with increased cortisol, increased ghrelin, reduced leptin, and a higher risk of binge eating and insulin resistance. For this reason, the protocol establishes as a minimum goal the achievement of regular and restful sleep, with adequate duration and consistent schedules. The method guides the adoption of nocturnal rituals that favor sleep induction, such as reducing light stimuli, organizing the environment, avoiding large meals at night, and relaxation practices. Sleep regularity is understood as an essential therapeutic tool for controlling hunger, improving mood, and maintaining metabolic balance.

Strategic hydration is another fundamental pillar of the protocol, and adequate fluid intake contributes to the reduction of the feeling of hunger, improvement of kidney function, reduction of water retention, intestinal regulation and optimization of metabolic processes. The method establishes clear daily water intake goals, adapted to the patient's body weight and routine, encouraging simple strategies to ensure regularity. The combination of regulated sleep and adequate hydration enhances the effects of the other pillars, reinforcing the physiological stability necessary for sustainable weight loss.

7 ROLE OF MEDICATION IN THE PROTOCOL

The Sardinha Protocol® recognizes that, in certain cases, the use of medication can represent a relevant therapeutic resource to accelerate results and improve initial adherence to treatment. However, the protocol explicitly establishes that the drug never replaces lifestyle, being used only as an adjuvant tool, under strict clinical criteria and continuous monitoring.

The pharmacological indication occurs in patients with obesity, metabolic comorbidities, insulin resistance, significant binge eating, or a history of failure in conventional approaches. The medication acts mainly in the regulation of hunger, satiety and glycemic control, creating a favorable therapeutic window for the implementation of behavioral changes.

The protocol also provides for specific strategies for the management of adverse effects, gradual dose adjustments, and constant clinical monitoring, and the withdrawal of the drug, when indicated, is planned and supervised, with a focus on preserving the results achieved and preventing weight regain. In this way, the medication is integrated in an ethical, safe and temporary way, subordinated to the structural logic of the method.

8 INTENSIVE FOLLOW-UP AND ONGOING SUPPORT

Intensive clinical follow-up is one of the main differentials of the Sardinha Protocol®, unlike models based on spaced appointments, the protocol incorporates continuous support, with frequent communication and close monitoring of the patient's evolution. This follow-up allows for early adjustments, correction of behavioral deviations, positive reinforcement and immediate management of difficulties, and daily support acts as a mechanism of accountability, reducing dropout rates and strengthening the therapeutic bond.

The use of telemedicine expands access to follow-up, allowing the protocol to be applied in different regions and contexts, without prejudice to clinical quality. The patient remains active in the process, participating in self-monitoring of weight, behavior, sleep, and energy, which strengthens autonomy and engagement. The follow-up model adopted in the Sardinha Protocol® reinforces the understanding that therapeutic success depends not only on the prescription, but on the constant presence of care throughout the process.

9 INTEGRATION OF THE COMPONENTS AND CLINICAL RELEVANCE OF THE METHOD

The main contribution of the Sardinha Protocol® lies in the structured integration of components that are traditionally applied in a fragmented way in the treatment of obesity. By articulating food, behavior, movement, sleep, hydration, intensive follow-up and, when necessary, adjuvant pharmacotherapy, the protocol establishes a clinical model consistent with the real complexity of the obesity condition. The organization in progressive phases allows the patient's physiological and psychological limits to be respected, avoiding abrupt interventions and favoring the gradual consolidation of changes. This logic responds directly

to one of the biggest challenges in the treatment of excess weight: maintaining results in the medium and long term.

From a clinical point of view, the method demonstrates relevance by prioritizing the preservation of lean mass, metabolic stability, and behavioral autonomy, reducing risks associated with rapid and unstructured weight loss. The incorporation of continuous monitoring reinforces therapeutic adherence and allows early interventions in the face of difficulties, relapses or plateaus. Another aspect that stands out is the universal applicability of the protocol. Its independence from sophisticated resources, specific foods, or restricted contexts expands its potential for use in different health systems, socioeconomic contexts, and cultural realities. This characteristic gives the method not only clinical value, but also strategic relevance for prevention and health promotion policies.

10 FINAL CONSIDERATIONS OF THE CHAPTER

The Sardinha Protocol® is consolidated as an integrated clinical protocol, structured and based on contemporary evidence, capable of promoting sustainable weight loss and profound lifestyle reorganization. His proposal goes beyond weight reduction, by treating obesity as a chronic condition that requires a continuous, multidimensional and ethically oriented approach. Throughout this chapter, the conceptual foundations, objectives, target population, structuring principles, progressive phases, and pillars that support the method were presented. The reorganization of the content fully preserves the original logic of the protocol, evidencing its internal coherence and clinical applicability.

The method demonstrates that lasting results are not the result of immediate solutions, but of the combination of structure, follow-up, behavioral education and active patient engagement. Metabolic and behavioral autonomy thus emerges as a central outcome of treatment, replacing the logic of dependence with a perspective of conscious and sustainable maintenance.

Thus, the Sardinha Protocol® presents itself as a relevant contribution to the field of obesity treatment, offering a replicable, safe model aligned with the contemporary demands of clinical practice. Its integrated and progressive approach reinforces the understanding that losing weight, more than a specific goal, constitutes a continuous process of reorganization of life and health.

REFERENCES

ANAD. (2024). Mounjaro (tirzepatida) como adjuvante à dieta e exercícios para o controle glicêmico em adultos com diabetes tipo 2. <https://www.anad.org.br/mounjaro->

tirzepatida1-como-adjuvante-a-dieta-e-exercicios-para-melhorar-o-controle-glicemico-de-adultos-com-diabetes-mellitus-tipo-2/

Centers for Disease Control and Prevention. (2023). Healthy weight: Losing weight. <https://www.cdc.gov/healthy-weight-growth/losing-weight/index.html>

National Center for Biotechnology Information. (2023). Weight loss strategies and their impact on health. NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK221839/>

Obesicenter. (2024). Como usar o Mounjaro (tirzepatida) com segurança no tratamento da obesidade. <https://www.obesicenter.com.br/como-usar-o-mounjaro-tirzepatida-com-seguranca-no-tratamento-da-obesidade>

Production-CPT. (2024). Weight loss products and clinical approaches. <https://www.production-cpt.com/p/weight-loss-products/>

Sardinha, S. S., Robles, J. I. S., Kückelhaus, C. dos S., & Teixeira, T. M. (2025). Aplicações de machine learning em cardiologia para pacientes com obesidade submetidos a terapias de emagrecimento: Uma revisão sistemática. *Aracê*, 7(11), Article e10368. <https://doi.org/10.56238/arev7n11-316>

TAF Clinic. (2024). Tirzepatide for weight loss: How it works and who it's for. <https://tafclinic.com.sg/tirzepatide-for-weight-loss-how-it-works-and-who-its-for/>

UC Davis Health. (2023). Helpful guidelines for successful weight loss. <https://health.ucdavis.edu/transplant/PDFs/Helpful%20Guidelines%20for%20Successful%20Weight%20Loss.pdf>