Оглавление

[Introduction 1](#_Toc201326257)

[Assessment Methods 1](#_Toc201326258)

[Patient Interview: The Underestimated Cornerstone of Obesity Management 1](#_Toc201326259)

[Physical Examination 2](#_Toc201326260)

[Nutritional Assessment 3](#_Toc201326261)

[Bioelectrical Impedance Analysis (BIA) 4](#_Toc201326262)

[Laboratory Tests Analysis 5](#_Toc201326263)

# Introduction

**Today, we will discuss the clinical workup protocol for obesity and overweight. We’ll cover the steps to take after the initial patient encounter and outline a clear action plan. Our goal is to equip you with confidence, no matter what challenges your patients or clients present with. Even in unexpected situations, you’ll have a structured algorithm to follow—ensuring you never feel alone in navigating these complexities.**

# Assessment Methods

**We will address somatic pathologies you may encounter, abnormal lab findings, and diagnostic approaches. Where do we begin? Naturally, the evaluation protocol always starts with taking a medical history.**

**We will discuss:**

**Physical examination techniques and diagnostics,**

**Proper measurement of body composition (e.g., waist circumference, anthropometrics),**

**Bioelectrical impedance analysis (BIA) in detail,**

**Relevant laboratory and imaging studies you should be aware of.**

**The goal is to ensure you feel confident in these assessments.**

**Starting with History-Taking**

**History-taking provides ~80% of the data needed to guide patient management. This information comes directly from the patient through active questioning and attentive listening. Based on these findings, you’ll develop a tailored treatment plan, including lifestyle interventions and further diagnostics.**

**In obesity and overweight management—like much of medicine—there are no alternative diagnostic shortcuts. A thorough history remains the cornerstone.**

# **Patient Interview: The Underestimated Cornerstone of Obesity Management**

**The Power of the Clinical Interview**

**The patient interview is often undervalued, yet it remains a foundational diagnostic tool. Even physical examination has its limitations, as it requires specific expertise. A clinician may excel in managing grade 1 obesity but struggle when faced with endocrine-related obesity, necessitating a shift in approach.**

**Key Principles for Effective History-Taking:**

**Active Listening & Structured Questioning**

**Guide the conversation purposefully while allowing flexibility.**

**Avoid letting patients lead you into unproductive tangents—some may fixate on weight issues without addressing root causes.**

**Pro tip: Use a pre-written checklist to ensure critical points are covered, but leave room for individualized notes.**

**Clarifying Patient Goals**

**Start with: "What do you hope to achieve from this consultation?"**

**Goals may range from body shape concerns to metabolic health. Document these verbatim—they anchor future discussions when priorities shift (e.g., due to life events or social pressures).**

**Navigating Power Dynamics**

**In private practice, partnership is ideal, but some patients may attempt to dictate care.**

**Gently reassert professional boundaries: "We’re equals in this process, but my role is to guide you based on evidence."**

**In extreme cases, disengaging may be necessary if collaboration is refused.**

**The Obesity Timeline**

**Reconstruct the history of weight gain from childhood onward.**

**Identify triggers: puberty, pregnancy, job changes, relocation, or stress.**

**Ask: "What do you think contributed to your weight gain during [specific period]?"**

**Many patients reflect on these questions for the first time during the interview.**

# **Physical Examination**

**During the examination, it’s important to assess:**

**Body composition**

**Skin condition**

**Mobility**

**Hair, nails**

**Clothing and hygiene level**

**Pay special attention to fat distribution patterns and excessive hair growth (hirsutism). These signs are noticeable even in less formal settings, such as open spaces, though such conditions are not ideal for a professional evaluation. Still, use every opportunity to examine the patient, even if the environment isn’t perfect.**

**Telemedicine consultations also require these observations. Ask patients about:**

**Hair growth on arms/legs**

**Swelling (edema)**

**Fat distribution**

**Measuring Body Circumference**

**When working with obese patients, you’ll find that measuring their body dimensions can be challenging—especially for men who have already started losing weight. Rapid weight loss changes body shape drastically, and standard measurement guides (designed for normal-weight individuals) may not apply.**

**Waist Measurement**

**Men: Should remove their shirt.**

**Women: Should remove outerwear.**

**For better accuracy:**

**Have the patient slightly squat so their waist is at your eye level.**

**Locate the lowest rib and the top of the iliac crest—these landmarks exist in all patients, regardless of weight.**

**Measure midway between them.**

**Do not ask the patient to suck in or push out their stomach.**

**Wait for normal breathing before recording.**

**Hip Measurement**

**Measure at the widest point of the buttocks.**

**Remove outer clothing (underwear may remain).**

**Record both waist and hip measurements to calculate waist-to-hip ratio (WHR), which helps assess obesity-related risks.**

**Additional Observations**

**Skin changes (e.g., vascular patterns on the abdomen may indicate liver disease).**

**Temporary factors affecting measurements:**

**Bloating (due to high-fiber diet, GI disorders).**

**Menstruation (women may retain water, increasing waist size by 1-2 cm).**

**Always ask female patients if they are menstruating to account for possible measurement errors.**

# **Nutritional Assessment**

**After the physical examination, we proceed to evaluate the patient's diet. While there are many computer programs designed to assist doctors in analyzing dietary intake—offering sensitivity to changes and guiding professionals—research shows that the 24-hour dietary recall method remains the gold standard for assessing actual food consumption (since 2016).**

**Dietary Tracking Tools.**

**Mobile apps (e.g., FatSecret) allow patients to log meals, calculate nutritional content, and track calories.**

**Useful for meal planning and nutrient monitoring.**

**Free versions are often sufficient, though paid options exist.**

**Online resources (e.g., Calorizator) provide detailed food composition data and meal planning support.**

**Key Considerations:**

**Apps help with discipline and routine but should not replace professional assessment.**

**Encourage food diary use—while nutrition science has a humanistic aspect, precise methods remain essential.**

**The 24-Hour Dietary Recall Method**

**Algorithm: Patients recount everything consumed in the past 24 hours without prior notice (to avoid bias).**

**Standardized forms separate workdays from weekends (holidays are excluded).**

**Clinical value: This method is widely used in research and practice for objective dietary evaluation.**

**Final Note:**

**Combine patient interviews, food diaries, and digital tools for the most accurate assessment. Modern tech (including AI) can enhance—but not replace—clinical judgment.**

# **Bioelectrical Impedance Analysis (BIA)**

**Now let’s move on to an important diagnostic method—bioelectrical impedance analysis (BIA). While the procedure itself may appear high-tech, its foundation is based on simple physical principles.**

**What Is It?**

**BIA assesses body composition by measuring electrical resistance in tissues. The device considers:**

**Fat mass (in kg and %)**

**Muscle mass (including skeletal muscle)**

**Total body water (intracellular and extracellular)**

**Visceral fat (a key indicator of metabolic risk)**

**Basal metabolic rate (BMR) (energy expenditure at rest)**

**Why Use BIA?**

**Unlike BMI, which only considers height and weight, BIA provides a detailed breakdown of body composition. This helps:**

**Identify hidden risks (e.g., high visceral fat even in "normal-weight" individuals)**

**Track muscle gain or fat loss more accurately**

**Adjust nutrition and training plans based on real data**

**Key Considerations**

**Not suitable for:**

**People with pacemakers or electronic implants**

**Pregnant women (due to fluid fluctuations)**

**Those with severe edema (may skew results)**

**For accurate readings:**

**Measure in the morning, fasted**

**Avoid exercise, alcohol, or excessive water intake beforehand**

**Use the same device consistently for tracking**

**Interpreting Results**

**Visceral fat: High levels indicate increased metabolic risks.**

**Muscle mass: Low values may suggest sarcopenia (age-related muscle loss).**

**Phase angle: Reflects cellular health (lower values may indicate poor nutrition or inflammation).**

**Practical Use**

**For doctors/nutritionists: Adjust diets based on BMR and muscle-fat ratios.**

**For trainers: Design workouts targeting muscle imbalances (seen in segmental analysis).**

**Final Thought**

**BIA is a powerful tool, but it’s only as good as the professional interpreting it. Always combine it with blood tests, medical history, and patient goals for the best outcomes.**

# **Laboratory Tests Analysis**

**Don't demand tests during the first consultation as they're not mandatory for initial evaluation. Tests help confirm or refute hypotheses formed during patient interviews and examinations. Only order tests you can properly interpret and that will truly benefit the patient. Avoid requesting unnecessary tests or those beyond your expertise.**

**When pathology is suspected, always refer the patient to a physician and document this recommendation. Suggest consultations with a general practitioner or endocrinologist, recording your advice. While patients may ignore recommendations, it's crucial not to assume responsibility beyond your professional scope. Every healthcare provider - whether cosmetologist, surgeon, or nutritionist - must work within their competence and prioritize patient welfare.**

**Blood Tests**

**A complete blood count provides valuable information:**

**ESR (erythrocyte sedimentation rate) indicates inflammatory processes**

**Elevated white blood cells suggest possible bacterial infectionPay special attention to hemoglobin levels, as many women of reproductive age suffer from anemia and iron deficiency**

**When abnormalities appear, immediately refer to a general practitioner or hematologist. Weight loss programs or intense exercise may be contraindicated for patients with iron deficiency or low hemoglobin.**

**Iron deficiency is particularly common in screening tests. The body may have "iron leaks" reducing hemoglobin levels. The physician's role is to identify and address the root cause, not just prescribe iron supplements (which aren't always metabolically harmless). Blood tests remain essential diagnostic tools.**

**Urinalysis**

**Urine tests evaluate hydration status and kidney function. If abnormalities appear, first refer to a physician. Often, irregularities stem from improper collection technique. Explain proper procedure:**

**Morning urine sample**

**Thorough genital hygiene (especially for women)**

**Midstream collection (first and last portions discarded)**

**Proper technique prevents false results like bacterial contamination. If abnormalities persist despite correct collection, refer for further evaluation.**

**Biochemical Blood Analysis**

**This is crucial for assessing overweight/obesity risks. Consider these categories:**

**Carbohydrate metabolism:**

**Fasting glucose**

**Glycated hemoglobin (reflects 3-month glucose levels)**

**Mandatory for BMI >30 or suspected insulin resistance**

**Protein metabolism:**

**Total protein and albumin (low levels indicate protein deficiency/malabsorption)**

**Urea and creatinine (kidney function markers)**

**Lipid profile:**

**Cholesterol (interpret with triglycerides)**

**HDL ("good" cholesterol)**

**LDL ("bad" cholesterol)**

**Liver enzymes:**

**ALT and AST (elevation suggests liver damage)**

**Bilirubin (elevated in Gilbert's syndrome)**

**Other markers:**

**Uric acid (often elevated in metabolic disorders)**

**Homocysteine (linked to inflammation/atherosclerosis)**

**Note: Avoid Monday testing if patients consumed alcohol or rich foods over the weekend, as this skews results.**

**Special Considerations**

**Thyroid screening:**

**TSH (especially for women over 40)**

**Refer to endocrinologist for abnormal results**

**Vitamin D:**

**Include in screening**

**Interpretation requires medical expertise**

**Testosterone:**

**Wide normal ranges**

**Often decreased in abdominal obesity**

**Requires endocrinologist evaluation**

**ECG:**

**Essential for exercise clearance**

**Requires physician interpretation**

**Identifies conditions like WPW syndrome**

**Abdominal ultrasound:**

**Evaluates liver, pancreas, kidneys**

**Detects organ displacement (nephroptosis)**

**Key Principles**

**Screening benefits patients who haven't had tests in years**

**Never diagnose based solely on lab results**

**Explain that single abnormal values don't necessarily indicate disease**

**Always correlate findings with clinical presentation**

**Maintain clear referral protocols for abnormal results**

**Remember: Your role is to identify potential issues and facilitate proper medical evaluation, not to replace physicians in test interpretation. This approach ensures patient safety while allowing you to work effectively within your professional boundaries.**