

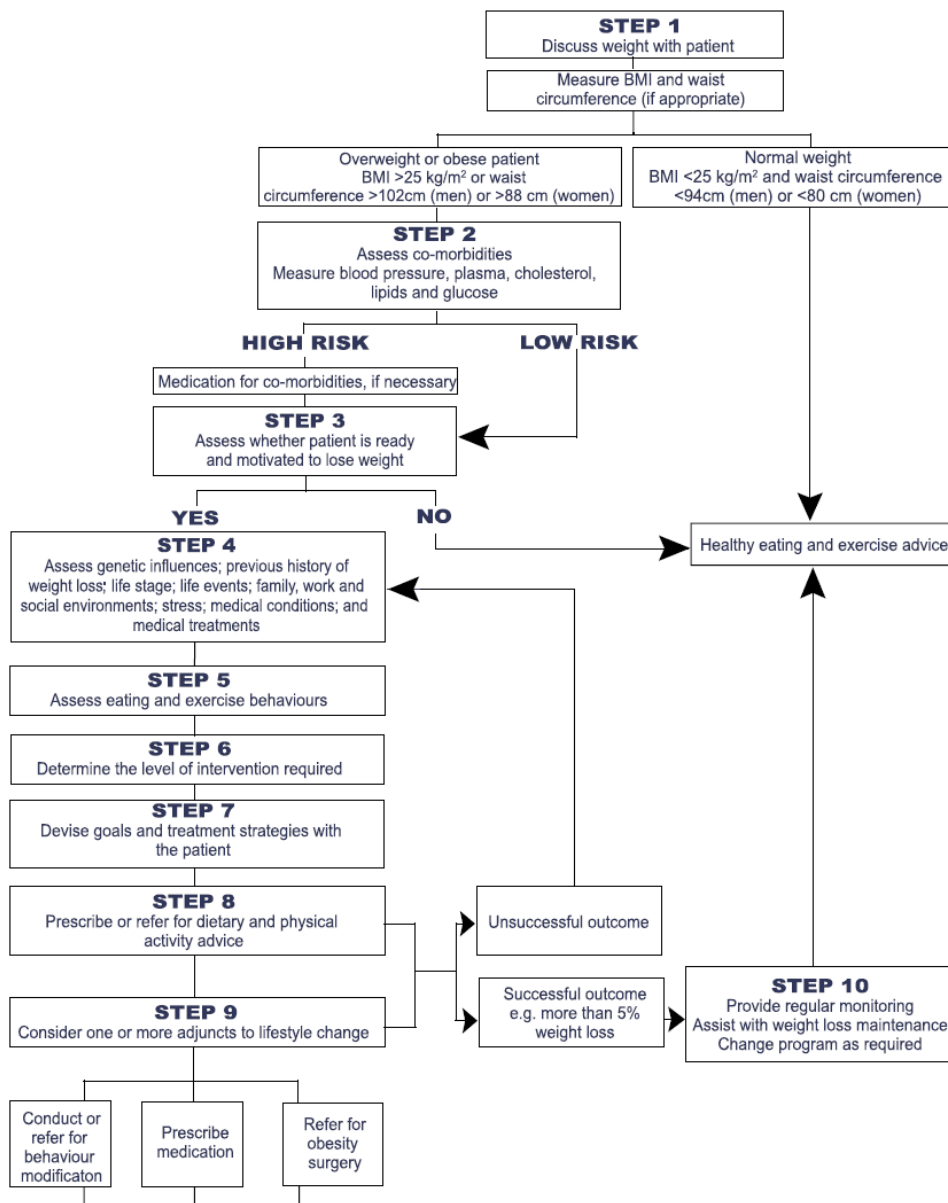


## A 10-STEP GUIDE TO CLINICAL MANAGEMENT OF WEIGHT IN ADULTS

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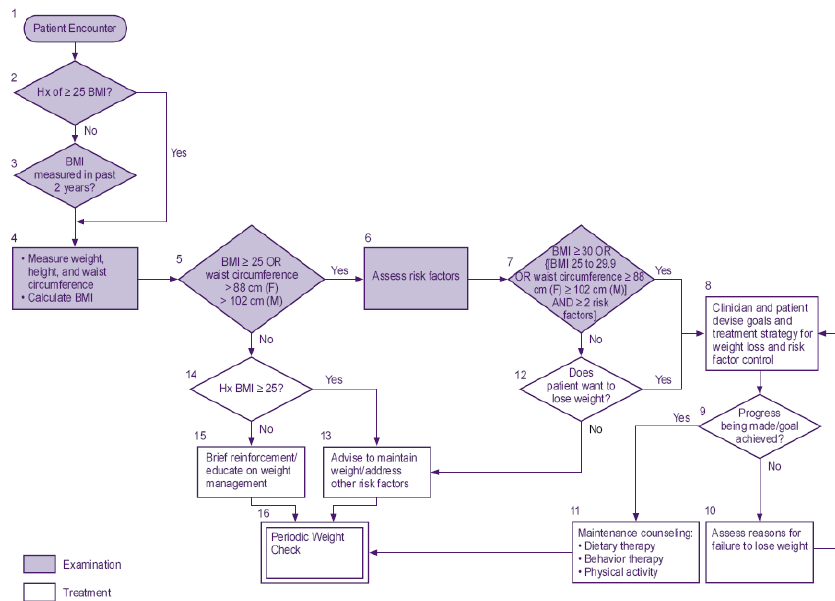
- 1** Discuss weight with patient and whether measurements (height, weight, body mass index (BMI), and waist circumference) should be taken at this stage.
- 2** Assess and treat co-morbidities associated with weight, and determine the patient's need to lose weight.
- 3** Ascertain the patient's readiness and motivation to try to lose weight.
- 4** Assess *why* energy imbalance has occurred.
- 5** Assess *how* energy imbalance has occurred.
- 6** Determine the level of clinical intervention required.
- 7** Devise goals and treatment strategies with the patient.
- 8** Prescribe or refer for dietary and physical activity advice.
- 9** Prescribe medication or refer for obesity surgery, and/or conduct or refer for behaviour modification as determined appropriate.
- 10** Review and provide regular assistance for weight management and maintenance of weight change, and change program as required.

## FLOW CHART – ADULTS



# Adult Obesity Management Flow Chart

Treatment Algorithm\*



\* This algorithm applies only to the assessment for overweight and obesity and subsequent decisions based on that assessment. It does not reflect any initial overall assessment for other conditions and diseases that the physician may wish to do.

Source: National Health Lung and Blood Institute. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, p. 66. Available at: [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf). Accessed May 15, 2007.

**TABLE 1.** Screening tests for the more common obesity comorbidities

Comorbidity	Case detection tests (abnormal values) <sup>a</sup>
Prediabetes	
Impaired fasting plasma glucose (verify fasting status)	Fasting plasma glucose (>100 mg/dl)
Impaired glucose tolerance (if OGTT is used)	2-h glucose > 140 but < 200 mg/dl
Diabetes mellitus	Fasting plasma glucose > 126 mg/dl, or random value > 200 mg/dl (if OGTT used, 2-h glucose > 200) If asymptomatic, must have repeat abnormal values on another occasion
Dyslipidemia	Fasting (12–14 h) lipids Triglycerides: >110 mg/dl (75th percentile); ≥160 mg/dl (90th percentile) LDL cholesterol: ≥110 mg/dl (75th percentile); ≥130 mg/dl (90th percentile) Total cholesterol: ≥180 mg/dl (75th percentile); ≥200 mg/dl (90th percentile) HDL cholesterol: ≤35 mg/dl (10th percentile); ≤40 mg/dl (25th percentile) (80) <sup>b</sup>
Hypertension	Blood pressure > 90th percentile (standardized according to sex, age, and height percentile) (29)
NAFLD	ALT > 2 sd above the mean for the laboratory

OGTT, Oral glucose tolerance test.

<sup>a</sup> To convert mg/dl to mmol/liter, multiply by 0.0555 for glucose, 0.0259 for cholesterol, and 0.0113 for triglycerides.

<sup>b</sup> A proposed refinement of these abnormal lipid levels has the potential advantage of linking adolescents' lipid levels to those of adults (81).