A 10–STEP GUIDE TO CLINICAL MANAGEMENT OF WEIGHT IN ADULTS

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.

Management of Overweight and Obesity in Adults

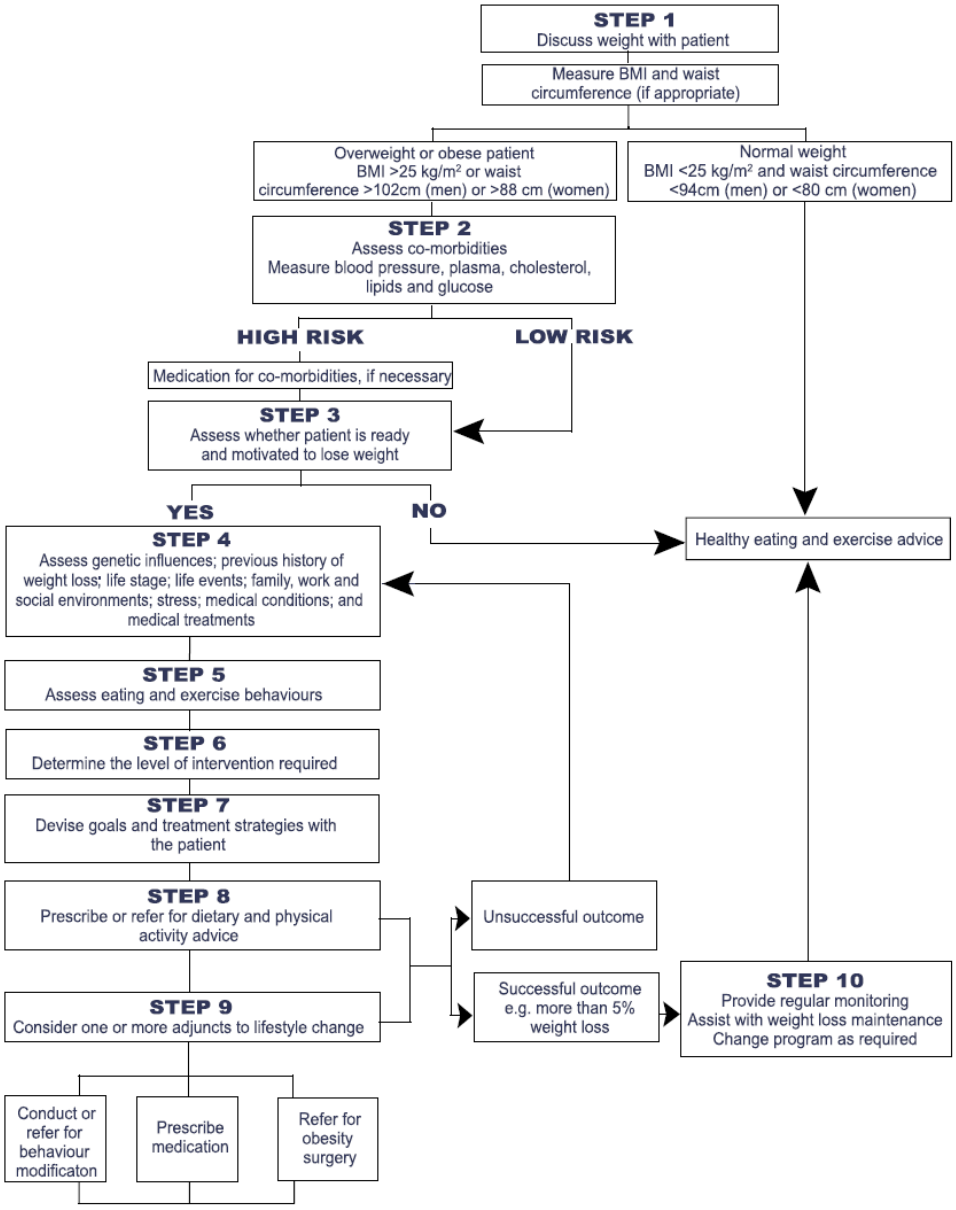
(ENDORSED, JUNE 2014)

The guideline, *Management of Overweight and Obesity in Adults*, was developed by the American College of Cardiology, the American Heart Association, and the Obesity Society, and endorsed by the American Academy of Family Physicians.

Key Recommendations

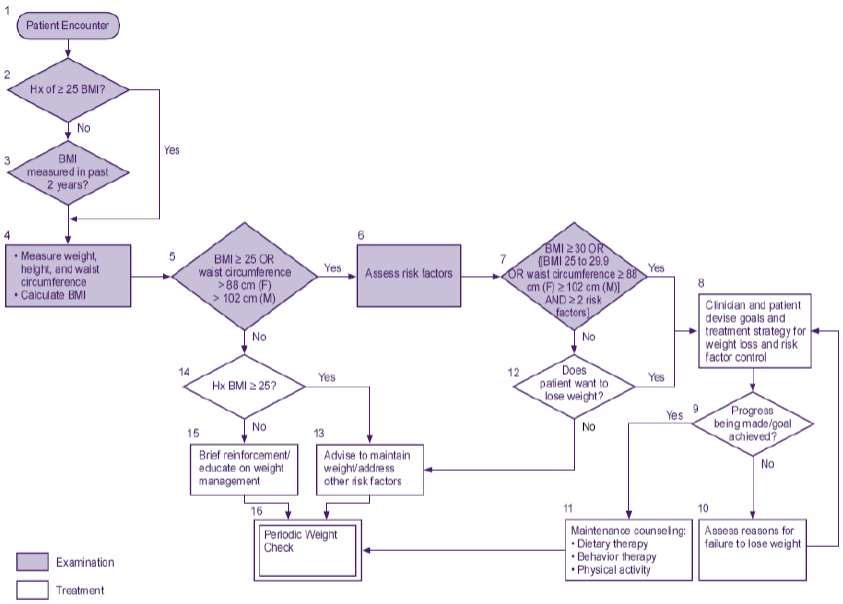
- Overweight is defined as BMI 25.0 – 29.9 kg/m^2 and obesity is defined as BMI ≥ 30 kg/m^2.
- Overweight and obese individuals should be advised that the greater their BMI, the greater the risk of CVD, type 2 diabetes, and all-cause mortality.
- Overweight and obese adults with CV risk factors (high BP, hyperlipidemia, hyperglycemia) should be counseled that lifestyle changes that produce even modest, sustained weight loss of 3%-5% produce clinically meaningful health benefits, and greater weight loss produces greater benefits.
- Overweight and obese adults should be prescribed a diet to achieve reduced calorie intake.
- Overweight and obese individuals who would benefit from weight loss should be advised to participate for ≥ 6 months in a comprehensive lifestyle program that assists participants in adhering to a lower-calorie diet and in increasing physical activity through the use of behavioral strategies.
- Overweight and obese individuals who have lost weight should be advised to participate long-term (≥1 year) in a comprehensive weight loss maintenance program.
- Adults with a BMI ≥ 40 kg/m^2 or BMI ≥ 35 kg/m^2 with obesity related co-morbid conditions who are motivated to lose weight, but have not had a sufficient response to behavioral treatment with or without pharmacotherapy, should be informed about bariatric surgery and offered a referral to an experienced bariatric surgeon for consultation and evaluation.
- The evidence for the benefits and risks of pharmacotherapy for weight loss was not reviewed for this guideline.

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. Accessed May 15, 2007.

TABLE 1. Screening tests for the more common obesity comorbidities

Comorbidity	Case detection tests (abnormal values)[a]
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)[b]
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.

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

[b] A proposed refinement of these abnormal lipid levels has the potential advantage of linking adolescents' lipid levels to those of adults (81).