

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/m² and obesity is defined as BMI ≥ 30 kg/m².
- 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/m² or BMI ≥ 35 kg/m² 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.