

Adult overweight and obesity

8 steps for assessment and treatment recommendations

1 Introduction to the topic of weight assessment and treatment

Soliciting permission to discuss weight issues may increase patient comfort. Patients prefer terms such as “weight,” “excess weight,” and “BMI” (Body Mass Index) when describing obesity.

Patients who are overweight or obese generally have a history of dealing with a frustrating and visible problem. They often experience discrimination from strangers and even hurtful comments from health professionals. Many patients, however, are comfortable discussing weight with their physicians.

2 Body Mass Index (BMI)

- Height without shoes
- Weight
- Calculate BMI (Refer to BMI Wheel or chart)

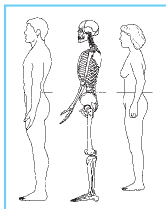
BMI provides an estimate of total body fat* and is related to disease risk for type 2 diabetes, hypertension and CVD. BMI applies to both men and women. It replaces previous terminology such as “percent ideal body weight” or “desirable body weight.”

* BMI is not an accurate measure of body fat for certain muscular men such as bodybuilders. Conversely, an elderly individual with a normal BMI might be obese due to a low level of lean body mass. Physicians can use skinfold anthropometry or bioelectrical impedance analysis as a substitute measure for such patients.

3 Measurement of waist circumference if BMI is <35

Excess abdominal fat is clinically defined as a waist circumference >40 inches in men and >35 inches in women.

It may be helpful to explain why waist circumference is being taken: “A waist measurement is an important clue to your current and future health. I’d like you to breathe normally while I take your measurement.”



1. Place a measuring tape just above the top aspect of the iliac crest.
2. Ensure that the tape is snug, but does not compress the skin and is parallel to the floor.
3. Read the measurement at the end of a normal expiration.

Health risks of overweight and obesity are independently associated with excess abdominal fat. Excess abdominal fat categorically increases disease risk for each BMI class up to a BMI of 35. Waist circumference is a better indicator of relative disease risk than is BMI in some populations, such as individuals of Asian descent and the elderly.

Classification of disease risk relative to normal weight and waist circumference

	BMI (kg/m ²)	Obesity Class	Classification of disease risk relative to normal weight and waist circumference	
			Men ≤ 40 inches Women ≤ 35 inches	Men > 40 inches Women > 35 inches
Underweight	< 18.5			
Normal	18.5 - 24.9			+
Overweight	25.0 - 29.9		Increased	High
Obesity	30.0 - 34.9	I	High	Very High
	35.0 - 39.9	II	Very High	Very High
Extreme Obesity	≥ 40	III	Extremely High	Extremely High

+ Increased waist circumference can also be a marker for increased risk even in persons of normal weight.

4 Assessment of weight-related risk factors and conditions

Based upon presenting signs and symptoms, consider performing tests to identify conditions associated with obesity and conditions that may contribute to obesity.



Working with your patients

Physicians traditionally have encouraged patients to change behaviors by exerting informational power (providing facts about health and illness) and/or expert power (noting their professional credentials). However, a more collaborative approach is more successful in promoting the lasting lifestyle changes needed to successfully reach and maintain a healthy weight.

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Assessment of patient's readiness to lose weight

Assess the patient's readiness to lose weight if:

- BMI is 30 or greater
- BMI is 25 - 29.9 and patient has two or more risk factors
- Waist circumference is greater than 35 inches for women or 40 inches for men and patient has two or more risk factors

Question: "On a scale from 0 to 10, with 0 being not ready at all and 10 being very ready, how ready are you to work on losing weight at this time?" - OR - "On a scale from 0 to 10, with 0 being not important and 10 being very important, how important is it for you to lose weight at this time?"	Answer	Meaning	Follow-up questions or advice
	0-4	Very little intention to lose weight	Acknowledge the patient is not ready to work on weight loss at this time and let patient know you respect his/her decision. Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review BMI, waist circumference and health risks) and advise to maintain current weight.
	5-7	Ambivalent about taking action to lose weight	Acknowledge the patient's ambivalence in a nonjudgmental manner. Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review BMI, waist circumference and health risks). Invite the patient to bring up the subject at any time in the future. You could also follow up with: • "What would have to happen to make you more ready?"
	8-10	Very willing to take action about his/her weight	Discuss treatment options and assist patient in establishing a plan. • "Have you tried losing weight in the past? What sorts of strategies were the most successful and least successful?" • "How much physical activity do you typically get right now? How do you feel about becoming more active?" • "What level of support can you expect from family and friends as you try to lose weight?" • "What potential barriers to success do you foresee?"

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Selection of an appropriate treatment option for those who are ready

BMI (kg/m²)

Treatment	25.0-26.9	27.0-29.9	30.0-34.9	35.0-39.9	≥40.0
Diet Physical activity Behavior therapy	With comorbidities	With comorbidities	+	+	+
Pharmacotherapy		With comorbidities	+	+	+
Surgery				With comorbidities	+

Consider pharmacotherapy only after the patient has demonstrated a committed but unsuccessful attempt at combined lifestyle therapy. Prevention of weight gain through lifestyle therapy is indicated in any patient with a BMI > 25 kg/m², even without comorbidities, while weight loss is not necessarily recommended for those with a BMI of 25.0-29.9 kg/m² or a high waist circumference unless they have two or more comorbidities.

+ Indicates selected treatment regardless of comorbidities.

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Establishment of quantifiable goals

For patients who indicated they are ready to lose weight:

- Recommend weight loss of 10% of pre-intervention body weight at a rate of no more than 1 to 2 pounds per week.

For patients who indicated a low readiness to change at this time:

- Advise to maintain weight and address other risk factors.

For information on community-based weight loss programs located by county in North Carolina go to www.ncahc.org.

Sources:

National Heart, Lung and Blood Institute (2002). Aim for a Healthy Weight Education Kit. NIH Publication No. 02-5212. Available online at http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/index.htm.
American Medical Association (2006). Case Studies in Disease Prevention and Health Promotion: Assessment and Management of Adult Obesity. Available online at <http://www.ama-assn.org/ama/pub/category/10931.html>.

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