## Management of Overweight and Obesity in the Adult

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Adults 18 years or older | Assessment of Body Mass Index (BMI) | • Screen to establish a diagnosis of overweight or obesity by calculating body mass index (BMI\(^1\)), and document the presence of overweight or obesity in the medical record. If overweight, assess for complicating risk factors:  
  • Hypertension  
  • High triglycerides, high LDL or low HDL  
  • Impaired fasting glucose  
  • Diabetes mellitus  
  • Assess current eating, exercise behaviors, history of weight loss attempts and psychological factors or medications that contribute to weight gain\(^2\).  
  • Encourage use of the UPHG Motivation Alliance website.  
  Contact UPHP for password – 1-888-904-7526 | At each periodic health exam; more frequently at the discretion of the physician |
| Patients with BMI\(^1\) ≥ 25 | Interventions to promote weight management | Help your patients establish their own realistic and specific lifestyle goals:  
  • Offer comprehensive lifestyle intervention to achieve weight loss and to improve patient-specific risks such as blood pressure and/or glucose control \([A]\).  
  • Promote an evidenced based diet that produces a caloric deficit and takes patient preferences into account \([A]\). Plan to reduce caloric intake to achieve a 5% to 10% reduction in body weight over 6 months.  
  • Counsel to increase physical activity, combined with decreased dietary intake, to produce a caloric deficit leading to weight loss \([A]\).  
  • Address psychosocial concerns that may impact weight. | At each periodic health exam; more frequently when possible |
| Patients with BMI\(^1\) ≥ 30 or ≥ 27 with other risk factors or diseases | Interventions to promote weight management | All of the above plus:  
  • Consider referral to intensive multicomponent behavioral interventions to promote improvement in weight status. \([D]\).  
  • Review the patient's medications to consider changing any weight-potentiating medications\(^5\) to those that are weight-neutral or weight-negative. \([D]\)  
  • Consider pharmacotherapy only for patients with increased medical risk because of their weight with co-existing risk factors or serious comorbidities who fail intensive lifestyle changes alone. | |
| BMI\(^1\) ≥40 or BMI ≥35 with uncontrolled comorbid conditions\(^3\) | Surgical treatment | • Weight loss surgery should be considered only for patients in whom other methods of treatment have failed and who have clinically severe obesity, i.e., BMI ≥ 40 or BMI ≥ 35 with life-threatening comorbid conditions\(^3\) \([B]\).  
  • Evaluate for psychological readiness for surgical intervention and post-surgical lifestyle commitment. | |
1BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals and the elderly. Lower BMI thresholds are used to classify overweight (BMI 23-27.5 kg/m²) and obese (BMI ≥27.5 kg/m²) individuals of Asian and South Asian descent.

2Weight gain may be associated with medications: antidiabetics, SSRI and tricyclic antidepressants, atypical antipsychotics, anticonvulsants, beta-blockers and corticosteroids.

3Serious comorbidities including: Severe cardiac disease (CHD, pulmonary hypertension, congestive heart failure, and cardiomyopathy); type 2 diabetes; obstructive sleep apnea and other respiratory disease (chronic asthma); hypoventilation syndrome (Pickwickian syndrome); end-organ damage; pseudo-tumor cerebri; hypertension; hyperlipidemia; severe joint or disc disease if interferes with daily functioning.

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline represents core management steps. It is based on the VA/DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity, Department of Veteran Affairs, Department of Defense, version 2.0 – 2014; the United States Preventive Services Task Force Obesity Screening and Counseling: Adults, June 2012; and 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the ACC/AHA Task Force on Practice Guidelines and The Obesity Society. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Adopted by the UPHC CAC 3-10-2009; Approved 9-8-2010; 6-8-2011; revised and approved by UPHC CAC 6-12-13, 9-11-13, 6-10-15, 6-14-17