



GUIDELINES FOR ADULT OBESITY

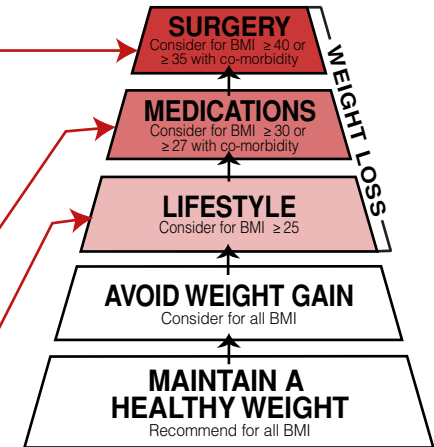
WEIGHT AT EACH VISIT

BMI = wt/ht squared

BMI 25-29.9 = overweight

BMI ≥ 30 = obese

Body Mass Index (BMI) Chart																									
Weight in Pounds \ Height	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	
5'	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	
5'1"	24	25	26	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	43	44	45	
5'2"	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	37	38	39	40	41	42	43	44	
5'3"	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	35	36	37	38	39	40	41	42	43	
5'4"	21	22	23	24	25	26	27	27	28	29	30	31	32	33	33	34	35	36	37	38	39	39	40	41	
5'5"	21	22	22	23	24	25	26	27	27	28	29	30	31	32	33	33	34	35	36	37	37	38	39	40	
5'6"	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	35	36	36	37	38	39	
5'7"	20	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	34	35	36	37	38	
5'8"	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	33	34	35	36	36	
5'9"	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	34	34	35	35	
5'10"	18	19	19	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31	32	32	33	34	34	
5'11"	17	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	29	29	30	31	31	32	33	33	
6'0"	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	31	31	32	33	
6'1"	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	32	
6'2"	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	
6'3"	16	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	27	28	29	29	30	
6'4"	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	24	25	26	26	27	27	28	29	29	



ASK

Permission to sensitively approach weight and how it impacts health.

Suggestions:

- "Is your weight a health concern?"
- "How do you feel about your weight?"

ADVISE

"Excess weight can negatively impact your health."

Co-morbidities:

- Hypertension
- Dyslipidemia
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Polycystic ovarian syndrome
- Sleep apnea and respiratory problems
- Some cancers (endometrial, breast, and colon)

ASSESS

- Readiness to change
- BMI
- Diet
- Physical activity
- Health risks
- Cultural/environmental/psychological setting
- Barriers

EVALUATION OF OVERWEIGHT/OBESITY

History:

- Focused history of gain and loss patterns
- Triggers for weight gain and loss
- Usual diet & physical activity
- Sleep patterns
- Family, social, environmental history

Review medications:

- Drug classes associated with weight gain:**
- Diabetic (insulin, sulfonylureas, thiazolidinedione)
 - Many SSRIs, TCAs
 - Anti-psychotics
 - Anti-epileptics
 - Steroid hormones (progestins and glucocorticoids)

Alternate drugs to consider:

- Metformin
- Bupropion
- Topiramate
- Exenatide

Routine Screening Labs:

- TSH
- Fasting glucose
- Fasting lipids

Assess and manage co-morbidities regardless of weight goals

Secondary causes of obesity:

- Work up usually not indicated, unless history/physical findings suggest Cushing's syndrome.

ASSIST

"Let's negotiate a realistic step toward weight loss or maintenance." (See back for suggested weight loss approaches.)

- Evaluate patient's goals.
- Help set realistic goals.
- Prevent weight gain as first goal.
- Weight loss of 1-2 pounds per week is realistic.
- 5-10% weight loss can result in significant improvements in lipids, glucose and blood pressure.
- Successful weight loss usually involves changes in nutrition, physical activity and behavior.
- Gradual incremental changes (walking, smaller portions, food diary).

ARRANGE

Referral and/or follow up to achieve and maintain a healthy weight.

Referrals could include:

- Registered dietitians
- Exercise physiologists
- Physician specialists
- Bariatric surgeons
- Psychologists
- Local weight management program



AVAILABLE RESOURCES

This list is intended to inform clinicians of available weight loss options. The amount and strength of evidence for each varies.

	Intervention	Examples	Effectiveness	Risks	Follow Up	Comments
LIFESTYLE - NUTRITION / BEHAVIORAL <p style="text-align: center;">Calorie reduction of 500 kcal/day results in ~1 lb per week weight loss.</p> <p style="text-align: right;">Long-term endeavor towards a balanced diet emphasizing fruits, vegetables, whole grains, and low fat meat and dairy.</p>						
All BMI	Healthy Diet	To promote health and reduce risk of chronic diseases, consider a diet that emphasizes fruits, vegetables, whole grains, low-fat dairy, lean meats, poultry, fish, beans, eggs and nuts; and is low in saturated and trans fats, cholesterol, sodium, and added sugars. Information on dietary guidelines and downloadable food tracking worksheets based on patients' calorie levels are located at: MyPyramid.gov . Links to dietary recommendations for heart disease, diabetes, and hypertension are located at: www.coloradoguidelines.org . These recommendations may require additional focus on caloric reduction.				
	Behavioral Therapy	Successful weight management often requires overcoming barriers to adherence to dietary and physical activity changes. Strategies include: diaries, stress management, prompting healthy behaviors, overcoming obstacles to change, rewarding healthy habits, changing the home environment, and social support. Behavior therapy is a key part of comprehensive weight management programs. Many of the programs listed incorporate some behavioral components.				
Consider for BMI ≥ 25	Popular Weight Loss Diets	Atkins, Ornish, South Beach, Zone	5-10% weight loss (Atkins, Ornish, Zone, South Beach).	Rare worsening dyslipidemia.	1 year, Unknown long-term effects of low carb.	Adherence rates low, increased adherence associated with greater weight loss, may not be nutritionally balanced, Ornish diet associated with CAD regression.
	Commercial Diets	Weight Watchers, Jenny Craig, LA Weight Loss	5-10% weight loss (Weight Watchers).	None	5 years	Adherence rates low.
	Guided (Manual) Programs	LEARN Manual, Real Solutions, Diabetes Prevention Program (Lifestyle Balance)	6.6-15.4 lbs weight loss (LEARN Manual).	None	1 year	Behavioral programs to be used in conjunction with caloric deficit, weight loss greater if combined with weekly meetings.
	Meal Replacements	Slim Fast, NutriSystem, Lean Cuisine, Healthy Choice	5-10% weight loss (Slim Fast).	None	5 years	Work best as part of a comprehensive program, consider using to replace 1-2 regular meals per day.
	Very Low Calorie Diet	HMR, Optifast, Medifast	Average 44 lbs/12 weeks (Optifast, HMR).	Fatigue, constipation, nausea, diarrhea, cholecystitis.	2.5 years	Medical monitoring essential. Adding behavioral therapy/physical activity might help sustain weight loss. No evidence for more long-term effectiveness than modest caloric restriction.
LIFESTYLE - PHYSICAL ACTIVITY <p style="text-align: center;">Physical activity without caloric restriction only results in modest weight loss.</p> <p style="text-align: right;">Physical activity is an important part of a weight management program.</p>						
All BMI	Physical Activity	Classes such as Curves, Jazzercise; ADL such as gardening; walking, jogging, cycling, swimming, dancing.	<1% weight loss with exercise alone over 12 weeks and 4.6 lbs weight loss with exercise alone over 6 months.	Risks vary with fitness and co-morbidities, use clinical judgment.	2 years	To manage body weight/prevent weight gain: Engage in 30-60 minutes moderate to vigorous - intensity activity most days while not exceeding caloric intake requirements. To sustain weight loss: Participate in 60 minutes or more daily of moderate - intensity physical activity while not exceeding caloric intake requirements.
MEDICATION <p style="text-align: center;">Medications should be used in conjunction with a lifestyle management program.</p> <p style="text-align: right;">No documented benefit to combining medications.</p>						
Consider for BMI ≥ 30 or ≥ 27 with co-morbidity	Sibutramine	Meridia	9.9 lbs >placebo and 18 lbs >baseline at 1 year.	Hypertension, arrhythmia, tachycardia, serotonin syndrome, should not be used with CAD, CVA, CHF.	2 years	Start 5-10 mg/d, maximum 15 mg/d Monitor BP, increases serotonin and norepinephrine, attrition up to 36%, Cost \$130-\$160/month (2006).
	Orlistat	Xenical	6.2 lbs >placebo and 17.8 lbs >baseline at 1 year.	Diarrhea, flatulence, bloating, abdominal pain, may inhibit absorption of fat soluble vitamins.	4 years	120 mg TID with meals, take multivitamin apart from medication, attrition up to 50%, Cost \$160-215/month (2006).
	Phentermine	Adipex, Fastin, Ionamin, Zantryl	7.9 lbs at 24 weeks.	Abuse potential, hypertension, tachycardia, CNS stimulation.	24 weeks	8 mg tid ac or 15-37.5 mg prior to breakfast, Indicated for short-term use, attrition up to 41%, Cost \$23-72/month (2006).
	Diethylpropion	Tenuate, Dospan	6.6 lbs at 1 year.	Abuse potential, hypertension, tachycardia, CNS stimulation.	52 weeks	25 mg tic ac or w/food or 75 mg CR at mid-morning, Indicated for short-term use, attrition up to 74%, Cost \$8-47/month (2006).
SURGERY <p style="text-align: center;">Post-op weight loss first 6 months is rapid.</p> <p style="text-align: center;">Avoid pregnancy (1.5-2 years) monitor for complications, e.g. SBO, avoid NSAIDs.</p> <p style="text-align: right;">Adjust medications, assess nutritional status routinely.</p>						
Consider for BMI ≥ 40 or ≥ 35 with co-morbidity	Adjustable Banding	LapBand	66.4 lbs at 1 year, 77 lbs at 3 years.	Mortality ~0.4%, Band failure, slippage, or erosion, dehydration, PE, port-site infection, ulcer, device defect.	10 years (Using Vertical Banded Gastroplasty in the Swedish Obesity Study, 16% weight loss in surgical patients compared to 1.6% increase in nonsurgical patients. This procedure is no longer being used. The sustained weight loss may be better with current procedures).	Not covered by all insurances, all require lifelong follow-up, Cost ~\$25,000 (2006) for Roux-en Y, Cost \$12,000-\$30,000 (2006) for Adjustable Banding, ~85% DM improved/resolved, ~80% HTN improved/resolved (difference may not persist >5 yrs), ~80% dyslipidemia improved/resolved.
	Roux-en Y Gastric Bypass	Open or laparoscopic.	97.5 lbs at 1 year, 91.3 at 3 years.	Mortality ~1%, dehydration, PE, stricture, wound infection, marginal ulcer, SBO, incisional hernia, nutritional deficiencies.		
	Bilio-Pancreatic Diversion	Might include duodenal switch.	114.2 lbs at 1 year, 116.8 lbs at 3 years.	Mortality ~1%, same as Roux-en Y but also higher risk of nutritional deficiency.		

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