

Scope and Target Population:

This guideline will address the prevention, diagnosis and management of obesity in mature adolescent and adult patients, including behavioral approaches, drug treatment and surgery.

This guideline does not include the patient populations of pregnant women or body builders/weight trainers.

While this guideline does not address the pediatric population, the work group acknowledges the importance of addressing this epidemic and is continuing to gather evidence for future guideline expansion. The work group encourages health care systems to take an active role to educate families and children on BMI measurements, nutrition, physical activity and lifestyle change.

For more information, the work group recommends the following resources:

Appendix A of the guideline, "Body Mass Index-for-Age Percentiles."

Whitlock, E. et al. Screening and Interventions for Childhood Overweight: A Summary of Evidence for the U.S. Preventive Services Task Force *Pediatrics* 2005;116:125-44.

Institute for Clinical Systems Improvement. Treatment of Obesity in Children and Adolescents. (#90, 2005).

Himes JH, et. al. Guidelines for overweight in adolescent preventive services: recommendations from an expert committee. The Expert Committee on Clinical Guidelines for Overweight in Adolescent Preventive Services. *Am J Clin Nutr* 1994;59:307-16.

Clinical Highlights and Recommendations:

- Obesity is a chronic disease that is multifactorial with complex political, social, psychological, environmental, economic and metabolic causes and consequences. Obesity affects essentially every organ system in the body. Health consequences increase across the BMI span, not just for the extremely obese.
- Calculate the BMI; classify the individual based on the BMI categories. Educate patients about their BMI and their associated risks.
- Effective weight management strategies are available and include nutrition, physical activity, lifestyle changes, medication and surgery.
- The physician should follow the 5 A's (Ask, Advise, Assess, Assist, Arrange). Physician intervention can be effective, the physician can have an important influence, and successful weight management is possible.
- Weight management requires a team approach. Be aware of clinical and community resources. The patient needs to have an ongoing therapeutic relationship and follow-up with a health care team. Weight control is a lifelong commitment and the health care team can assist with setting specific goals with the patient.
- Beyond their clinical role, primary care physicians should be aware of their roles as community leaders, and public health advocates.

Priority Aims:

1. Increase awareness of BMI.
2. Improve the percentage of patients who have received education and counsel regarding weight loss.
3. Improve the outcome of the treatment for obesity.
4. Improve community (employers, schools) involvement in the prevention and treatment of obesity.