

**Scope and Target Population:**

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

This guideline does not address pregnant women or bodybuilders/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 body mass index measurements, nutrition, physical activity and lifestyle change.

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

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

Krebs NF, Himes JH, Jacobson D, et al. Assessment of child and adolescent overweight and obesity. *Pediatrics* 2007;120:S193-S228. (Class R)

Whitlock EP, O'Connor EA, Williams SB, et al. Effectiveness of weight management interventions in children: a targeted systematic review for the USPSTF. *Pediatrics* 2010;125:e396-e418.

**Aims:**

1. Increase percentage of patients who have an annual body mass index (BMI) recorded or measured.
2. Increase the percentage of patients with an elevated body mass index who have received education and counseling regarding weight loss.
3. Improve the outcome of treatment for patients with BMI  $\geq$  25.
4. Increase community (employers, schools) participation in the prevention and treatment of obesity.

**Clinical Highlights:**

- Obesity is a chronic disease that is a multifactorial, growing epidemic 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 body mass index span, not just for the extremely obese.
- Calculate the body mass index; classify the individual based on the body mass index categories. Educate patients about their body mass index and their associated risks.
- Effective weight management strategies are available and include nutrition, physical activity, lifestyle changes, medication and surgery.
- A 5%-10% weight loss can reduce a patient's risk of heart disease and diabetes that is clinically significant, and should be encouraged for all patients who are overweight and obese. This amount of weight loss and maintenance should be considered a clinical success and commended. This can be achieved and maintained with a high intensity medical weight loss program even for the morbidly obese.
- 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.