



## Summary of Changes Report – April, 2011

# Prevention and Management of Obesity (Mature Adolescents and Adults) Guideline

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### Annotations

Introduction) Updated information in the introduction so that the data is more recent on the number of obese adults in the U.S. and the prevalence of obesity. (Flegel, 2010) (MMWR, 2010) (The Surgeon General’s Vision for a Healthy and Fit Nation, 2010) (White House Task Force on Childhood Obesity, 2010)

Clinical Highlights) Added an additional highlight from Annotation #8 that 5-10% weight loss can reduce a patient’s risk of heart disease and diabetes, and is considered clinically significant.

1) Clarified language throughout the annotation to state that children and adolescents less than 18 years old, should use a BMI percentile for age to determine health weight status. (Barlow, 2007)

6) Updated information on the lifetime risk of diabetes to be 32.4% for men and 35.5% for women. (Flegel, 2010)

Added information that insulin resistant patients may respond better to a lower carbohydrate diet.

7) Added information that some studies suggest that depressed patients may not respond as well to treatment, however, other studies suggest that this is not necessarily the case and their symptoms can improve. (Linde, 2010)

Added information about medications for the treatment of depression that will also maximize their ability to lose weight.

Removed information related to specific types of drugs that contribute to weight gain in the text of the annotation and moved the information to Appendix B that is represented in a table format.

Added a section on screening for a sleep disorder. (Nedeltcheva, 2010)

Added information on how a 5-10% weight loss is considered clinically successful. (Yancy, 2010)

Added information that the ICSI Patient Advisory Council reviewed the guideline and supports the value of the physician initiating the conversation on weight loss.

Added information on the usefulness of the Patient Activation Measure as a tool to assess an individual's knowledge, skill and confidence with respect to managing his or her health. (Schmittiel, 2007) (Hibbard 2009) (Hibbard 2004) (Hibbard, 2005)

Added information that the importance of follow-up and lifestyle intervention programs such as the Look AHEAD can produce a better outcome in relation to weight loss. (Wing, 2010) (Wadden, 2009)

- 10) Added and changed information about the potential benefits of either a low-carbohydrate or low-fat calorie-restricted diet for short-term weight loss. (Garder, 2007)

Updated information that in general a low glycemic index diet is not more effective than a traditional low fat diet for weight loss. (Gardner, 2010)

Updated information that it takes >250 min/week of exercise to maintain weight after weight loss. (Donnelly, 2009)

Added information that pedometers and heart rate monitors may also be helpful tools for patients to track their level of physical activity.

Updated and changed information related to the pharmacologic therapy for obesity and the importance of combining pharmacologic therapy with comprehensive weight loss regimens that include low-calorie diet, increased physical activity and behavior therapy. (Klein, 2002) (Frank, 2004)

Added information on phentermine as an option for pharmacologic therapy. (Ray, 2004) (Apovian, 1999) (Kim, 2006)

Updated the information on orlistat to state that the FDA approved a revised label for orlistat that included new safety information about rare liver injury.

Updated and removed information on sibutramine since FDA now recommends against continuing to prescribe and use sibutramine because of potential cardiovascular risks to patients with known cardiovascular disease. (James, 2010)

Added information on the safety and adverse effect of pharmacologic therapy.

Significantly revised the surgery section for this guideline to present information that is supportive for primary care. Specific details on different types of bariatric surgery have moved to Appendix E. There is a table (Table 1: Overview of Bariatric Procedures) that reviews each procedure and certain information the work group felt primary care physicians would need to know.

## **Aims & Measures**

Aim #2) Updated the aim to be more specific: Increase the percentage of patients who have an annual Body Mass Index measurement.

Aim #3) Included more detail so that it is more specific to patients with BMI  $\geq 25$ .

## **Appendices**

Appendix B) Updated the table to include information on medications associated with weight loss as well as weight gain.

Appendix D) This table was originally Appendix C. Additionally, we modified the table to be consistent with ICSI's policies to only include the generic name and drug information that is otherwise difficult to locate.

Appendix E) This has been completely modified to be the appendix with additional detailed information on the different bariatric surgery procedures. Drug tables were removed because information can be obtained through other sources.

Appendix F) We removed the comparison of bariatric surgery procedures since most of this information is either in the content of the guideline or in Appendix E. Instead, we provided an example of Meal Tolerance Test Orders for High CHO Meals.

Appendix G) Added this information as an example of Meal Tolerance Test Orders for Low CHO Meals.

Appendix H) Added this table to provide recommendations for the treatment for different nutritional deficiencies.

Appendix I) Added this graphic to provide an example of a band assessment protocol.

Appendix J) Added a sample weight loss surgery pre-operative laboratory checkout order.

Appendix K) Added sample post bariatric surgery patient diet.

### **Conclusion Grading Worksheet A)**

This was originally Conclusion Grading Worksheet C. The title was clarified to identify bariatric surgery patients with BMI  $30 \leq 35$ . The original Conclusion Grading Worksheet on orlistat was removed.

### **Conclusion Grading Worksheet B)**

Removed because Sibutramine no longer has FDA approval.