SUMMARY

GOALS
- Identify obese patients with and without comorbidities.
- Monitor obese patients and provide weight reduction education.
- Minimize the long-standing effects of obesity by encouraging all patients to engage in lifestyle changes.
- Prevention of weight gain with lifestyle therapy is indicated with BMI > 25.
- Identify the very small subset of patients with morbid obesity or obesity related comorbidities in whom the risks of bariatric surgery may be balanced by the ongoing risk of their obesity on their health.

ALERTS
- The approach to managing weight requires socioeconomic, cultural, and religious sensitivity. Therefore, the method in which care is delivered is equally as important as the care itself.
- Sustained weight loss requires prolonged caloric deficit, regular exercise, and sustained behavior change.
- Evaluate the patient for treatable causes of weight gain including hypothyroidism, Cushing’s, depression, and other contributing factors.

DIAGNOSTIC CRITERIA
- Body Mass Index (BMI): A person’s weight in kilograms (kg) divided by his/her height in meters squared (m²). BMI is correlated with body fat.
- Waist Circumference (WC): In patients with a BMI ≥ 25 and ≤ 35 the WC provides additional information on cardio-metabolic risk.
- Determining a patient’s BMI is the first step in classifying the severity of the obesity and determining realistic weight loss goals.
- Weight loss is associated with a reduction in obesity-associated morbidity. A 10% reduction in body weight decreases the risk of diabetes, hypertension, dyslipidemia, and coronary heart disease.

BMI Value 18.5 to <25; Weight Category Normal
BMI Value 25 to <30; Weight Category Overweight
BMI Value 30 to <35; Weight Category Obese; Obesity Classification Class 1
BMI Value 35 to <40; Weight Category Obese; Obesity Classification Class 2 w or w/o comorbidity
BMI Value ≥40; Weight Category Morbidly Obese; Obesity Classification Class 3

EVALUATION
- Assessment/Physical Exam: To determine the degree of obesity and the absolute risk status.
  - Measure weight, height, waist circumference; calculate BMI and assess obesity-related risk factors and comorbidities (See Box A on page 2)
- History: To determine comorbid conditions and additional cardiac risk factors.
  - Review medical history, consider causes/contributors to weight gain such as family history, Polycystic Ovarian Syndrome, Cushing's Disease, Depression, Hypothyroidism, certain medications.
- Lab tests: Baseline and diagnostic laboratory tests may include assessment of electrolytes, liver function tests, complete blood counts, total cholesterol, HDL- and LDL-cholesterol, triglycerides, HbA1c, and thyroid stimulating hormone.
- Additional tests: Based on the history and physical exam the clinician may do further tests, including a stress electro/echocardiogram, or other studies.

TREATMENT OPTIONS
- Lifestyle Modifications are recommended for all patients with a BMI > 25 to reach or maintain a healthy weight.
  - Nutrition:
    - Dietary education on healthy eating, estimating portion sizes, and how to read a nutrition label (See PE-1 through PE-4).
    - Food tracking as a means for self-monitoring daily caloric intake (See PE-5).
  - Physical Activity:
    - Most patients do not need medical clearance to begin an exercise routine (See clearance criteria on page 7).
    - Moderate-intensity exercise should be performed at least 150-300 minutes throughout the
- Exercise tracking as a means for self-monitoring physical activity levels (See PE-6).

- Behavioral Changes:
  - Facilitating behavior change and addressing barriers; The "Five A's" approach (Ask, Advise, Assess, Assist, and Arrange)
  - If available, utilize peer education program to begin weight management support groups.

- Motivational Interviewing:
  - Direct, client-centered counseling to elicit behavior change by helping clients to explore and resolve ambivalence.

- Medical Weight Monitoring Program (MWMP): Patients with Class 3 Obesity or Class 2 Obesity with comorbidity who are unable to achieve enough weight loss with lifestyle modification alone may be considered for bariatric surgery after participating in a 12-month long, medically supervised program. The MWMP ensures patient’s adherence is adequate to follow the rigorous pre-op and post-op diet and the lifelong changes in eating required for long-term success of bariatric surgery.

## Monitoring

- Patient’s height and weight shall be recorded at each primary care visit and entered into the electronic health record system (EHRS) so the system can calculate BMI.
- Inform the patient of their BMI and where it falls in the Normal-Overweight-Obese range and have health care team assist patient in setting weight management goals.
- Encourage all patients to learn about nutrition and exercise, and refer to Health Education classes/peer support groups, if available.
- Encourage patients to increase exercise and to join available recreational activities.
- **Causes for being overweight or obese vary from person to person which means weight loss results will also vary from person to person. The information and approach to weight loss provided in this care guide is not a one size fits all method.**
- Patients in the MWMP program will be seen by a Primary Care Team member at initial visit, then monthly for the next 11 months.
- Improvements in health complications should be discussed on an ongoing basis as a means to encourage patients.