

Weight Management Care Guide

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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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 modifications for effective weight reduction.
- ✓ 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 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 behavioral change.
- Evaluate the patient for treatable causes of weight gain including hypothyroidism, Cushing's Disease, depression, and certain medications.

DIAGNOSTIC CRITERIA

- **Body Mass Index (BMI):** A person's weight in kilograms (kg) divided by their 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 (DM), 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 page 2).
- **History:** To determine comorbid conditions and additional cardiac risk factors.
 - Determine **Cardiovascular (CV) risk score**.
 - Review medical history; consider causes/contributors to weight gain such as family history, Polycystic Ovarian Syndrome, Cushing's Disease, Depression, Hypothyroidism, and 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-cholesterols, 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 and those with a BMI ≥ 30 (≥ 27 Asian Americans) should have consultation with a dietitian and encouraged to participate in a counselling and nutritional education series. Patients with uncontrolled Diabetes, Hypertension, or Dyslipidemia should also be referred to the dietitian. Lifestyle interventions are also needed for overweight patients (BMI > 25) and those with pre-diabetes, diabetes, HTN, ASCVD (including CHF, LVH and CKD)/CV risk $> 20\%$ or metabolic syndrome can benefit from dietary counselling.

- **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 week (See PE-7 through PE-10).
 - 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) and Bariatric Surgery: 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 the 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. In large scientific studies of hundreds of thousands of patients, weight loss surgery has been shown to lower a person's risk of death from any cause by over 40 percent. Research outcomes for patients with obesity and diabetes have shown large improvements.

MONITORING

- Patient's electronic health record system (EHRS) height and weight (entered in kilograms) shall be recorded at each primary care visit so the system can calculate BMI
- Inform patients of their BMI and its implications and assist the patient in setting goals.
- Encourage all patients to learn about nutrition and exercise, and refer to health education classes/peer support groups, if available. Encourage participation in recreational activities.
- Causes for weight loss and weight gain 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 will be seen by a Primary Care Team member at the initial visit, then monthly for the next 11 months.
- Discuss improvements in health complications on an ongoing basis for encouragement.