



# Clinical Practice Guideline for the Management of Obesity in Adults

The prevalence of obesity is reaching epidemic proportions. Obesity is a risk factor for Type 2 Diabetes mellitus, hypertension, dyslipidemia, coronary artery disease, cerebrovascular disease, and osteoarthritis. While obesity is related to a positive energy balance (intake > output), other factors contribute to the increasing prevalence (environmental, cultural, and genetic).

## Definitions:

- Body mass index (BMI) = (Body weight in kilograms)/(Height in meters)<sup>2</sup>
- Overweight: BMI of 25.0 to 29.9 kg/m<sup>2</sup>
- Obesity: BMI of 30 kg/m<sup>2</sup> or more

## Initial Assessment for Risk Factors (at diagnosis):

- Assess degree of obesity based on BMI
- Assess presence of abdominal obesity based on waist circumference (see Treatment Indication)
- Assess presence of underlying diseases and conditions:
  - Coronary heart disease, Other atherosclerotic diseases (Peripheral arterial disease, Abdominal aortic aneurysm, and Symptomatic carotid artery disease), Type 2 Diabetes mellitus, Sleep apnea, Gynecologic abnormalities, Osteoarthritis, Stress incontinence Gallstones and their complications.
- Assess presence of cardiovascular disease risk factors:
  - Cigarette smoking, Hypertension, High low-density lipoprotein cholesterol (LDL-C), Low high-density lipoprotein cholesterol (HDL-C), Impaired fasting glucose, Family history of premature coronary heart disease, Age (men ≥ 45 years; women ≥ 55 years or postmenopausal)
- Assess other risk factors:
  - Physical inactivity
  - Elevated serum triglyceride level
- Physical examination

## Laboratory Tests (at diagnosis):

- Fasting blood sugar
- Total cholesterol (including LDL-C, HDL-C, HDL-C/TC)
- Triglycerides
- Liver function tests
- Urinalysis

## Treatment Indicated (at diagnosis and periodic follow-up):

- BMI ≥ 25 kg/m<sup>2</sup> and < 30 kg/m<sup>2</sup>, waist circumference > 40 in (men) or > 35 in (women) associated with two or more risk factors; OR
- BMI ≥ 30

## Treatment (Initial visit and assessment at periodic follow-up visits):

- Establishment of healthcare team to include:
  - Attending physician (PCP or specialist)
  - Dietary professional
  - Behavioral health specialist
- Reduced calorie diet developed in conjunction with dietary professional
- Regular exercise program (30 minutes per day, increasing to 60 minutes) developed in conjunction with exercise professional
- Lifestyle interventions and depression screening in conjunction with behavioral health professional

- Attending physician to monitor ongoing program compliance and weight loss at periodic office visits over 6 months.

### **Treatment Goals and Monitoring (6 months):**

- Short-term goal: 10% loss of initial body weight in 6 months
- Long-term goal: Altered and sustained life style behaviors to provide further weight loss, maintain declined weight, and avoid additional weight gain.

### **Additional interventions if initial goals not met:**

- Drugs approved for the treatment of obesity:
  - Orlistat: Indicated long-term, acts on peripheral metabolism
  - Sibutramine: Indicated long term, acts on CNS
  - Benzphetamine: Indicated for short-term use only, acts on CNS (norepinephrine-like)
  - Diethylpropion: Indicated for short-term use only, acts on CNS (norepinephrine-like)
  - Phendimetrazine: Indicated for short-term use only, acts on CNS (norepinephrine-like)
  - Phentermine: Indicated for short-term use only, acts on CNS (norepinephrine-like)
- Weight loss surgery: Option for selected patients with clinically severe obesity (BMI > 40 kg/m<sup>2</sup> or BMI > 35 kg/m<sup>2</sup> with comorbid conditions) and failure to achieve short-term goals after a physician supervised weight loss program as described above.

### **References**

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