

Useful Steps To Help Your Patient Achieve Weight Loss

1 Managing adults who are overweight and obese: 8 steps for assessment and treatment

1 Introduce the topic

Soliciting permission to discuss weight issues may increase patient comfort. Patients prefer terms such as “weight”, “excess weight”, and “BMI” when describing obesity. Generally, patients are comfortable discussing weight with their physician.

2 Measure BMI

BMI is not an accurate measure of body fat for certain muscular men, such as bodybuilders. Conversely, an elderly individual with a normal BMI might be obese due to a low level of lean body mass.

3 Measurement of waist circumference if BMI is $<35 \text{ kg/m}^2$



1. Place a measuring tape just above the top aspect of the iliac crest
2. Ensure that the tape is snug, but does not compress the skin and is parallel to the floor
3. Read the measurement at the end of a normal expiration

4 Classify disease and risk

	BMI (kg/m^2)	Obesity Class	Classification of disease risk relative to normal weight and waist circumference	
			Men <40 inches Women <35 inches	Men >40 inches Women >35 inches
Underweight	<18.5			
Normal	18.5-24.9			+
Overweight	25.0-29.9		Increased	High
Obesity	30.0-34.9	I	High	Very High
	35.0-39.9	II	Very High	Very High
Extreme Obesity	≥ 40	III	Extremely High	Extremely High

+ Increased waist circumference can also be a marker for increased risk even in persons of normal weight.

5 Assess risk factors and work with your patients

Physicians traditionally have encouraged patients to change behaviors by providing facts about health and illness and/or noting their professional credentials. However, a more collaborative approach is more successful in promoting lasting lifestyle changes needed to successfully reach and maintain a healthy weight.

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Assess patient's readiness to lose weight

Assess the patient's readiness to lose weight if:			
<ul style="list-style-type: none"> BMI is 30 or greater BMI is 25-29.9 and patient has two or more risk factors Waist circumference is greater than 35 inches for women or 40 inches for men and patient has two or more risk factors 			
Question: "On a scale from 0 to 10, with 0 being not ready at all and 10 being very ready, how ready are you to work on losing weight at this time?" – OR – "On a scale from 0 to 10, with 0 being not important and 10 being very important, how important is it for you to lose weight at this time?"	Answer	Meaning	Follow-up questions or advice
	0-4	Very little intention to lose weight	Acknowledge the patient is not ready to work on weight loss at this time and let the patient know you respect his/her decision. Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review BMI, waist circumference and health risks) and advise to maintain current weight.
	5-7	Ambivalent about taking action to lose weight	Acknowledge the patient's ambivalence in a nonjudgmental manner. Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review BMI, waist circumference and health risks). Invite the patient to bring up the subject at any time in the future. You could also follow up with: <ul style="list-style-type: none"> "What would have to happen to make you more ready?"
	8-10	Very willing to take action about his/her weight	Discuss treatment options and assist patient in establishing a plan. <ul style="list-style-type: none"> "Have you tried losing weight in the past? What sorts of strategies were the most successful and least successful?" "How much physical activity do you typically get right now? How do you feel about becoming more active?" "What level of support can you expect from family and friends as you try to lose weight?" "What potential barriers to success do you foresee?"

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Select appropriate treatment option for those ready to lose weight

Selection of an appropriate treatment option for those who are ready						
BMI (kg/m ²)						
Treatment	25.0-26.9	27.0-29.9	30.0-34.9	35.0-39.9	≥40.0	
Selecting the appropriate treatment based on BMI and comorbidities	Diet	With comorbidities	With comorbidities	+	+	+
	Physical activity					
	Behavior therapy					
	Pharmacotherapy		With comorbidities	+	+	+
Surgery				With comorbidities	+	

Consider pharmacotherapy only after the patient has demonstrated a committed but unsuccessful attempt at combined lifestyle therapy. Prevention of weight gain through lifestyle therapy is indicated in any patient with a BMI > 25 kg/m², even without comorbidities, while weight loss is not necessarily recommended for those with a BMI of 25.0-29.9 kg/m² or a high waist circumference unless they have two or more comorbidities.

+ Indicates selected treatment regardless of comorbidities.

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Establish quantifiable goals

For patients ready to lose weight, recommend weight loss of 10% of pre-intervention body weight at a rate of 1 to 2 pounds per week.

For patient with low readiness to lose weight, advise to maintain weight and address other risk factors.

Adapted from:

http://www.bcbsnc.com/assets/common/pdfs/Adult_Obesity_Assessment_Brochure_U3068.pdf