



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)²
- Overweight: BMI of 25.0 to 29.9 kg/m²
- Obesity: BMI of 30 kg/m² 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/m² and < 30 kg/m², 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)
 - Pheentermine: 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/m² or BMI > 35 kg/m² 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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Lau, D.C.W., et al. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children [summary]. Canadian Medical Association Journal, April 2007

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