



Michigan Quality Improvement Consortium Guideline

Management of Overweight and Obesity in the Adult

The following guideline recommends specific interventions for treatment of overweight and obese conditions in adults.

| Eligible Population | Key Components | Recommendation and Level of Evidence | Frequency |
|---|--|--|--|
| Adults 18 years or older | Assessment of Body Mass Index (BMI) | <ul style="list-style-type: none"> Measure height and weight, and calculate patient's BMI¹ to determine if patient is overweight or obese, and pattern of weight change [C]. If overweight, assess for complicating risk factors: <ul style="list-style-type: none"> Family history of premature CHD Hypertension Presence of atherosclerotic disease High triglycerides, high LDL or low HDL Diabetes mellitus Impaired fasting glucose Sleep apnea Smoking Assess current eating, exercise behaviors, history of weight loss attempts and psychological factors or medications that contribute to weight gain². | At each periodic health exam; more frequently at the discretion of the physician |
| Patients with BMI \geq 25 | Interventions to promote weight management | <p>Help your patients establish their own realistic lifestyle goals³:</p> <ul style="list-style-type: none"> Help your patient set a realistic goal for reducing calories and adjusting to maintain gradual weight loss[A], ideally to maintain a 1- to 2-pound weight loss per week and improve dietary quality. Help your patient set a realistic goal for physical activity: at a minimum, more activity than present; ideally 30 minutes of moderate physical activity most days of the week [A]. Recommend weight loss strategies and resources as needed. (See www.michigan.gov/surgeongeneral.) Arrange follow-up with patients to monitor progress and provide support. | At each periodic health exam; more frequently when possible |
| Patients with BMI > 30 or > 27 with other risk factors or diseases | Interventions to promote weight management | <p>All of the above plus:</p> <ul style="list-style-type: none"> Consider referral to a program that provides guidance on nutrition, physical activity and psychosocial concerns. Consider pharmacotherapy only for patients with increased medical risk because of their weight with co-existing risk factors or comorbidities (monitor for weight loss and medication side effects; periodically review need for medication). Insurance coverage for weight loss medications varies; consult health plan for eligibility. | |
| BMI \geq 40 or BMI \geq 35 with uncontrolled comorbid conditions ³ | Surgical treatment | <ul style="list-style-type: none"> Weight loss surgery should be considered⁴ only for patients in whom other methods of treatment have failed and who have clinically severe obesity, i.e., BMI \geq 40 or BMI \geq 35 with life-threatening comorbid conditions⁵ [B]. Evaluate for psychological readiness for surgical intervention and post-surgical lifestyle commitment. | |

¹ BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals.

² Weight gain may be associated with medications: antidiabetics, SSRI and tricyclic antidepressants, atypical antipsychotics, anticonvulsants, beta-blockers and corticosteroids.

³ Avoid weight gain or maintain weight loss, initial goal of 10% weight loss and reassess after goal achieved, maximum weight loss of 1/2 pound per week if overweight and 1-2 pounds per week if BMI > 30.

⁴ Insurance coverage for bariatric surgery varies; consult health plan for eligibility.

⁵ Comorbidities: Severe cardiac disease (CHD, pulmonary hypertension, congestive heart failure, and cardiomyopathy); Type 2 diabetes; obstructive sleep apnea and other respiratory disease (chronic asthma) hypoventilation syndrome, Pickwickian syndrome); end-organ damage; pseudo-tumor cerebri; gastroesophageal reflux disease; hypertension; hyperlipidemia; severe joint or disc disease if interferes with daily functioning

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline represents core management steps. It is based on the Prevention and Management of Obesity (Mature Adolescents and Adults), Institute for Clinical Systems Improvement, 2006; and the National Institutes of Health, National Heart, Lung and Blood Institute Obesity Education Initiative, The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults, 2000 (www.nhlbi.nih.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.