



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management of Overweight and Obesity in the Adult](#)

Released: March 2017

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Assessment of Body Mass Index (BMI¹)

Assess current eating, exercise behaviors, history of weight loss attempts and psychosocial factors or medications that contribute to weight gain²

Patients with BMI ≥ 25

Interventions to promote weight management

Help your patients establish their own realistic and specific lifestyle goals:

- Promote an evidence-based diet that produces a caloric deficit and takes patients preferences into account. Plan to reduce caloric intake to achieve a 5% to 10% reduction in body weight over 6 months.
- Counsel to increase physical activity, combined with decreased dietary intake, to produce a caloric deficit leading to weight loss.
- Address psychosocial concerns that may impact weight.

Patients with BMI ≥ 30 or ≥ 27 with other risk factors or diseases

Interventions to promote weight management

- Consider referral to intensive, multicomponent behavioral interventions to promote improvement in weight status.
- Review the patient's medications to consider changing any weight-potentiating medications² to those that are either weight-neutral or weight-negative.
- Pharmacotherapy is more effective when used along with intensive lifestyle changes.

¹BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals and the elderly. Lower BMI thresholds are used to classify overweight (BMI 23-27.5 kg/m²) and obese (BMI ≥ 27.5 kg/m²) individuals of Asian and South Asian descent.

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