



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"> ♦ Hypertension ♦ High triglycerides, high LDL or low HDL ♦ Impaired fasting glucose ♦ Diabetes mellitus ♦ Family history of premature CHD ♦ Presence of atherosclerotic disease ♦ 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 ≥ 25	Interventions to promote weight management	<p>Help your patients establish their own realistic lifestyle goals:</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 choices (such as increasing low-caloric density foods). ♦ Help your patient set a realistic goal for physical activity: at a minimum, more activity than present; ideally 30 minutes of moderate physical activity such as brisk walking most days of the week [A]. ♦ Recommend weight loss strategies and resources as needed. (See www.mqic.org/physician-tools.htm.) 	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). 	
BMI ≥ 40 or BMI ≥ 35 with uncontrolled comorbid conditions ³	Surgical treatment	<ul style="list-style-type: none"> ♦ Weight loss surgery should be considered only for patients in whom other methods of treatment have failed and who have clinically severe obesity, i.e., BMI ≥ 40 or BMI ≥ 35 with life-threatening comorbid conditions³ [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 Serious comorbidities including: 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; 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, 2009; 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.