Disease Management Toolkit: Obesity in Adults (for Primary Care Providers)

Importance

Obesity is common, serious, and costly. More than one-third (34.9%) of U.S. adults are obese. Associated medical spending was estimated at $190 billion in 2005 U.S. dollars.

In June 2013, the American Medical Association voted to recognize obesity as a disease. This focuses attention on the issue and may encourage additional reimbursement for obesity surgery, drugs, and counseling.

There are many comorbidities related to obesity. Examples include, but are not limited to:

- Arthritis and chronic back pain
- Cancers, such as breast and colorectal
- Cardiovascular disease, such as hypertension and stroke
- Depression
- Diabetes
- Gallbladder disease
- Respiratory issues, such as obstructive sleep apnea
- and asthma*
- Stress intolerance

Definitions and Screening

The most commonly used definition is that of the World Health Organization (WHO) which defines obesity based on body mass index (BMI):

- Overweight = BMI of 25-29.9 kg/m²
- Obese = BMI of 30-39.9 kg/m²
- Severely Obese = BMI ≥ 40 kg/m²

The U.S. Preventive Services Task Force (USPSTF) guidelines recommend screening all adults (age 18 or older) for obesity.

The National Heart, Lung and Blood Institute’s (NHLBI) obesity assessment and classification flowchart (included in this toolkit) indicates that weight circumference may also be used as a screening tool. The flowchart also includes the recommendation that patients who are overweight but do not meet the criteria for obesity and do not have 2 or more risk factors undergo weight, BMI and waist circumference checks every 2 years.

*See AAHC Institute for Quality Improvement, Patient Safety Toolkit: Primary Care Checklists for an overview of recommended screenings.

Selected References

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The Role of Primary Care Providers (PCPs)

Providers must respect patients and help coach them for success. It is important for providers to develop coaching skills as well as refer patients to trained “coaches” as necessary.

Supportive Care

- Comprehensive lifestyle interventions can be supported by behavioral strategies such as multi-component behavioral interventions.
- Comprehensive lifestyle intervention programs with increased aerobic physical activity (such as brisk walking) for ≥ 30 minutes a day, most days of the week.
- Reduced-calorie diet with an energy deficit ≥ 500 kcal/day.

Medications that:

- Address other risk factors (see next section).
- Reduce cardiovascular risk.
- Reduce medication side effects.
- Help prevent other complications.

3. Surgery, most commonly including gastric bypass or sleeve gastrectomy:

- There is strong evidence to support this:
  - For obese adults, bariatric surgery produces greater weight loss and maintenance of lost weight than that produced by any conservative treatment (see 1 above).
  - Amount of weight loss depends on the type of surgery and patient’s pre-procedure weight.
  - Depending on the procedure, weight loss at 2-3 years post procedure for patients with pre-procedure BMI ≥ 30 is from 20-30% of pre-procedure weight. The mean difference in weight loss of this group compared to non-surgical groups is 14-37% depending on the type of procedure.
  - For obese patients with a comorbidity of Type 2 diabetes, bariatric surgery has been shown to significantly improve glycemic control.

Potential Benefits of Weight Loss

Weight loss has been associated with a decrease of risk factors noted earlier in this document.

Potential Consequences of Weight Loss

- Side effects of medications as noted under Treatment above.
- Risk associated with surgery (anesthesia, infection, etc.).

### Treatment

**OPTION 1**

- BMI ≥ 25.3 and ≥ 2 risk factors OR BMI ≥ 40

**OPTION 2**

- BMI ≥ 27 and ≥ 2 risk factors OR BMI ≥ 35

**Lifestyle Therapy**

- Diet: 500-1000 kcal daily reduction 30% or less kcal from ≥ 15% from protein ≥ 25% from CHO
- Physical Activity: Initially, 30-45 mins moderate activity, 5-6 weeks. Eventually, ≥ 30 mins moderate activity on most days.

**Weight Loss Surgery**

- Consider if other weight loss attempts have failed.
- Vertical sleeve gastrectomy or gastric bypass
- Endoscopic medical monitoring

### Additional Resources

- STOP Obesity Alliance - [http://www.stopobesityalliance.org/](http://www.stopobesityalliance.org/)

### BMI Table

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### Potential Complications with Bariatric Surgery

- Hypoglycemia or hypotension (for those being treated for diabetes or insulin resistance or high blood pressure. Associated medication dose must be monitored).
- Older adults may suffer from decreased muscle mass. Weight loss for patients older than 60 years is not recommended.

### Recommended Reading


*Please note that listing these resources does not indicate endorsement by AAAHC / AAAHC Institute-endorsed.*

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**Figure:**

This toolkit was designed to raise awareness of research, issues, and tools regarding primary care providers’ management of obesity. Please be aware that obesity is a complex issue and there is inherent limitations to providing information in this toolkit format. Additional copies for personal/internal use may be downloaded in electronic format or multiple printed copies may be ordered here: [www.aaahc.org](http://www.aaahc.org). This process chart is adapted from [JACC](http://content.onlinejacc.org/article.aspx?articleid=1770219) Expert panel report: Guidelines (2013) for the management of overweight and obesity in adults. Copyright © 2014 AAAHC Institute for Quality Improvement, 2014. All Rights Reserved.