



# 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"> <li>◆ Measure weight, waist circumference and calculate patient's BMI<sup>1</sup> to determine if patient is overweight or obese and pattern of weight change [C]</li> <li>◆ If overweight, assess for complicating risk factors:                             <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ Established CHD or stroke</li> <li>■ Other atherosclerotic disease</li> <li>■ Type 2 diabetes</li> <li>■ Sleep Apnea</li> <li>■ Smoking</li> <li>■ High triglycerides</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ Hypertension</li> <li>■ High LDL</li> <li>■ Low HDL</li> <li>■ Impaired fasting glucose</li> <li>■ Family history of premature CHD</li> </ul> </td> </tr> </table> </li> <li>◆ Assess current eating, exercise behaviors, history of weight loss attempts and psychological factors contributing to weight gain</li> </ul>	<ul style="list-style-type: none"> <li>■ Established CHD or stroke</li> <li>■ Other atherosclerotic disease</li> <li>■ Type 2 diabetes</li> <li>■ Sleep Apnea</li> <li>■ Smoking</li> <li>■ High triglycerides</li> </ul>	<ul style="list-style-type: none"> <li>■ Hypertension</li> <li>■ High LDL</li> <li>■ Low HDL</li> <li>■ Impaired fasting glucose</li> <li>■ Family history of premature CHD</li> </ul>	At each periodic health exam; more frequently at the discretion of the physician
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Patients with BMI > 25	Interventions to promote weight management	<ul style="list-style-type: none"> <li>◆ <b>Ask</b> patients how their weight impacts their health</li> <li>◆ <b>Advise</b> and discuss patients' associated disease risks and importance of weight management</li> <li>◆ <b>Assess</b> and discuss patients' readiness to make positive behavior changes</li> <li>◆ <b>Assist</b> patients who are ready to make behavior changes related to food intake and physical activity:                             <ul style="list-style-type: none"> <li>■ Work with your patients to establish realistic treatment goals<sup>2</sup></li> <li>■ Collaborate on strategies for reducing calories and adjusting as needed to maintain gradual weight loss [A] (reduce calories as needed to maintain 1 to 2 pound weight loss per week) and improving dietary quality</li> <li>■ Recommend weight loss strategies and resources as needed (see <a href="http://www.michigan.gov/surgeongeneral">www.michigan.gov/surgeongeneral</a>)</li> <li>■ Collaborate on strategies for increasing daily physical activity (ideally 30 minutes of moderate physical activity most days of the week) [A]</li> </ul> </li> <li>◆ <b>Arrange</b> follow-up with patients to monitor progress and provide support</li> </ul>	At each periodic health exam; more frequently at the discretion of the physician		
Patients with BMI > 30 or > 27 with other risk factors or diseases	Interventions to promote weight management	<p><b>All of the above plus:</b></p> <ul style="list-style-type: none"> <li>◆ Consider referral to a program that provides guidance on nutrition, physical activity and psychosocial concerns</li> <li>◆ 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)</li> <li>◆ Insurance coverage for weight loss medications varies; consult health plan for eligibility</li> </ul>			
BMI ≥ 40 or BMI ≥ 35 and uncontrolled comorbid conditions <sup>3</sup>	Surgical Treatment	<ul style="list-style-type: none"> <li>◆ 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 conditions<sup>3</sup> [B]</li> <li>◆ Evaluate for psychological factors that adversely affect surgical outcomes</li> <li>◆ Insurance coverage for bariatric surgery varies; consult health plan for eligibility</li> </ul>			

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

<sup>2</sup> 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

<sup>3</sup> 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, 2005 and the National Institutes of Health, National Heart, Lung and Blood Institute (NHLBI) Obesity Education Initiative. The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults, 2000 ([www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.