

Health Plan of Michigan Clinical Practice Guideline

Identification, Evaluation, and Treatment 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 weight, waist circumference 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"> ○ Established CHD or stroke ○ Other atherosclerotic disease ○ Type 2 diabetes ○ Sleep Apnea ○ Smoking ○ High triglycerides ○ Hypertension ○ High LDL ○ Low HDL ○ Impaired fasting glucose ○ Family history of premature CHD ▪ Assess current eating, exercise behaviors, history of weight loss attempts and psychological factors contributing to weight gain. 	At each periodic health exam; more frequently at the discretion of the physician
Patients with BMI >25	Interventions to promote weight management	<ul style="list-style-type: none"> ▪ Ask patients how their weight impacts their health ▪ Advise and discuss patient's associated disease risks and importance of weight management ▪ Assess and discuss patient's readiness to make positive behavior changes. ▪ Assist patients who are ready to make behavior changes related to food intake and physical activity: <ul style="list-style-type: none"> ○ Work with your patients to establish realistic treatment goals² ○ 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 ○ Recommend weight loss strategies and resources as needed (see www.michigan.gov/surgeongeneral) ○ Collaborate on strategies for increasing daily physical activity (ideally 30 minutes of moderate physical activity most days of the week)[A] ▪ Arrange follow-up with your patients to monitor progress and provide support. 	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>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 co morbidities (monitor for weight loss and medication side effects; periodically review need for medication) ▪ Insurance coverage for weight loss medication varies; consult health plan for eligibility 	
BMI ≥ 40 or BMI ≥ 35 and uncontrolled co morbid conditions³	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 co morbid conditions³ [B] ▪ Evaluate for psychological factors that adversely affect surgical outcomes ▪ Insurance coverage for bariatric surgery varies; consult health plan for eligibility 	

¹BMI = weight (kg)/weight squared (m²) or (pounds x 703)/inches²

²Avoid weight gain or maintain weight loss, initial goal of 10% weight loss and reassess after goal achieved, maximum weight loss of ½ pound per week if overweight and 1-2 pounds per week if BMI > 30

³Comorbidities: 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) Individual patient considerations and advances in medical science may supersede or modify these recommendations.