

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, calculate patient's BMI [C]¹ to determine if patient is overweight or obese and pattern of weight change ▪ Assess risk factors for comorbidities: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ○ Established CAD ○ Other atherosclerotic disease ○ Type 2 diabetes ○ Sleep Apnea Smoking ○ Age ≥ 45 years (M) ≥ 55 years (F) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ○ Hypertension ○ High LDL ○ Low HDL ○ Impaired fasting glucose ○ Family history of premature CHD </td> </tr> </table> ▪ Assess current eating, exercise behaviors, history of weight loss attempts and psychological factors contributing to weight gain. 	<ul style="list-style-type: none"> ○ Established CAD ○ Other atherosclerotic disease ○ Type 2 diabetes ○ Sleep Apnea Smoking ○ Age ≥ 45 years (M) ≥ 55 years (F) 	<ul style="list-style-type: none"> ○ Hypertension ○ High LDL ○ Low HDL ○ Impaired fasting glucose ○ Family history of premature CHD 	At each periodic health exam; more frequently at the discretion of the physician
<ul style="list-style-type: none"> ○ Established CAD ○ Other atherosclerotic disease ○ Type 2 diabetes ○ Sleep Apnea Smoking ○ Age ≥ 45 years (M) ≥ 55 years (F) 	<ul style="list-style-type: none"> ○ Hypertension ○ High LDL ○ Low HDL ○ Impaired fasting glucose ○ Family history of premature CHD 				
Patients with BMI >25	Interventions to promote weight management	<ul style="list-style-type: none"> ▪ 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 ½ to 1 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 [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 comorbidities (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 life-threatening 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 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

³Life-threatening comorbidities: uncontrolled diabetes, severe cardiopulmonary condition, hypertension uncontrolled by conventional treatment, hyperlipidemia uncontrolled by conventional treatment and sleep apnea uncontrolled with CPAP.

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 several sources, including: 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.

Approved by MQIC Medical Directors 03/05