HealthSun
HEALTH PLANS

Management of Overweight and Obesity in the Adult 2015

Eligible Population	Key Components	Recommendation	Frequency
Adults 18 years or older	Assessment of Body Mass Index (BMI)	Screen to establish a diagnosis of overweight or obesity by calculating body mass index (BMI), and document the presence of overweight or obesity in the medical record, f overweight, assess for complicating risk factors: • Hypertension • Family history of premature CHD • High Triglycerides, high LDL or low HDL • Presence of atherosclerotic disease • Impaired fasting glucose • Sleep apnea • Diabetes mellitus • Smoking Assess current eating, exercise behaviors, history of weight loss attempts and psychological factors or medications that contribute to weight gain	At each periodic health exam; more frequently at the discretion of the physician
Patients with BMI $\geq$ 25	Interventions to promote weight management	**Help your patients establish their own realistic and specific lifestyle goals:** • Offer comprehensive lifestyle intervention to achieve weight loss and to improve patient-specific risks such as blood pressure and/or glucose control **[A],** • Promote an evidenced based diet that produces a caloric deficit and takes patient preferences into account **[A].** Plan a net deficit of 500 to 1,000 kcal/day addressing both diet and physical activity to achieve a weight loss of 0.5 to 2 lbs. per week, resulting in a 5% to 10% reduction in body weight over 6 months. • Offer physical activity elements (e.g., home fitness, lifestyle, or structured/supervised physical activities) that can be combined to produce a caloric deficit leading to weight loss. **[A].**	At each periodic health exam; more frequently when possible
Patients with BMI $\geq$ 30 or $\geq$ 27 with other risk factors or diseases	Interventions to promote weight management	**All of the above plus:** • Consider referral to intensive multicomponent behavioral interventions that provide guidance on nutrition, physical activity and psychosocial concerns **[D].** • Consider pharmacotherapy only for patients with increased medical risk because of their weight with co-existing risk factors or serious comorbidities who fail intensive lifestyle changes alone. Phentermine/topiramate are only effective when used along with intensive lifestyle changes. **[A].**	

BMI ≥ 40 or BMI ≥ 35 with uncontrolled comorbid conditions	Surgical treatment	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 [B]. Evaluate for psychological readiness for surgical intervention and post-surgical lifestyle commitment.	

BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals.
Weight gain may be associated with medications: antidiabetics, SSRI and tricyclic antidepressants, atypical antipsychotics, anticonvulsants, beta-blockers and corticosteroids.
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 cerebral: 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