Weight Management Information

For Accurate BMI
- Measure height without shoes
- Measure weight without shoes
- Enter into CPRS vitals package, and BMI is *automatically calculated for you*
- Calculate BMI = weight (in kilograms)/height (meters)2

BMI Classification
< 18.5 = Underweight
18.5-24.9 = Normal Weight
25-29.9 = Overweight
30-39.9 = Obese
≥ 40 = Morbidly Obese

Medical Complications and Risks of Obesity
- Hypertension
- Diabetes
- Metabolic Syndrome
- Sleep Apnea
- Dyslipidemia
- Degenerative Joint Disease
- Pt. Booklet explaining health impacts at:
  http://win.niddk.nih.gov/publications/PDFs/hlthrisks1104.pdf
- VA/DoD 2006 Clinical Practice Guidelines:
  http://www.healthquality.va.gov/obesity/ObesitySum508.pdf

Treatment Options
 MOVE! offers a comprehensive approach. Recommend it as first line of treatment. 1:1 with dietitian can be helpful, and consultation with BHP can help develop behavior change skills, problem-solve barriers etc.

Nutrition Basics
- Discuss food pyramid guidelines with patient (see last page of this handout)
- Address problem eating behaviors, such as:
  - Not eating breakfast
  - Skipping meals
  - Eating while watching TV, working, reading, driving, or on the go
  - High intake of calorie-dense foods
  - Large portions

- o Frequent consumption of fast foods
- o Liquid calories (sugar-sweetened beverages, alcohol)
- o Eating based on emotions/stress
- Set *specific, measurable, attainable, relevant, and time-based* goals with patient related to changing eating/drinking habits

Special Populations
- *Age > 50*: Consume foods fortified with vitamin B12 or supplement
- *Older adults, dark-skinned adults, adults in northern climates or who are housebound*: Consume foods fortified with vitamin D or supplement
- *Women of childbearing age*: Consume foods high in iron and folic acid or supplement

Individual Energy Needs

	Calorie Range (Sedentary —> Active)
Females 19-30 years 31-50 years 51+ years	2,000—>2,400 1,800—>2,200 1,600—>2,200
Males 19-30 years 31-50 years 51+ years	2,400—>3,000 2,200—>3,000 2,000—>2,800

Weight Loss Per Week	Approximate Weekly Calorie Deficit	Approximate Daily Calorie Deficit
½ lb	1750	250
1 lb	3500	500
1 ½ lbs	5250	750
2 lb	7000	1000

Physical Activity Basics
- Discuss physical activity with patients
  - o Set goals and choose activities
  - o Encourage starting slow and simple, with slow increases in duration and/or intensity
  - o Encourage patient to talk with PCP about medical limitations restricting physical activity

Physical Activity Recommendations for Health Benefits
- Moderate activity for 30 minutes or more 5 or more days per week

  OR
- Vigorous activity for 20 minutes or more 3 or more days per week

Physical Activity for Weight Loss
- *Aerobic Activities*: longer duration is better than harder intensity
- *Strength activities*: 2-3 times per week
- *Flexible activities*: 10-20 minutes of gentle stretching before and after aerobic and strength activities

<ins>Other Resources</ins>
http://www.nhlbi.nih.gov/health/public/heart/obesity/aim_hwt.pdf
http://vaww.move.med.va.gov/ (for staff)
http://www.move.va.gov/ (for patients)
www.mypyramid.gov
www.5aday.com
http://win.niddk.nih.gov/publications/PDFs/WeightLossforLife_04.pdf

Body Mass Index Table

Height (Feet-Inches)	NORMAL						OVERWEIGHT					OBESE										EXTREME OBESITY		
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
	Weight (Pounds)																							
4′10″	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201
4′11″	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208
5′00″	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215
5′01″	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222
5′02″	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229
5′03″	107	112	118	124	130	135	141	146	152	158	163	169	174	180	186	191	197	203	208	214	220	225	231	237
5′04″	110	116	122	128	134	140	145	151	157	163	169	175	180	186	191	197	204	209	215	221	227	232	238	244
5′05″	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252
5′06″	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260
5′07″	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268
5′08″	125	131	138	144	151	158	164	171	177	184	190	197	204	210	216	223	230	236	243	249	256	262	269	276
5′09″	128	135	142	149	155	162	169	176	182	189	196	203	210	216	223	230	236	243	250	257	263	270	277	284
5′10″	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292
5′11″	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301
6′00″	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309
6′01″	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	275	280	288	295	302	310	318
6′02″	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326
6′03″	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335
6′04″	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344

Adapted from: George Bray, Pennington Biomedical Research Center; *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report,* National Institutes of Health, National Heart, Lung, and Blood Institute, September 1998.

SUMMARY OF THE AVAILABLE EVIDENCE FOR KEY RECOMMENDATIONS			
	Strong level of evidence	**Limited level of evidence**	**Unknown efficacy or insufficient evidence**
Screening	• BMI correlates with disease risk	• BMI relates to fat distribution • Waist circumference is related to disease and fat distribution	–
Weight Loss	• Combination of diet therapy, physical activity, and behavioral modification leads to weight loss • Weight loss improves glycemic control, dyslipidemia, and blood pressure	• Weight loss improves sleep apnea, metabolic syndrome, and osteoarthritis	• Weight loss effect on cardiovascular disease • Weight loss effect on survival
Diet Therapy	• Calorie restriction results in weight loss • Adherence to diet is more important than the specific diet choice	• Low fat or low carbohydrate diets may be better for weight loss	• Diet based on glycemic index • Protein-sparing diet
Physical Activity	• Physical activity and restricted calorie diet leads to weight loss • Physical activity increases fitness and reduces cardiovascular risk • Physical activity should be for at least 30 minutes most days of the week	• Physical activity is essential to maintain weight • Multiple intermittent bursts of exercise are effective • Lifestyle physical activities are as good as structured exercise	–
Behavioral Therapy	• Behavioral modification enables compliance with diet and exercise programs • Multiple behavioral modification strategies should be used • High intensity of the intervention is essential	• Group behavioral modification has better results than individual	• Which behavioral modification technique is better
Pharmacotherapy	• Orlistat and sibutramine may lead to weight loss • Orlistat improves glycemic control, dyslipidemia, and blood pressure • Drugs have adverse effects	• Sibutramine improves secondary outcomes (cholesterol and glycemic control)	• Long-term safety and effectiveness
Surgery	• Surgery is effective for reducing weight in patients with extreme obesity (BMI > 40 kg/m2) or > 35 kg/m2 with comorbid conditions	• Surgery may improve comorbid conditions (glycemic control, dyslipidemia and blood pressure)	• Preoperative selection and assessment criteria • Long-term safety and effectiveness