VA/DoD CLINICAL PRACTICE GUIDELINE

Screening and Management of Overweight and Obesity

KEY ELEMENTS OF THE GUIDELINE

- Obesity is a chronic disease requiring lifelong commitment to treatment and long-term maintenance.
- Obesity may not be the chief complaint in a patient encounter, yet it requires focused attention.
- The primary care team plays an integral role in weight management.
- Assessment, documentation, and regular assessment are critical to weight management.
- Assessment for obesity-associated chronic health conditions is an essential component of treatment decisions.
- Shared decision-making and assessment of patient motivation are fundamental to weight management.
- Comprehensive lifestyle intervention is central to successful and sustained weight loss.
- Tangible intermediate and long-term weight loss goals are critical to weight loss success.
- Energy deficit should be achieved through decreased caloric intake and increased physical activity.
- Pharmacotherapy and bariatric surgery may be considered as adjuncts to comprehensive lifestyle intervention.

TABLE 1 Classification of Overweight and Obesity by BMI

<table>
<thead>
<tr>
<th>Classification of BMI</th>
<th>Normal</th>
<th>Overweight</th>
<th>Obese I</th>
<th>Obese II</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI (kg/m²)</td>
<td>18.5 - 24.9</td>
<td>25.0 - 29.9</td>
<td>30.0 - 34.9</td>
<td>35.0 - 39.9</td>
</tr>
</tbody>
</table>

**Recommendations and Core Strategies of Motivational Interviewing**

- **Assess for presence of obesity-assOCIated chronic health conditions.**
  - Is the person obese? (BMI ≥ 30 kg/m²)
  - BMI ≥ 25-29.9 kg/m²
  - BMI < 18.5 kg/m²
- **Assess for presence of obesity-associated chronic health conditions.**
  - Hydration status
  - Type 2 diabetes and pre-diabetes
  - Dyslipidemia
  - Metabolic syndrome
  - Obstructive sleep apnea
  - Depressive disorder
  - Non-alcoholic fatty liver disease
- **Manage obesity-related comorbidities.**
  - Increased waist circumference is considered an obesity comorbidity equivalent to insulin resistance, and should benefit from lifestyle changes (i.e., diet, exercise).

**Screening and Assessment of Obesity**

**Algorithm A: Screening and Assessment of Obesity**

1. Calculate Body Mass Index (BMI) = (Weight in kg / Height in m²)
2. Obtain height and weight; screen for overweight and obesity annually
3. Calculate BMI as 
   - Underweight: < 18.5
   - Normal: 18.5 - 24.9
   - Overweight: 25.0 - 29.9
   - Obese I: 30.0 - 34.9
   - Obese II: 35.0 - 39.9
4. Consider providing information on the relationship between abdominal fat and increased waist circumference.
5. Assess for presence of obesity-associated chronic health conditions.
6. **Encourage patient participation in comprehensive lifestyle interventions.**

**Comprehensive Lifestyle Intervention**

- **Pharmacotherapy and bariatric surgery may be considered as adjuncts to comprehensive lifestyle intervention.**
- **Comprehensive Lifestyle Intervention** is central to successful and sustained weight loss.
- **Motivational Interviewing strategies** are critical to weight management.
- **Assessment for obesity-associated chronic health conditions is an essential component of treatment decisions.**
- **Shared decision-making and assessment of patient motivation are fundamental to weight management.**
- **Comprehensive lifestyle intervention is central to successful and sustained weight loss.**
- **Tangible intermediate and long-term weight loss goals are critical to weight loss success.**
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**TABLE 2 Common Obesity-Associated Conditions**

- **Hypertension**
- **Type 2 diabetes and pre-diabetes**
- **Dyslipidemia**
- **Metabolic syndrome**
- **Obstructive sleep apnea**
- **Depressive disorder**
- **Non-alcoholic fatty liver disease**

**TABLE 3 Diagnosis of Metabolic Syndrome**

- **Obesity** is defined as M≥ 30 inches (> 122 centimeters) or M≥ 35 inches (> 137 centimeters)
- **Blood pressure** ≥ 130/85 mm HG
- **HDL cholesterol**: Men < 40 mg/dL, Women < 50 mg/dL
- **Triglycerides** < 150 mg/dL
- **Fasting glucose** ≤ 100 mg/dL

**TABLE 4 BMI Upper Limits for Overweight and Obesity**

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Normal (BMI 18.5-24.9)</th>
<th>Overweight (BMI 25.0-29.9)</th>
<th>Obese (BMI ≥ 30.0)</th>
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</thead>
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<tr>
<td>58</td>
<td>119</td>
<td>146</td>
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<td>69</td>
<td>159</td>
<td>192</td>
<td>277</td>
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</tbody>
</table>

**TABLE 5**

- **Comprehensive lifestyle intervention** that combines dietary, physical activity, and behavioral components and includes at least 12 intervention sessions over a 12 month period.
- **Behavioral/Compliance**
  - Healthcare staff delivered interventions to patients to adopt, change or maintain healthy dietary and physical activity behaviors.
- **Principles and Core Strategies of Motivational Interviewing**
  - **Readiness**
    - Understand the patient’s motivation
    - Listen with empathy
    - Empower the patient by building confidence
  - **Ask open-ended questions to evoke change talk**
  - **Provide affirmation, reflection, and summaries**

**TABLE 6**

- **Increased waist circumference** is considered an obesity comorbidity equivalent to insulin resistance, and should benefit from lifestyle changes (i.e., diet, exercise).
- **There are ethnic- and age-related differences in body fat distribution that may affect the predictive validity of waist circumference as a surrogate for abdominal fat.**
- **Screening and Assessment in Primary Care**
  - Does patient have one or more obesity-associated health conditions?
  - Is the person overweight? (BMI ≥ 25-29.9 kg/m²)
  - Does patient have one or more obesity-associated health conditions?
  - **Assess for presence of obesity-associated chronic health conditions.**
  - **Screening and Assessment of Obesity**
  - **Classification of Overweight and Obesity by BMI**
  - **Algorithm A: Screening and Assessment of Obesity**
  - **Comprehensive Lifestyle Intervention**
  - **Screening and Management of Overweight and Obesity**

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**Screening and Management of Overweight and Obesity**

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**Access to full guideline and toolkit:**
Efficacy of anticonvulsant may be reduced. Risk for anemia, neutropenia, hyperprolactinemia.

Dose Titration:
- Taken with or without food
- Theoretical risk for serotonin syndrome such as with concomitant SSRIs/SNRIs
- Taken with or within 1 hour of each meal containing fat
- Not recommended in patients with unstable cardiac or cerebrovascular disease
- Omit dose if a meal is skipped or a meal contains no fat

Pharmacotherapy
- Orlistat, Satiety Suppressant
- Consider drug therapy
- Consider surgery

Pharmaceutical/Topical
- Diet Therapy
- Phentermine/topiramate
- Continued after surgery
- It is not known if orlistat is secreted in human breast milk. Orlistat should not be given to breast-feeding mothers

Drug Interactions
- Contraindicated in patients with unstable cardiac or cerebrovascular disease
- Potential for cognitive impairment and psychiatric reactions including sedation, euphoria and suicidal thoughts
- Potential risk of hypotension, CNS depression, hypokalemia, kidney stones, and psychiatric reactions such as suicidal ideation and behavior
- Avoid use in glaucoma, hyperthyroidism, or within 14 days following use of a MAOI
- Not recommended in patients with unstable cardiac or cerebrovascular disease
- Potential for metabolic acidosis and elevated creatinine
- Potential risk of hypoglycemia in patients being treated for diabetes
- Theoretical risk of priapism in a patient being treated for diabetes

Adverse effects: Examinations should only be performed after Roux-en-Y gastric bypass, biliopancreatic diversion, or sleeve gastrectomy. Suggested for patients submitted to restrictive surgery where frank deficiencies are less likely to occur.

Calcium
- Oral contraceptives – a reduction in contraceptive efficacy is not anticipated but may occur
- The dose in moderate hepatic impairment (Child-Pugh 7-9) should not exceed 7.5 mg daily if creatinine clearance <50 mL/min, and avoid in severe renal disease
- Not recommended in severe renal impairment or end stage renal disease
- Usual Dosage Range: 120 mg capsule three times daily
- The dose in severe hepatic impairment should not exceed 20 mg daily, and avoid in severe hepatic impairment
- Cautions:
- The dose in moderate hepatic impairment (Child-Pugh 7-9) should not exceed 7.5 mg daily if creatinine clearance <50 mL/min, and avoid in severe renal disease
- Potential for cognitive impairment and psychiatric reactions including sedation, euphoria and suicidal thoughts
- Theoretical risk of priapism in a patient being treated for diabetes
- Usual Dosage Range: 120 mg capsule three times daily
- The dose in moderate hepatic impairment (Child-Pugh 7-9) should not exceed 7.5 mg daily if creatinine clearance <50 mL/min, and avoid in severe renal disease
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