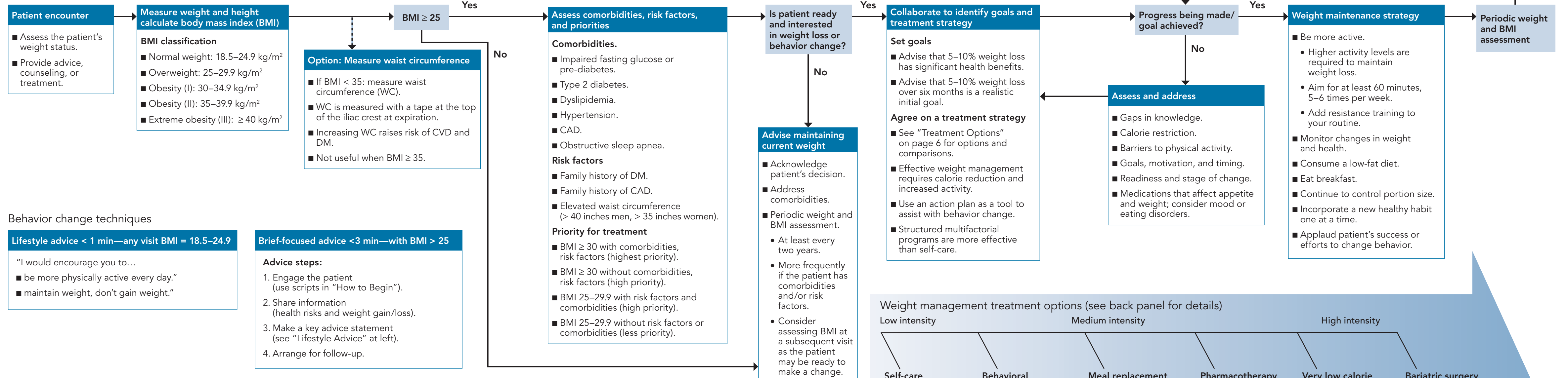


# Clinical algorithm

Algorithm adapted from "The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults" from the National Heart, Lung, and Blood Institute (2000).



## Behavior change techniques

**Lifestyle advice < 1 min—any visit BMI = 18.5–24.9**

"I would encourage you to..."

- be more physically active every day.
- maintain weight, don't gain weight.

**Brief-focused advice < 3 min—with BMI > 25**

**Advice steps:**

- Engage the patient (use scripts in "How to Begin").
- Share information (health risks and weight gain/loss).
- Make a key advice statement (see "Lifestyle Advice" at left).
- Arrange for follow-up.

**Brief negotiation BMI ≥ 25**

**Script for a brief office visit**

**Step 1:** Ask permission

Can we take a few minutes to discuss your health and weight?

**Step 2:** Share BMI or weight and engage the patient

Your BMI/weight is \_\_\_\_\_. People with BMI/weight in this range are at risk for heart disease and diabetes.

What do you think of this information?

What are your ideas of how you can be more active?

What are your ideas on how you can incorporate more healthy eating habits?

(Use the *Getting in Balance* poster or action plan as a talking tool.)

**Step 3:** Assess readiness

How ready are you to take the next step?

0 1 2 3 4 5 6 7 8 9 10

Not ready (0–3)—What might make you more ready?

Getting ready (4–6)—What might your next steps be?

Ready (7–10)—What is your plan?

**Step 4:** Close

Summarize patient's ideas/perspectives/identify next steps

Would you be interested in some information on programs available to you? and/or

I am confident that (when you decide to work on your weight) you can be successful.

Adapted from Kaiser Permanente Northern California

**Weight management treatment options (see back panel for details)**

Low intensity	Medium intensity	High intensity
<p><b>Self-care</b></p> <p>Get up and get moving.</p> <ul style="list-style-type: none"> <li>Walk more. Wear a pedometer to track your steps.</li> </ul> <p>Eat healthy.</p> <ul style="list-style-type: none"> <li>At least 5–9 servings a day of vegetables and fruit.</li> </ul> <p>Take time to take care of yourself.</p> <p><i>Back panel row A</i></p>	<p><b>Behavioral program</b></p> <p>Effective weight management requires calorie reduction and increased activity.</p> <p>Structured multifactorial programs are more effective than self-care.</p> <p><i>Back panel rows B, C, D</i></p>	<p><b>Meal replacement program</b></p> <p>Adjunct to behavioral programs.</p> <p>Structured hypocaloric programs that replace 2–3 meals with pre-packaged solid or liquid meal replacement.</p> <p><i>Back panel row E</i></p>
<p><b>Pharmacotherapy</b></p> <p>Adjunct to behavioral programs.</p> <p>Requires medical supervision.</p> <p><i>Back panel rows F, G</i></p>	<p><b>Very low calorie diet (VLCD) program</b></p> <p>Adjunct to behavioral programs.</p> <p>Liquid meal replacements providing 800 or less calories daily.</p> <p>Requires medical supervision.</p> <p><i>Back panel row H</i></p>	<p><b>Bariatric surgery</b></p> <p>For selected and well-informed patients.</p> <p><i>Back panel row I</i></p>

## Clinician resources

- U.S. Preventive Services Task Force: Screening for Obesity in Adults (2003)

[www.ahrq.gov/clinic/uspstf/uspsobes.html](http://www.ahrq.gov/clinic/uspstf/uspsobes.html)

- AMA/Robert Wood Johnson Assessment and Management of Adult Obesity (2004)

[www.ama-assn.org/ama/pub/category/10931.html](http://www.ama-assn.org/ama/pub/category/10931.html)

- “The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults” from the National Heart, Lung, and Blood Institute

[www.nhlbi.nih.gov/guidelines/obesity/practgde.html](http://www.nhlbi.nih.gov/guidelines/obesity/practgde.html)

## Weight management educational resources for patients

- Kaiser Permanente’s Web site for health information, tips, and tools to help with weight management, healthy eating, and physical activity.

[www.kp.org/weight](http://www.kp.org/weight)

- Medline Plus. Annotated, selected, health information from the National Library of Medicine. Health topics include obesity, fitness and exercise, weight loss and dieting, weight loss surgery, and obesity in children.

<http://medlineplus.gov/>

- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) established this site to provide the general public, and health professionals up-to-date, science-based information on obesity, weight control, physical activity, and related nutritional issues. Includes some Spanish language and culturally competent patient educational material.

<http://win.niddk.nih.gov>

- Nutrition information and resources from the American Dietetic Association

<http://www.eatright.org/Public>

- Health advocacy organization provides information about safe weight loss, food safety, and debunks commercial weight loss program claims.

<http://www.cspinet.org>

- A government resource of credible, accurate information to help Americans choose to live healthier lives.

<http://www.healthierus.gov>



## Acknowledgement

This guide was prepared and distributed by Kaiser Permanente’s Care Management Institute Weight Management Initiative and Community Health Initiative. The Weight Management Initiative unites clinicians, researchers, insurers, and policymakers across the country in a collaborative strategic effort to address and combat the epidemic of overweight and obesity in the United States. Kaiser Permanente’s Community Health Initiatives for Healthy Eating and Active Living seeks to transform the health of our communities by linking an evidence-based and prevention-oriented approach to these issues with community activism and proven public health interventions.

## Treatment options

Option	Description	Appropriate BMI range	Effectiveness	Risks	Attrition rate	Comments
A Self-care	Self-care is information or health care provider advice outside the context of a structured program.	All.	Minimal average 0.3–1.1 kg weight loss at 1 year in advice only control groups.	Patients may engage in unsafe practices.	Low (10%)	Self-care, with or without clinician advice, may be the most common strategy used to achieve weight loss.
B Behavioral therapy: Diet only	Modification of caloric intake to achieve weight loss. Uses dietary behavior change strategies and moderate caloric restriction in structured settings. 500–1000 kcal daily deficit diet most common.	BMI ≥ 25 or less if comorbidities present.	37% of participants lose > 5% of weight at 1 year. Weight loss is greatest at 6–12 months (4.5–5kg) and then diminishes.	No major concerns. Nutritional constituents of the diet used may have other physiologic effects on glycemia, blood pressure, or lipids.	Low (14%)	Weight loss appears more closely correlated with total caloric reduction than fat reduction. Diet only treatment is less effective than diet treatment combined with activity counseling.
C Physical activity alone	Continuous or intermittent moderate physical activity, typically 30–45 minutes 3–5 times weekly without diet modification.	All. Activity improves health at all weight levels.	Weight losses are very modest, 2.6 kg at 6 months decreasing to 1.3 kg at 1 year.	Exercise programs using moderate exercise goals are safe, even for participants at higher risk of cardiovascular events. However, injuries can occur. Pre-participation screening may be appropriate.	Moderate (21%)	Exercise alone is not an effective strategy to achieve weight loss, though is necessary for maintaining weight loss. Adequate activity has many health benefits beyond weight loss.
D Behavioral treatment: diet and activity	Diet and exercise programs combine behavioral support, caloric restriction, and specific goals for physical activity.	BMI ≥ 25 or less if comorbidities present.	Average weight loss is 7.6 kg at 6 months and 7.3 kg at 1 year. 50% of participants lose > 9% or more of body weight at 1 year.	Refer to “Risks” column, rows B & C.	Low (10%)	More effective than strategies involving diet or exercise alone. Less costly than pharmacotherapy and VLCD programs.
E Meal replacement	Structured hypocaloric programs that replace 2–3 meals with a prepackaged solid or liquid meal replacement.	BMI ≥ 25 or less if comorbidities present.	Average weight loss is 6.5 kg at 6 months and 5.9 kg at 1 year. 74% of participants lose > 5% of body weight. Average weight loss is 8%.	No major concerns. Nutritional constituents of the meal replacement used may have other physiologic effects on glycemia, blood pressure, or lipids.	Moderate (20%)	Using the meal replacement ensures portion control and adequacy of nutritional intake. Needs to be combined with behavioral treatment and activity to be maximally effective.
F Pharmacotherapy: Orlistat	Typically dosed 120 mg TID. Works on intestinal system to block fat absorption. Requires prescription. Usually combined with behavioral treatment.	BMI ≥ 27 if comorbidities are present or BMI ≥ 30. Appropriate only after trial of behavioral treatment.	Average weight loss at 6 months is 8.4 kg and 8.5 kg at 1 year, approximately 3.5 kg above that of study controls. 3 year weight loss is 7.8 kg. 45% of patients using orlistat lost > 5% of body weight and 21% lost > 10% of body weight.	Potential for fat-soluble vitamin deficiency. GI symptoms including loose and oily stools are common. Use of a daily fat-soluble multivitamin minimizes risk of nutritional deficiency.	High (46%)	Weight will return to baseline after medication is discontinued. Use associated with decreased risk of diabetes, lower LDL cholesterol, and lower blood pressure.
G Pharmacotherapy: Sibutramine	Starting dosage typically 5–10 mg daily. Suppresses appetite and enhances satiety via CNS serotonergic and noradrenergic pathways. Requires prescription and medical monitoring. Usually combined with behavioral treatment.	BMI ≥ 27 if comorbidities are present or BMI ≥ 30. Appropriate only after trial of behavioral treatment.	Average weight loss is 8.2 kg at 6 months and 10.8 kg at 2 years. 63% of study patients lost > 5% of body weight and 57% lost > 10%.	Increased blood pressure and heart rate can occur. Should not be used in patients with hypertension, CAD, hx of CVA, or CHF. 5% of patients need to discontinue therapy due to hypertension.	High (36%)	Weight will return to baseline after medication is discontinued. Use associated with modest improvement in diabetes status, lower triglycerides, and higher HDL.
H VLCD program	Liquid meal replacements providing 800 or less calories daily. They are used for 6–16 weeks in structured settings to promote initial rapid weight loss and are usually combined with behavioral treatment.	BMI ≥ 27 if comorbidities are present or BMI ≥ 30.	Average weight loss is 17.4 kg at 6 months and 11 kg at 1 year. At 3 years, weight loss is no different as compared to control reduced calorie diets.	Requires medical monitoring and supervision. Potential risks include electrolyte disturbances, EG changes, arrhythmias, and constipation. With current formulations and medical monitoring, complications are uncommon.	High (40%)	Despite higher amounts of initial weight loss, the best maintenance strategy remains unclear. Long term weight loss not different than with other initial strategies.
I Bariatric surgery	Roux en y gastric bypass done most commonly.	NIH Guidelines suggest BMI > 35 if comorbidities present or BMI ≥ 40.	Weight loss after gastric bypass averages 30%. Type 2 DM very likely to improve after surgical weight loss.	Perioperative mortality risk 0–1.5%. Long term nutritional deficiencies can occur.	Not reversible	Long-term safety and success requires commitments to lifestyle changes, daily use of calcium and vitamin supplements, and ongoing medical monitoring.

Unpublished evidence-informed health promotion protocol for weight management, HealthPartners, Inc., Center for Health Promotion, Minneapolis, Minnesota ©2004. Co-funded by CMI.

# Guide to prevention and treatment of overweight and obesity in adult primary care



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## How to begin

### If your patient “hasn’t really thought about weight”:

“What role do you think weight plays in your overall health?”

“How does your weight affect the way you feel physically or how you feel about yourself?”

### If your patient has lost weight only to regain it:

“Tell me your thoughts about weight at this time. I know you have worked hard to control it in the past, it’s a real challenge.”

“What have you learned from the experience that could help you with weight management now and in the future?”

### If your patient is in a program or has made changes:

“How is it going for you? How has the program helped you?”

“So you’re disappointed you haven’t lost weight since we last talked. What do you think is going on?”

“I see you have lost some weight since we last talked—congratulations! What’s working for you?”