

Guideline Recommendations for Obesity Management



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KEYWORDS

- Obesity guidelines • Weight management • Lifestyle intervention
- Obesity pharmacotherapy • Diet • Bariatric surgery • Medication

KEY POINTS

Primary care practitioners should be aware of the following practice recommendations:

- Body mass index (BMI) is a valuable part of the electronic health record, but it is a screening measure, not a diagnostic measure. The diagnosis of obesity is the presence of abnormal excess body fat that impairs health. Consider the patient's genetics and ethnicity as part of BMI and waist circumference and do not treat on BMI alone. Consider comorbidities and health risk when determining the intensity of treatment approach.
- Modest or moderate weight loss can produce health benefits. For more serious complications, more weight loss may be needed. For patients with severe obesity and complications, bariatric surgery should be considered.
- There are multiple pathways to dietary success. Prescribe a diet the patient can adhere to and that has health benefits. Successful lifestyle change requires skills training. Patients should have access to counseling sessions with at least 14 sessions over 6 months and follow-up for one year.
- Medications approved for chronic weight management can help patients better adhere to the diet plan and can help sustain hard-won weight loss. Medications should be prescribed and success evaluated at 12-16 weeks. If patients are successful, medications should be continued.
- Obesity is a complex, chronic disease and life-long management is indicated.

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INTRODUCTION

Responding to the growing epidemic of obesity and obesity-related chronic diseases, over the last 4 years numerous guidelines and position statements have been published to assist practitioners in addressing obesity in their patients. In particular, 3 major guidelines published by United States governmental health agencies and professional societies offer valuable, and mostly consistent, recommendations for primary care providers. Related to the problem of increasing obesity prevalence are increasing rates, observed globally, of type 2 diabetes and other obesity-associated disease, creating an enormous global health burden. Thus far, no country has been successful in reversing obesity prevalence.¹

Primary care practitioners acknowledge that obesity is a major driver of the chronic disease burden, but managing weight effectively can be challenging, especially in primary care settings. The pathophysiology that drives weight gain in susceptible individuals and makes weight loss and weight loss maintenance difficult is a barrier to primary care physicians in a busy office practice.^{2,3} The public health challenge has also stimulated drug discovery and approval, with 4 new medications approved by the US Food and Drug Administration (FDA) for chronic weight management since 2012. Primary care providers need knowledge and skills in the following areas:

- Diagnosis of obesity and overweight, and staging of disease
- Recognition and treatment of obesity-related comorbidities
- Determining which therapy or therapies is or are appropriate for an individual patient
- Management of weight loss, including:
 - Effective delivery of lifestyle intervention (diet, physical activity, and behavior modification)
 - Consideration of obesity pharmacotherapy, in appropriate patients
 - Weight-centric prescribing: avoiding medications that promote weight gain in favor of weight-neutral or medications that produce some weight loss
 - Appropriate prescription of medications approved for chronic weight management
 - Referral to specialty care (eg, obesity medicine specialists and/or bariatric surgical procedures) and
- Prevention of weight regain in patients who are successful with weight loss.

Three obesity guidelines are discussed in this article. Targeting primary care providers, the US National Institutes of Health and the American Heart Association, American College of Cardiology, and The Obesity Society (AHA/ACC/TOS) sponsored systematic evidence review and guidelines around 5 critical questions on assessment and management of obesity.⁴ The Endocrine Society (ENDO) sponsored systematic evidence review and guidelines targeting pharmacotherapy, reviewing medications that promote weight gain and medications approved for obesity management.⁵ The American Association of Clinical Endocrinologists (AACE) also published obesity guidelines in 2016,^{6,7} which are particularly relevant for endocrinologists and for guidance on patients with more severe obesity and metabolic complications of obesity, such as diabetes (**Table 1**). This article reviews and compares findings and recommendations across these guidelines, identifies areas of controversy and concordance, and suggests how primary care practices may make use of the most appropriate recommendations for their circumstances. **Table 1** describes, in abbreviated language, the methodology, focus, key recommendations, whether those recommendations are broad or targeted, and areas of controversy for each of the documents.

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