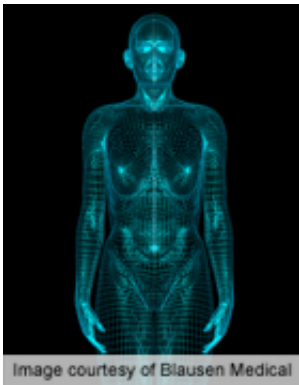


Task force recommends screening all adults for obesity

June 26 2012



Clinicians should screen all adults for obesity; and, there is a small health benefit for initiating behavioral counseling interventions in a primary care setting for adults without cardiovascular disease or its risk factors, according to two recommendation statements published online June 26 in the *Annals of Internal Medicine*.

(HealthDay) -- The U.S. Preventive Services Task Force released new guidelines Monday recommending that doctors screen all of their patients for obesity and when appropriate, refer them to a comprehensive lifestyle-management program to help them lose weight.

The government task force didn't recommend any weight-loss medications, nor did it address weight-loss surgery.

The task force also issued a second set of guidelines to help doctors

identify which patients might benefit most from healthy lifestyle counseling to avoid heart health problems.

Both sets of guidelines appear in the June 26 online edition of the *Annals of Internal Medicine*.

"The obesity screening recommendations are an update of existing recommendations that we felt was necessary because the evidence has increased and strengthened the argument for physicians to screen all of their patients for obesity," explained task force member Dr. David Grossman, medical director of preventive care at Group Health Cooperative, in Seattle.

In addition, Grossman said, "The magnitude of the problem has increased, and the clinician plays an important role in helping to identify and get services for obesity. Even just a 5 percent weight loss can make a huge difference in someone's health."

The new guidelines recommend that physicians screen all of their patients for obesity by measuring height and weight to assess their body mass index. A BMI of 30 or more is considered obese, according to the U.S. Centers for Disease Control and Prevention. Below 25 is considered normal weight.

The guidelines also say that physicians can use waist circumference to assess obesity. That's because abdominal fat can be a predictor of obesity-related diseases, according to the CDC.

The task force did not advise physicians on how to counsel overweight (but not obese) patients -- those with a BMI of 25 to 29.9. Grossman said there just isn't enough evidence yet to provide clear recommendations for this group of people.

If someone has a body mass index of 30 or higher, the guidelines recommend that doctors refer them to an intensive, behavior-changing weight-loss program.

Grossman and the task force didn't recommend any specific weight-loss plans, but he said plans should offer at least 12 to 26 sessions during the first year.

Other important components of a weight-loss and behavior-intervention program are nutrition counseling, physical activity and accountability, such as weighing in at regular intervals, counting calories and tracking activity levels. This can be done through weight-loss groups or individually, Grossman said.

Another important aspect in battling obesity is helping people address barriers to change. "We need to help people understand why they're not eating more healthfully or being more active, and help them solve those issues," he said. It's also important that any comprehensive program include a weight-maintenance component, Grossman said.

He said the task force guidelines couldn't address the cost-effectiveness or insurance reimbursements for such programs because there's not enough evidence out there. He added that Medicare is starting to pay for some of these services.

Nancy Copperman, director of public health initiatives at the North Shore-LIJ Health System in Great Neck, N.Y., said insurance companies don't reimburse for a lot of comprehensive weight programs. "Medicare will cover obesity counseling for obese seniors, but that counseling can only be given by primary care doctors, so that wouldn't necessarily meet the task-force recommendations," she said.

Copperman said that some insurers are starting to fund diabetes and heart-disease prevention programs, and that if insurers start to see a

return on their investments, more reimbursed programs will likely be available.

The current guidelines only address obese adults. The task force has previously issued guidelines for obese children that are available on its website, according to Grossman.

The second set of guidelines issued by the task force was designed for people who have a normal or low risk of cardiovascular disease. Grossman said these were previously separate guidelines that addressed healthy eating and physical activity, but that the task force combined them into one recommendation on healthy lifestyle counseling.

But, the task force advised doctors that such counseling isn't appropriate for all patients. It said that doctors should consider patients' risk factors, as well as their readiness to make changes. Doctors should also consider how much social and community support an individual has, the guidelines say.

"For healthy people without a high risk of disease, moderate to intensive counseling nets a small return," Copperman said. "And, lifestyle changes can be a touchy subject. Doctors want patients to come back. They want to engage them, not alienate them."

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Citation: Task force recommends screening all adults for obesity (2012, June 26) retrieved 23 April 2024 from <https://medicalxpress.com/news/2012-06-task-screening-adults-obesity.html>

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